GYPSIES, ROMA AND TRAVELLERS

COMMUNITY HEALTH PROFILE 2023

A BOLDER HEALTHIER BIRMINGHAM

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Abbreviations

A&E	Accident and Emergency
aOR	Adjusted odds ratio
ASD	Autism spectrum disorder
BMI	Body Mass Index
CI	Confidence interval
COPD	Chronic obstructive pulmonary disease
COVID-19	Coronavirus 2019
CPP	Child protection plan
CQC	Care Quality Commission
CVD	Cardiovascular disease
CWS	Child Welfare Services
DfE	Department for Education
EU	European Union
EU FRA	European Union Agency for Fundamental Rights
EVEN Survey	Evidence for Equality National Survey
EYFS	Early years foundation stage
FOI	Freedom of Information
FFT	Friends, Families and Travellers
GATE	Gypsy and Traveller Exchange
GCSE	General Certificate of Secondary Education
GP	General practice
GPPS	General Practice Patient Survey
GTAA	Gypsy and Traveller Accommodation Assessment
HPV	Human papillomavirus
HRQoL	Health-related quality of life
ICPC	Initial Child Protection Conference
IMD	Index of Multiple Deprivation
IRR	Incident rate ratio
JSNA	Joint Strategic Needs Assessments
MMR	Measles, mumps and rubella
MSOA	Middle layer super output area
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NS-SeC	National Statistics Socio-economic Classification

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Ofsted	Office for Standards in Education, Children's Services and Skills
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
OR	Odds ratio
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
UHI	Urban heat island
UK	United Kingdom
UTLA	Upper tier local authority
WHO	World Health Organization

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Community Evidence Summaries

As part of the Public Health Division's work to improve the understanding of the diverse communities of Birmingham, we are developing a series of evidence summaries to improve awareness of these communities and their needs based on published data.

There are common objectives for each of the evidence summaries, which are:

- To identify and summarise the physical health, mental health, lifestyle behaviour, and wider determinants of health-related issues affecting the specific community nationally and locally.
- To identify and summarise gaps in knowledge regarding the physical health, mental health, lifestyle, behavioural and wider determinants of health-related issues that may be affecting the specific community both nationally and locally.
- To collate and present this information under the ten key priority areas identified in the Health and Wellbeing Strategy for Birmingham 2022-2030.
- To engage with the local communities on the evidence found and any gaps.
- To promote the use of these summaries for Local Authority and wider system use for community and service development.
- To empower change within communities by utilising the data to encourage system wide initiatives to tackle health inequalities presented within this report.

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Executive Summary

Gypsy, Roma and Traveller people belong to minority ethnic groups that have contributed to UK society for hundreds of years. The term 'Gypsy, Roma and Traveller' is used as an umbrella term to refer to groups of nomadic people with diverse histories and cultures. This Community Health Profile identifies and summarises the evidence concerning the health, lifestyle behaviours and wider determinants of health among Gypsy, Roma and Traveller communities in Birmingham. It covers health and wellbeing topics across the life course from getting the best start in life to ageing and dying well.

The data presented in this report has been gathered through searching published routine data sources and research databases. Although the focus of this report was health inequalities among Gypsies, Roma and Travellers in Birmingham, the limited available information on health inequalities has resulted in data being used from the West Midlands and UK where possible. Findings from these studies may not always be generalisable to the Gypsy, Roma and Traveller community in Birmingham. Current gaps in knowledge and understanding have been highlighted.

Estimates suggest there are 300,000 'Gypsy or Traveller' people in the UK and 200,000 'Roma'.(1, 2) In Birmingham, census data indicates there were 686 people identifying as 'White Gypsy or Irish Traveller' and 1,833 as 'White Roma' in 2021.(3) These figures are thought to be underestimates due to a hesitancy for groups to self-identify. Existing evidence indicates that Gypsy, Roma and Traveller communities are some of the most severely disadvantaged ethnic groups in UK society, with low life expectancy, poor physical and mental health and low levels of educational attainment and literacy.(4) However, the ability to understand health inequalities in these groups is limited by the fact they are not captured in NHS datasets.(4-7) Health inequalities experienced by these groups are exacerbated by a limited access to services, experiences of hate and discrimination, social exclusion and marginalisation and high levels of unmet need with regard to culturally appropriate housing and employment.(4)

The key health inequalities identified within this Community Health Profile are:

Getting the Best Start in Life

- The 1997 to 1999 Confidential Enquiry into Maternal Deaths found that 'Gypsies and Travellers' have "possibly the highest maternal death rate among all ethnic groups" in the UK.(8)
- Various sources indicate that infant outcomes among they Gypsy, Roma and Traveller communities in the UK are poor with higher rates of miscarriage, stillbirth, low birth weight and premature infant and/or child mortality than other ethnic groups.(9-14)
- In 2019, 60% of 5-year-old children of 'Gypsy/Irish traveller' ethnicity in England had experience of dental decay, compared with 21% of all people of 'White' ethnicity.(15)
- In the 2022 to 2023 academic year, 40% of 'White Gypsy/Roma' and 90% of 'White Traveller of Irish Heritage' children in

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Birmingham were eligible for free school meals, compared with 36% of 'White British' children.(16)

- Compared with children of 'all other' ethnic groups, 'Gypsy/Roma' children were 2.1 times and 'Traveller of Irish Heritage' children 2.6 times more likely to be living in state care in England in 2017 to 2018.(17)
- Children from Gypsy, Roma and Traveller communities have some of the poorest educational attainment outcomes of any ethnicity in the UK, progressing significantly below the national average throughout compulsory education and more likely to be absent and excluded from school.(18-25)

Mental Wellness and Balance

- In 2022, self-reported mental health condition(s) were higher among 'White Gypsies or Irish Travellers' (29%) than among the 'White British/Northern Irish' population (14%) ($p<0.001$) in England.(26) In contrast, the prevalence of mental health condition(s) among 'White Roma' was significantly lower than the 'White British/Northern Irish' population, at 6.6% ($p<0.001$).
- A significantly higher proportion of people of 'White Gypsy or Irish Traveller' ethnicity (28%) and a significantly lower proportion of people of 'White Roma' ethnicity (8.9%) reported feeling isolated from others in England in 2022, compared with 12% of 'White British/Northern Irish' people (both $p<0.001$).(26)
- Factors contributing to poor mental health among Gypsy, Roma and Traveller populations in the UK were explored in several studies and include: prison, poverty, poor employment prospects, unpaid caring responsibilities, insecure and inappropriate accommodation, experiences of racism and discrimination, destructive coping mechanisms for unresolved grief, loss of freedom linked to an inability to travel and the high prevalence of negative stereotypes.(11, 27-33)
- Both before and during the COVID-19 pandemic, people from the 'Gypsy/Traveller' ethnic group in Britain surveyed in 2021 reported the highest levels of any racist assaults (62% and 41% respectively) of any ethnic group.(34)
- Overall, 43% of 'English Romany Gypsies and Irish Travellers' in the UK in 2018 and 2019 experienced harassment because of being 'Roma/Traveller'.(35)

Healthy and Affordable Food

- There is very little evidence regarding diet, nutrition or body weight among Gypsy, Roma or Traveller communities.
- A systematic review of global evidence found a higher risk of poor nutrition among 'Roma', including English Romani Gypsies, Irish Travellers, and Roma from Central and Eastern Europe, compared with non-'Roma', with diets higher in fat, cholesterol, and animal protein and lower in key nutrients.(14) 'Roma' were also more likely have higher abdominal obesity and overweight status.
- Barriers to healthy eating among Gypsy, Roma and Traveller communities in the UK identified through research studies include: cost and practical problems of inadequate facilities for

cooking and storing fresh food due to sub-optimal living conditions.(36, 37)

- In 2018 and 2019, 7% of 'English Romany Gypsies and Irish Travellers' from the UK went to bed hungry in the past month at least once because there was not enough money for food.(35)

Active at Every Age and Ability

- Information describing physical activity levels among Gypsies, Roma and Travellers is limited and out of date.
- In 2022, 23% of 'White Gypsies or Irish Travellers' and 16% of 'White Roma' in England in 2022 had problems with physical mobility.(26) This is significantly higher than the proportion of White British people, at 14% ($p<0.001$ and $p=0.028$ respectively).
- In 2020, 27.3% (95% CI: 21.2% to 33.7%) of people of 'White Gypsy or Irish Traveller' ethnicity in England had a musculoskeletal problem; this is significantly higher than 20.6% (95% CI: 20.5% to 20.7%) among White British people.(38)

Living, Working and Learning Well

- In Birmingham, a lower proportion of people identifying as 'White Gypsy or Irish Traveller' (44%) and 'White Roma' (60%) had any formal qualification in 2021, compared with White British people (77%).(3)
- Economic inactivity in Birmingham in 2021 was 45% among White British residents aged 16 to 74, compared with 32% of 'White Roma' and 58% of 'White Gypsies or Irish Travellers'.(3)
- Index of Multiple Deprivation (IMD) data indicates 12% of people of 'White Gypsy/Traveller' ethnicity in England were living in the most deprived 10% of neighbourhoods in 2019, compared with 9.1% of those of 'White British' ethnicity.(39)
- Evidence suggests that between 67% and 75% of 'Gypsies and Travellers' in the UK live in "bricks and mortar" accommodation and the remaining 25% to 33% live in caravans or other mobile structures.(4, 40, 41) People from Gypsy, Roma or Traveller communities were more likely to live in overcrowded accommodation in poor conditions in 2021.(3)
- Over a third (36%) of 'English Romany Gypsies and Irish Travellers' in the UK reported feeling excluded from society in 2018 and 2019.(35)
- Gypsies, Roma and Travellers in the UK have been documented to have significantly poorer health status and to have higher rates of long-term illness and disability, compared with the general population.(4, 26)
- People of 'White Gypsy or Irish Traveller' and White British ethnicity had similar self-reported levels of disability in Birmingham in 2021, with 11% of both groups reporting being disabled, and their daily activities limited a lot.(3) 'White Roma' reported low levels of disability (2.3%).
- Inequalities in health-related quality of life (HRQoL) were found to be widest for people of 'White Gypsy or Irish Traveller' ethnic group.(42)

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- Gypsy, Roma and Traveller communities have some of the poorest access to care of any ethnicity in the UK documented across a variety of sources, with difficulties accessing GP, immunisation, maternity services, mental health support, dental care and secondary care services.(4, 43) Examples of barriers include: difficulties registering with primary care due to a lack of necessary documentation, previous experiences of stigma and discrimination, low levels of literacy, language barriers and poor cultural competency of staff.(4, 28, 40, 43-70)

Protect and Detect

- There are no routine data on screening, vaccination, sexual health, infectious diseases or oral health among Gypsy, Roma and Traveller communities in the UK.
- Barriers to screening and vaccination uptake among Gypsy, Roma and Traveller communities in the UK include: services having no way to identify eligible people within these groups to encourage uptake, language and literacy limiting understanding of information on these programmes, challenges accessing healthcare services that offer screening and/or vaccination, experiences of discrimination in health services and a subsequent mistrust of health professionals.(71-77)
- A systematic review of global evidence found higher rates of influenza, acute bronchitis, intestinal infections, otitis media, pneumonia, and viral diseases among 'Roma', including English Romani Gypsies, Irish Travellers, and Roma from Central and Eastern Europe, compared with non-'Roma'.(14)
- A drop in measles, mumps and rubella vaccination uptake over time has resulted in measles outbreaks across the UK, including clusters of cases in Gypsy, Roma and Traveller communities across the UK.(78-80)

Ageing and Dying Well

- Life expectancy for 'Gypsies and Travellers' in the UK is between 10 to 12 years less than the general population and for 'Roma' in the UK between two and 10 years lower.(11, 28, 30, 47, 53, 57, 81-85)
- In Birmingham in 2021, only 5.4% of the 'White Gypsy or Irish Traveller' and 2.3% of the 'White Roma' populations were aged 65 and over, compared with 21% of the White British population.(3)
- Similar levels of dementia have been documented among 'White Gypsy or Irish Traveller', 'White Roma' and White British communities in England.(26)
- In England in 2022, a significantly higher proportion of people of 'White Gypsy or Irish Traveller' (23%) and 'White Roma' (16%) ethnicity reported having two or more falls that needed medical attention, compared with 2.0% of those of White British ethnicity (both $p<0.001$).(26)
- Research suggests deaths among Gypsy, Roma and Travellers in the UK are often in traumatic circumstances, occurring as a result of suicide or road traffic accidents.(11, 29) Not speaking about bereavement is common in these communities, which

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may potentially exacerbate symptoms of grief and contribute to poor mental health.(46, 86)

Contributing to a Green and Sustainable Future

- In Birmingham in 2021, people identifying as 'White Gypsy or Irish Traveller' or 'White Roma' tended to live in wards with higher mean index scores (average scores: 0.35 and 0.34 respectively), representing lower levels of environmental justice, compared with White British people (average score: 0.30).(3, 87)
- People from 'Gypsy/Traveller' (68%) and 'Roma' (54%) ethnicities in Great Britain had the lowest levels of access to outdoor space of all ethnic groups in 2021 (White British ~95%).(88)
- Approximately 20% of the 'White Gypsy or Irish Traveller' and 23% of the 'White Roma' community lived in the 15 most polluted middle layer super output areas (MSOAs) in Birmingham in 2021, compared to only 5.4% of the White British population.(3, 89)

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Methodology

An exploratory literature search was undertaken by the Public Health Communities Team using a range of sources including routinely collected national data and academic databases to identify information on health inequalities experienced by Gypsy, Roma and Traveller populations for this profile. All sources used to create this profile are listed in the References section.

a. Routine Data

Census Data:

Data for all available variables has been extracted from the Office for National Statistics (ONS) for the 2021 census;(3) data from the 2011 census has only been used as a comparison and/or where 2021 data was not available. Any conclusions based on historical data or information should be considered with caution. Relevant ethnicity categories in the 2021 census included 'White Gypsy or Irish Traveller' and 'White Roma'. In this report, people of 'English, Welsh, Scottish, Northern Irish or British' ethnicity are referred to as White British.

Government and Health System Data Sources:

Routinely collected government data has been extracted where relevant information on Gypsy, Roma and Travellers was available, including education data from the Department of Education, crime data from the Home Office and housing data from the Ministry of Housing, Communities and Local Government. Often data on Gypsy, Roma and Travellers from these routine sources was masked, due to small numbers.

Unfortunately, people of Gypsy, Roma and Traveller ethnicities cannot be identified in National Health Service (NHS) datasets, as there is no corresponding ethnicity code.(4-7)

b. Other Grey Literature

Reports and other resources from the voluntary and community sector with information on Gypsy, Roma and Travellers were identified through Google, such as:

- Friends, Families and Travellers (FFT)
- The Traveller Movement
- Leeds Gypsy and Traveller Exchange (GATE)
- Roma Support Group

c. Academic Database Searches

Systematic literature searches were performed in Medline, Embase, PsycInfo, and Web of Science on December 12, 2022. All searches contained terms covering relevant United Kingdom (UK) geography and terms to describe the Gypsy, Roma and Traveller communities. Searches were limited to studies published in the English language, published from 2012 onwards. Full search strings can be found in **Appendix 1** alongside a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram. International research findings were included if there was no UK data available or they were deemed to be comparable or relevant to the national population.

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In addition, "snowballing" - a technique where additional relevant research is identified from the reference list of included resources - was also applied. Generally, searches were limited to literature from last 10 years, unless no recent data was available.

e. Key Data Sources

In lieu of available routine data, surveys provided insight into the health inequalities experienced by Gypsy, Roma and Travellers. Key surveys that are referenced throughout the report are described in detail below.

Roma and Travellers Survey

Between December 2018 and July 2019, the European Union (EU) Agency for Fundamental Rights (FRA)'s carried out a survey of Roma and Travellers in six countries: Belgium, France, Ireland, the Netherlands, Sweden and the UK.(35) The aim was to support and contribute to the efforts of EU institutions and Member States towards "putting an end to the exclusion of Roma". Interviews were held of 4,659 individuals aged 16 or over who self-identified as having a Roma or Traveller background, collecting information on more than 8,234 individuals living in their households. Of the households represented in the survey, 95% were living in mobile homes, and 5% in houses or apartments. In the UK, 875 English or Romany Gypsies and Irish Travellers in transit sites were surveyed.

Evidence for Equality National (EVEN) Survey

The EVEN Survey was funded by the Centre on the Dynamics of Ethnicity and led by the Economic and Social Research Council.(90) The survey, which took place February to November 2021 and utilised non-probability sampling, aimed to provide evidence on a range of issues facing ethnic and religious minority people in Britain during the coronavirus 2019 (COVID-19) pandemic. The majority of eligible individuals, aged 18 and over and resident in England, Scotland or Wales, completed the survey online; in response to a low response rate, some people from ethnic minorities completed the survey face-to-face through interview (e.g. 'Gypsy/Traveller' and 'Roma'). Overall, 14,221 people took part, including 4,513 people of White British, 251 of 'Gypsy/Traveller' and 73 of 'Roma' ethnicity. Published analyses have been weighted to account for biases in population characteristics.

General Practice Patient Survey (GPPS)

The GPPS is an independent annual survey of over two million people run by Ipsos on behalf of NHS England.(26) The aim is to allow patients to feed back on the NHS care and services they receive at their general practice (GP). People aged 16 years or over and registered at a GP in England for at least six months are randomly selected to take part and complete the survey either online or on paper. Overall, 719,137 people took part between January and April 2022, including 540,372 people of White British, 279 of 'White Gypsy or Irish Traveller' and 596 of 'White Roma' ethnicity. Analyses of GPPS data include weighting to ensure data is representative of the GP registered population. All data collected is self-reported, including data on health conditions.

f. Ethnicity Terminology

This community health profiles focuses on Gypsy, Roma and Traveller communities which are diverse minority groups including: British Romany Gypsies, Travellers of Irish Heritage, Scottish Travellers, European Roma and those for whom travelling is an

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occupational choice (e.g. Bargees, Boat Dwellers, Showpeople and New Travellers). The data sources in this profile have used a variety of terms to describe Gypsy, Roma and Traveller ethnicities. Throughout this report, single quotation marks (') have been applied to indicate the exact wording specified by the data sources with regard to these ethnicities (e.g. 'White Traveller of Irish Heritage', 'Gypsy/Traveller', etc.). Although, the term 'Gypsy' is considered by some to be offensive, many community members use this to describe themselves,(4) so it has been used when referred to by reference material in single quotation marks and to refer to the profile focus as a whole (i.e. Gypsy, Roma and Traveller). After feedback from the community, the GRT acronym has not been use in this report; this acronym is often applied in government reports to refer to Gypsy, Roma and Traveller communities in shorthand.

g. Caveats and Limitations

There are a number of caveats and limitations to the data presented in this review. Firstly, as mentioned above, the Gypsy, Roma and Traveller population is diverse and is made up of distinct ethnic and cultural groups. Data has been presented for sub-groups as and when it was available; information on some sub-groups was sparce, particularly for Birmingham. Where no Birmingham data was available, data has been presented for other UK geographies.

Due to mistrust and fear of persecution and discrimination, people of a Gypsy, Roma or Traveller background may choose not to disclose their ethnicity.(4, 91) As such, any analyses of routine data sources (e.g. the census) must be interpreted with caution. Fear of discrimination and social exclusion also result in challenges in accessing, recruiting, and retaining participants from these communities in research.(92) This can result in difficulties making conclusions from quantitative studies and surveys whether a documented disparity is significant for Gypsy, Roma and Traveller communities, as these populations are so small in comparison to other ethnic groups.(93)

Because of the paucity of data on the health inequalities experienced by Gypsy, Roma and Traveller communities, this profile includes some small studies and some studies published before 2012. The extent to which these studies are generalisable to the wider communities from which they were sampled or generalisable to the situation in more recent years is unknown.

Finally, in section 2.8, in the absence of much information on green and sustainable futures, ward-level environmental data has been used to make assumptions about the experiences of people living in that area; this information should be interpreted with caution. Furthermore, these findings are likely to be less relevant to mobile Gypsy, Roma and Traveller communities.

h. Statistics

This report draws on evidence from a variety of research studies with different methodologies and results. Data throughout this report has been presented to two significant figures where possible; proportions may not add up to 100% due to rounding.

Below, is a brief overview of some key statistical terms to aid in interpretation of the findings.

An odds ratio (OR) indicates the likelihood of an outcome or event occurring in one group compared to another. An OR of greater than one means there is an increased likelihood compared with the

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reference group; an OR of less than one means there is a decreased likelihood.

A confidence interval (CI) indicates the level of uncertainty around an estimate (e.g. a percentage or an OR) taken from a sample of a population. 95% CIs are calculated so that if samples were repeated taken from the same population, 95% of the time the true value would lie between the upper and lower bound of the CI. If the CIs surrounding two estimates overlap, there is no statistically significant difference between these estimates.

A p value, or probability value, measures the probability that an observed difference could have occurred by random chance. The smaller the p value, the less likely the finding was due to chance. Often a p value threshold is set at 5%, so only p values of less than 0.05 indicate statistical significance.

In this report, "n" is used to represent the numerator of a percentage (e.g. the number of people with the event of interest) and "N" is used to represent the denominator (e.g. the population from which the numerator was drawn).

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1 Introduction

1.1 Overview

Gypsy, Roma and Traveller people belong to minority ethnic groups that have contributed to UK society for hundreds of years, but experience some of the poorest health and educational outcomes in the country.(4, 94, 95) In the UK, it is common to differentiate between 'Gypsies', including English Gypsies, Scottish Gypsy or Travellers, Welsh Gypsies and other Romany people, 'Irish Travellers', who have specific Irish roots, and 'Roma', who are more recent migrants from Central and Eastern Europe.(4, 96, 97) In continental Europe, all those with nomadic histories are more broadly categorised as 'Roma', including Sinti, Lovari, Erlides, Kale and others.(4) In addition to ethnic minority groups, there are also cultural groups in the UK who travel, including New Travellers, Boaters, Bargees, Showpeople and others.(96)

Table 1 gives a brief background to the heritage of some of these communities. More detailed information on the diverse histories, cultures, traditions and experiences of Gypsy, Roma, Traveller and other nomadic groups has been published by community organisations.(94, 98)

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Table 1: Overview of Gypsy, Roma and Traveller communities

Group	Origins	History in the UK	Language	Accommodation
Romany Gypsies	Historically originated in Northern India but in the UK for many generations. The term Gypsy comes from Egyptian, which reflects where the settled population thought they were from.	First recorded in the UK the 16th century - fulfilling a need for nomadic seasonal agricultural labour	English Romani	75% housing, 25% caravans and other mobile homes
Irish Travellers	Originated in Ireland as a distinct group from the general population recorded since the 12th century (also known as Pavee and Minceir)	First recorded in the UK from the 18th century - horse trading and post-war construction work	English Gaelic or Irish Shelta (Gammon or Cant)	75% housing, 25% caravans and other mobile homes
Roma migrants	Historically originated in Northern India (Rajasthan, Haryana and Punjab regions) and settled across Europe (e.g. Romania, Hungary, Slovakia, Czech Republic and Poland)	Migration to the UK since 1945, with an increasing number seeking asylum in the 1990s and early 2000s. Growth in population as a result of EU expansion in 2004 and 2007	English Romani European language from country of origin	Vast majority in conventional housing
Travelling Showpeople	People travelling to hold shows, circuses and fairs. Many families have been involved in this type of work for generations and are members of the Showmen's Guild.	First recorded charter granted to King's Lynn in 1204	English	Caravans and other mobile homes - yards (winter) and travel (summer)
New Travellers	People from any background who choose to live a nomadic life and their descendants	New Age Traveller movement roots in the hippie and free festivals of the 1960s but people have been living nomadically throughout history	English	Vans, caravans and other mobile homes
Liveaboard Boaters	People from any background who live on boats (some also known as Bargees)	Since canals were built in England in the 18th century	English	Narrowboats, barges or river cruisers either on a home mooring (canal or marina) or cruising

Sources: Adapted using information from FFT and others (4, 9, 27, 44, 91, 94, 98-101)

Data from the 2021 EVEN Survey showed a higher proportion of people from 'Gypsy/Traveller' (90%) and 'Roma' (70%) ethnicities reported that their ethnic identity was important to their sense of self, compared with only 46% of 'White British' people (both $p<0.05$).(102)

1.2 Culture

Although 'Gypsy, Roma and Traveller' is an umbrella term used to refer to distinct communities, many of these groups share common cultural beliefs and attitudes that impact their health-related behaviours and lifestyles.(28)

Some relevant cultural features may include:

- Nomadic way of life (past or present) (14, 28, 91, 94, 103-105)
- Importance and closeness of family and community (14, 28-30, 86, 91, 94, 97, 103, 104, 106, 107)
- Annual social gatherings (e.g. fairs, festivals or celebrations) (94, 106)
- Fatalistic acceptance of ill health and disease and a view that illness is inevitable and a natural process of ageing (14, 30, 86, 103, 108)
- Low expectations of health (14, 103, 108)
- Fear of death and certain illnesses (e.g. cancer) (30, 103)
- Health as a taboo subject which should not be discussed across genders or generations, with stigma associated with mental health, pregnancy and sexual health (28, 30, 45, 81)
- Rituals around birth and death (46, 86, 97, 103)
- Focus on cleanliness and purity (28, 86, 94, 106, 109)
- Strong moral codes that define behaviours and uphold family reputation (86, 97, 106, 110)
- Traditional gender roles (81, 86, 104, 106)
- Tendency to marry young (94, 97)
- Oral tradition (91)
- Self-reliance, stoicism and independence (28, 30, 86, 91, 94, 103, 108)
- Importance of privacy (28)
- Wariness of settled communities, known as 'Gorja', as well as distrust of institutions (86, 104, 107)

It is important to note, that not all of these features will be relevant to all Gypsy, Roma or Traveller subgroups or individuals within these subgroups, as traditions, cultures and identities evolve over time.(104)

1.3 Legislative and Policy Context

1.3.1 Legislation

In the UK, the legislation that has the most impact on the health and wellbeing of Gypsy, Roma, and Traveller populations tends to cover issues relating to anti-discrimination measures and housing and mobile accommodation, although other legislation may also be relevant.

1.3.1.1 Ethnicity and Inequalities

There is a common misconception that nomadic ethnic minorities who cease travelling are no longer defined ethnically as Travellers, but this is not the case.(28) 'Romany Gypsies', 'Irish Travellers' and

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migrant 'Roma' are recognised ethnicities protected against discrimination by UK law in the Human Rights Act 1998 and the Equality Act 2010, previously the Race Relations Act amended in 2000.(111-113) In contrast, New Travellers, Showpeople and Liveaboard Boaters living in the UK are not currently legally protected as ethnic minority groups, being classified as cultural rather than as ethnic Travellers.(111)

In addition to protection from discrimination, section 149 of the Equality Act requires public authorities to have due regard for advancing equality and fostering good relations between protected and other groups, known as the Public Sector Equality Duty.(111) This legal duty is echoed in the Health Social Care Act 2012, in which public bodies and organisations involved in healthcare provision, such as the NHS and local authorities, must work to reduce inequalities in access to services and health outcomes.(114)

Local authorities have a duty to include Gypsy, Roma, and Traveller communities in their Joint Strategic Needs Assessments (JSNAs).(4) However, as study in 2015 found that less than half of JSNAs in England included a chapter on Gypsy, Roma and Traveller needs and, of those, less than a third included the needs of Roma people; a list of publicly available JSNA and other health needs assessments can be found in **Appendix 3** (section 3.1).

1.3.1.2 Housing and Accommodation

There are several relevant pieces of legislation that impact housing and mobile accommodation among Gypsy, Roma and Traveller communities. A few key laws are briefly described below; although some ensure local authorities consider the housing needs of these communities and take action, some may exacerbate health inequalities.

- Caravan Sites and Control of Development Act 1960 - law creating a duty on local authorities in England to ensure sufficient caravan site provision for Travellers and introducing licensing requirements for those living on long-term sites and private plots of land.
- Criminal Justice and Public Order Act 1994 - law giving authorities more powers to deal with unauthorised encampments and strengthening eviction procedures.(115)
- British Waterways Act 1995 – law requiring Boaters to move from place to place every 14 days.(116)
- Housing and Planning Act 2016 – law requiring local authorities in England to assess and address accommodation needs of Gypsy, Roma and Traveller communities, as well as giving them more powers to act against unauthorised encampments.(117)

Although not a law, the UK government Planning Policy for Traveller Sites 2015 gave local authorities the responsibility to carry out periodical reviews of the housing needs of their local communities, including people living in caravans.(118) This controversially removed settled Gypsy, Roma or Traveller people from the definition of Travellers.

1.3.1.3 Other Legislation

Qualitative interviews with 52 members of the 'Gypsy and Traveller' community in England and Wales in 2022 found that some of laws were perceived as criminalising their way of life, such as the Scrap

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Metal Dealers Act 2013 and the Control of Horses Act 2015.(119) Participants reported not always being aware of changes in legislation leaving them vulnerable to being arrested for engaging in their traditional occupations and activities. The Scrap Metal Dealers Act 2013 allowed local authorities to introduce license fees for scrap metal dealing (120) and the Control of Horses Act 2015 provided legal mechanisms for landowners and authorities to take action in dealing with horses left on public and private land without proper care or ownership.(121)

1.3.2 Policy

Policies and strategies often exclude Gypsy, Roma and Traveller communities, contributing to feelings of exclusion, mistrust or discrimination.(4) Over the past 20 years, there have been several national initiatives to document and draw attention to evidence of wide-ranging inequalities experienced by Gypsy, Roma and Traveller groups, with a series of recommendations to improve poor outcomes (**Appendix 3** – section 3.2).(4, 29, 47, 122-130) In 2011, the European Commission published an EU framework for, which called on Member States to develop national 'Roma' integration strategies to meet EU 'Roma' integration goals.(131) Instead of drafting an integration strategy, the UK government made the decision to try to meet the framework requirements through broader social inclusion programmes.(4) However, little progress has been made to date across the key policy areas of employment, education, healthcare, and housing,(48, 132, 133) and, as this report will highlight, significant inequalities among Gypsy, Roma and Traveller communities still exist.(4)

The 2019 House of Commons Women and Equalities Parliamentary Select Committee Inquiry into the inequalities experienced by these groups concluded "that there has been a persistent failure by both national and local policy makers to tackle [these inequalities] in any sustained way".(4) In response, the UK government announced its commitment to implement a cross-departmental strategy to address inequalities later that year.(134) To date, there has been no publicly available update on progress made towards producing the strategy.

1.4 Communication

1.4.1 Language

The diversity of Gypsy, Roma and Traveller communities in the UK is reflected in the variety of languages spoken. While English is commonly the first language among 'English or Romany Gypsies' and 'Irish Travellers', 'Gypsies' may also speak Romani and 'Irish Travellers' may also speak Shelta – also known as Gammon or Gant – which is based on Irish Gaelic.(35, 97, 135) The first language of 'Roma' from Central and Eastern Europe is commonly Romanes and the second language either Polish, Slovak, Romanian or other languages spoken in their country of origin.(49, 50)

The most common main language in 2021 among people identifying as 'White Gypsy or Irish Traveller' (88%) in the census was English (English or Welsh in Wales) (**Appendix Table 1, Annex 1**).(3) This is a decrease from 92% in the 2011 census.(136) In contrast, only 28% of 'White Roma' reported their first language to be English (English or Welsh in Wales) in 2021; 71% indicated they spoke another European languages, as their first language.(3)

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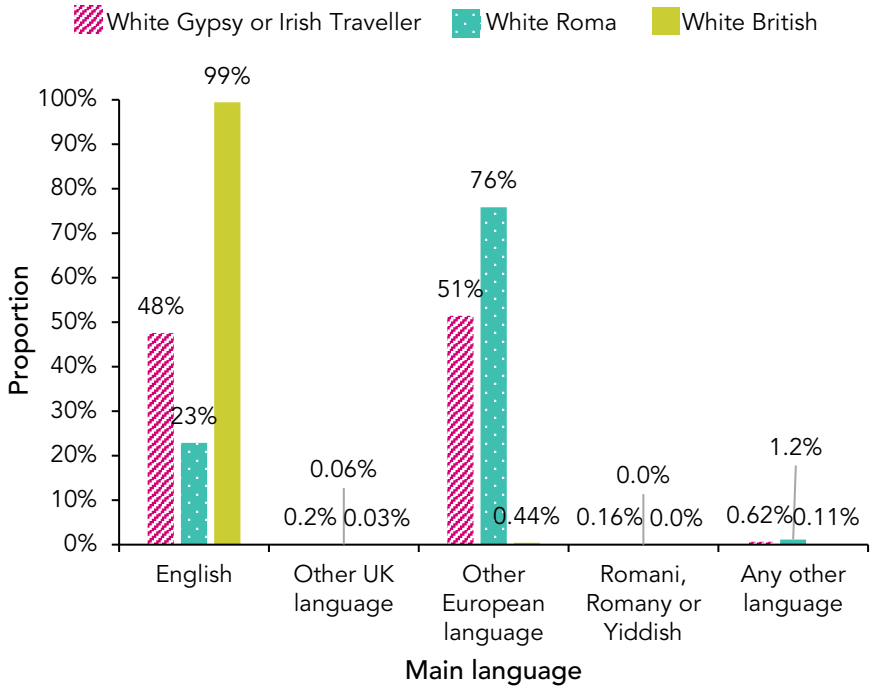
In Birmingham in 2021, a much lower proportion of residents identifying as 'White Gypsy or Irish Traveller' reported their main language to be English (48%) (**Appendix Table 1, Annex 1**; **Figure 1**), with the main language being another non-UK European language.(3) Equivalent figures for 'White Roma' were 23% and 76% respectively. Less than five 'White Gypsies or Irish Travellers' in Birmingham in 2021, reported their main language to be Romani.

Figure 1: Main language of people identifying as 'White Gypsy or Irish Traveller', 'White Roma' or White British: Birmingham, 2021



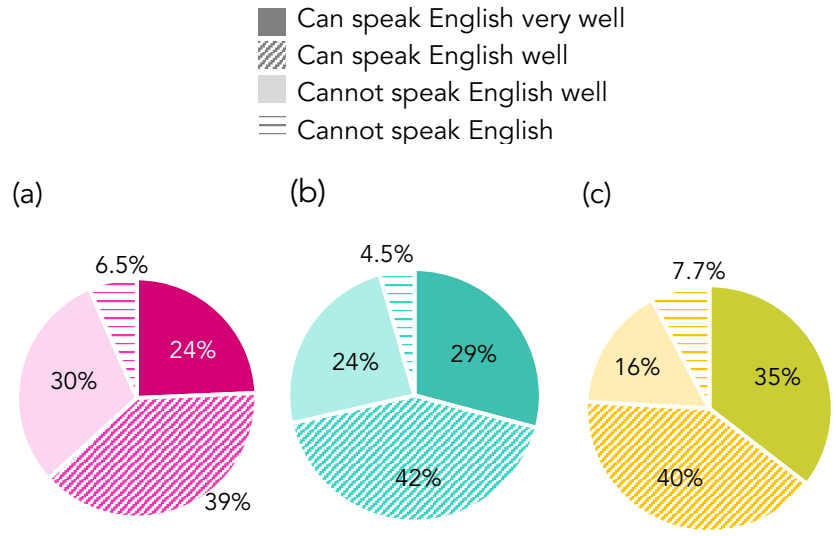
Source: ONS (3)

1.4.2 Language Proficiency and Literacy

The 2021 census also included data on language proficiency among those for whom English (English or Welsh in Wales) was not their first language.(3) In England and Wales, of those who did not speak English (English or Welsh in Wales) as their first language, 62% of people identifying as 'White Gypsy or Irish Traveller' and 78% 'White Roma' reported they could speak English (English or Welsh in Wales) well or very well, compared with 77% of White British people (**Appendix Table 1, Annex 1**).

Language proficiency of Birmingham residents for whom English was not their first can be seen in **Figure 2** by ethnicity (**Appendix Table 1, Annex 1**).(3) Overall, 37% of people identifying as 'White Gypsy or Irish Traveller' with English not as their main language could not speak English or could not speak it well, compared with 24% of White British people; 29% of 'White Roma' with English not as their main language could not speak English or could not speak it well. Among all residents of Birmingham (including those whose first language was English), 3.4% of the 'White Gypsy or Irish Traveller' population could not speak English, in addition to 3.4% of the 'White Roma' population; less than 1% of the White British population of Birmingham could not speak English in 2021.

Figure 2: Language proficiency of people with English not their main language and identifying as (a) 'White Gypsy or Irish Traveller', (b) 'White Roma' or (c) White British: Birmingham, 2021



Source: ONS (3)

Qualitative research among migrant 'Roma' in 2016 across England and Scotland (n=159), found a lack of English language skills to be a major barrier to settling successfully in the UK.(137) 'Roma' participants had an "overwhelming desire" to learn English but had limited opportunities to do so, often relying on children to take on interpreting responsibilities for their parents.

Literacy issues can also be a major barrier to Gypsy, Roma and Traveller people accessing health services, resulting in difficulties filling out forms and understanding written health information, such as letters and leaflets. Generally, these communities have relied and to some extent, still rely, on oral traditions to pass information generation to generation.(86)

1.4.3 Digital Exclusion

Digital exclusion refers to the "unequal access and capacity to use Information and Communications Technologies that are essential to fully participate in society".(138)

In 2018, FFT published a report on the digital exclusion among 'Gypsy and Traveller' communities.(139) Interviews of 50 'Gypsy and Traveller' participants across the UK revealed 20% had never used the internet and only 42% used it daily, compared with 10% and 82% of the general population respectively. Only 38% of participants said they had a household internet connection, compared with 86% of the general population. Furthermore, 52% of participants said they did not feel confident using digital technology by themselves. Barriers to digital inclusion identified were: costs associated with mobile data and having a household internet connection and poor signal in rural areas.

Another small qualitative study (n=27) exploring parents' use of information resources during decision making in the East Midlands in 2012 found although all White British families reported access to the internet at home, this was not the case for all 'Gypsy/Travelling' families.(140) Importantly, digital media was not found to be effective medium for those with limited literacy, including 'Gypsy/Travelling' families.

1.5 Demographics

1.5.1 Population Size and Distribution

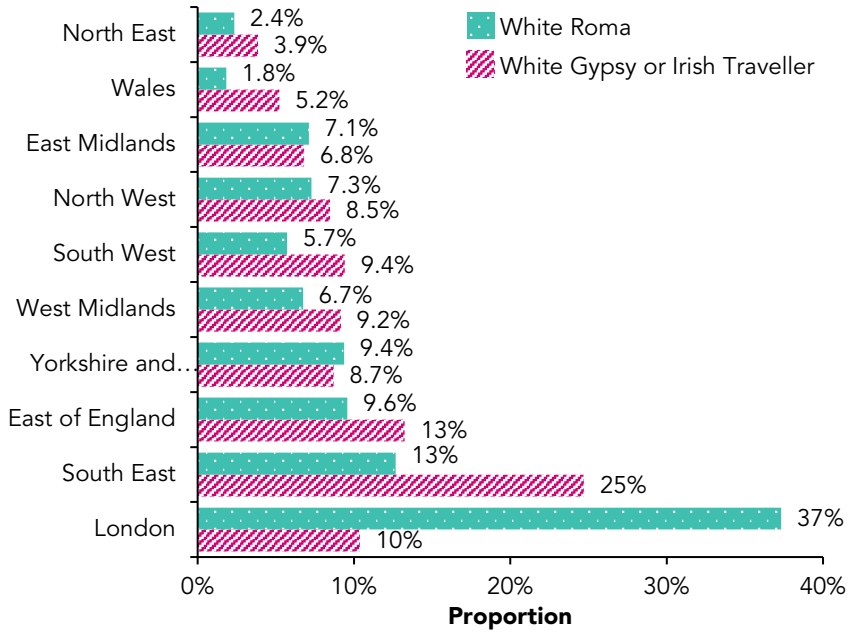
1.5.1.1 Population in England and Wales

Census data shows there were 67,788 people identifying as 'White Gypsy or Irish Traveller' in England and Wales in 2021 and 100,981 as 'White Roma', making up 0.11% and 0.17% of the total population respectively.(3) This is an increase in the number of people of 'White Gypsy or Irish Traveller' ethnicity from 58,000 (0.1%) in the census in 2011.(136) In 2011, 'White Roma' was not an ethnicity option on the census, so people of this ethnicity were captured as 'Other White'.

Census data is known to underestimate the size of Gypsy, Roma and Traveller populations. Estimates from other sources suggest there may be as many as 300,000 'Gypsy and Irish Travellers' (1) and 200,000 'Roma' in the UK.(2) Gypsy, Roma and Traveller people may be hesitant to self-identify, even where the option is available, mistrusting the intent behind data collection or fearing prejudice or discrimination.(4, 91) Among Roma migrants, this fear can originate from their countries of origin, where it may have been common for people of Roma ethnicity to be openly discriminated against and excluded.(4) Census data may also underestimate the size of these populations due to low literacy rates or language issues affecting their ability to complete the census form or the failure to distribute the census form effectively to those in insecure or mobile housing.(91) The census also does not allow an enumeration of New Travellers,(141) Boaters,(101) Showpeople or other travelling groups in the UK. The number of liveaboard boaters is estimated to be anywhere between 15,000 and 50,000.(101)

As shown in **Figure 3** (**Appendix Table 2, Annex 1**), people identifying as 'White Gypsy or Irish Traveller' in the 2021 census were concentrated primarily in the South East (25%), East of England (13%) and London (10%).(3) 'White Roma' populations were most commonly based in in London (37%), followed by the South East (13%) and East of England (9.6%).(3)

Figure 3: Distribution of people identifying as 'White Gypsy or Irish Traveller' or 'White Roma' by region of residence: England and Wales, 2021

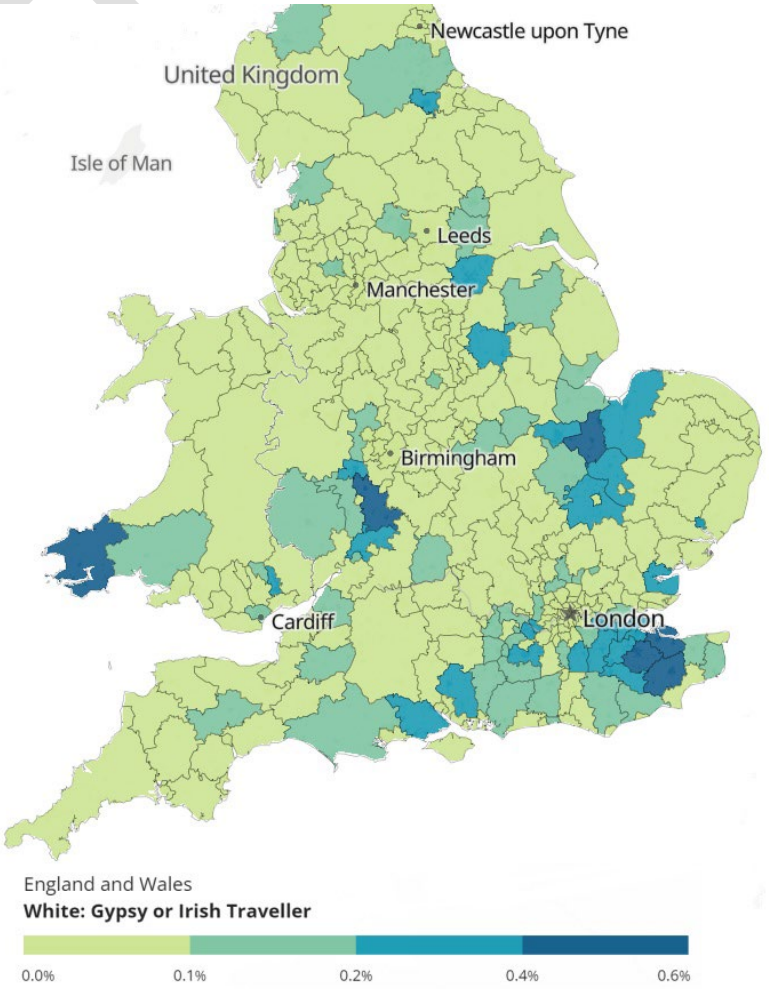


Source: ONS (3)

The geographical distribution of people identifying as 'White Gypsy or Irish Traveller' and 'White Roma' across England and Wales can be seen in **Figure 4**. These maps illustrate that the 'White Gypsy or Irish Traveller' population was more widely dispersed than the 'White Roma' population, which is concentrated in a few areas of the country.(3)

Figure 4: Map of the population distribution of people identifying as (a) 'White Gypsy or Irish Traveller' or (b) 'White Roma': England and Wales, 2021

(a)



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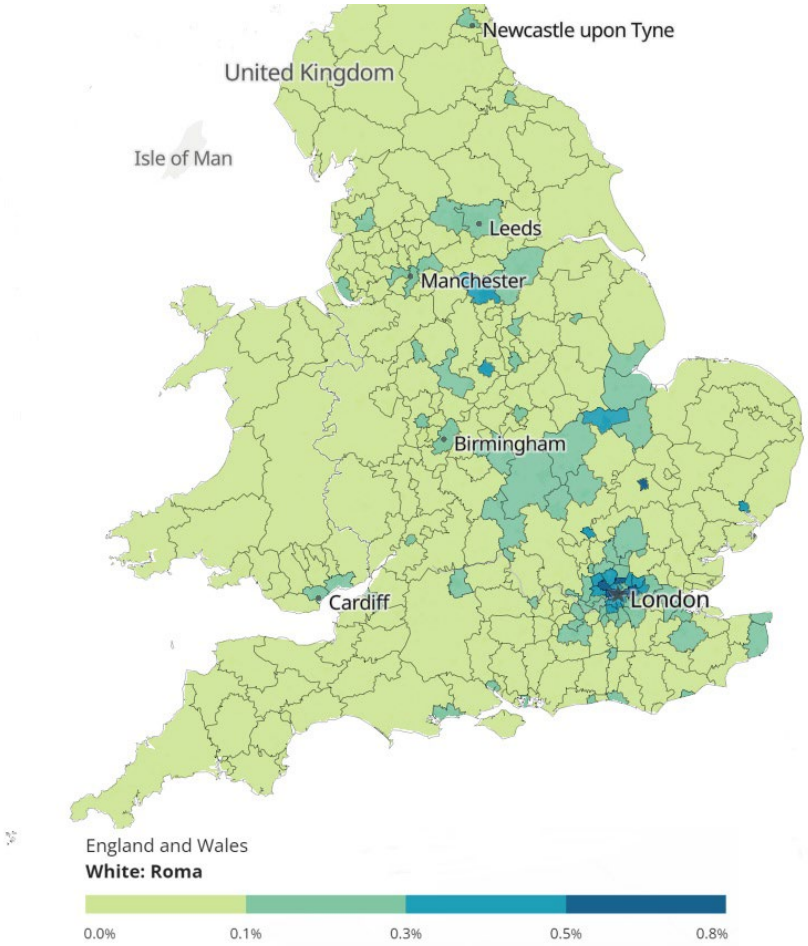
(b)



Source: ONS (3)

1.5.1.2 Population in the West Midlands

'White Gypsy or Irish Traveller' was the smallest ethic group in the West Midlands in the 2021 census, with a population of 6,207.(3) The next smallest ethnic group was 'White Roma' with a population of 6,809.

Within the West Midlands, 'White Gypsies and Irish Travellers' were concentrated in Worcestershire (n=1,514, 0.25% of total area population), while 'White Roma' were more commonly residing in Birmingham (n=1,833, 0.16% of total area population) and Coventry (n=1,116, 0.32% of total area population) (**Table 2**).(3)

Table 2: Distribution of people identifying as 'White Gypsy or Irish Traveller' or 'White Roma' by Upper Tier Local Authority of residence: West Midlands, 2021

Upper tier local authority	White Gypsy or Irish Traveller (n)	White Gypsy or Irish Traveller (%)	White Roma (n)	White Roma (%)
Birmingham	686	0.06	1,833	0.16
Coventry	294	0.09	1,116	0.32
Dudley	428	0.13	194	0.06
Herefordshire	431	0.23	161	0.09
Sandwell	324	0.09	375	0.11
Shropshire	349	0.11	158	0.05
Solihull	74	0.03	57	0.03
Staffordshire	610	0.07	569	0.06

Upper tier local authority	White Gypsy or Irish Traveller (n)	White Gypsy or Irish Traveller (%)	White Roma (n)	White Roma (%)
Stoke-on-Trent	295	0.11	428	0.17
Telford and Wrekin	203	0.11	187	0.10
Walsall	356	0.13	220	0.08
Warwickshire	388	0.07	651	0.11
Wolverhampton	255	0.10	451	0.17
Worcestershire	1,514	0.25	410	0.07

Source: ONS (3)

1.5.1.3 Population in Birmingham

Overall in Birmingham in 2021, there were 686 people identifying as 'White Gypsy or Irish Traveller' (48% men and 52% women) and 1,833 as 'White Roma' (55% men and 45% women (**Table 2**).(3) These were the two smallest ethnic groups in this upper tier local authority (UTLA).

Table 3 shows the distribution of Gypsy, Roma and Travellers across Birmingham and the 10 most common residential Middle Layer Super Output Areas (MSOA) for each group.(3) In 2021, 'White Gypsies and Irish Travellers' were concentrated in Washwood Heath (n=54, 0.54% of total area population), Saltley East (n=30, 0.24% of total area population) and Bordesley Green North (n=27, 0.27% of total area population). 'White Roma' were concentrated in Ward End and Bromford West (n=99, 0.74% of total area population), Central (n=58, 0.94% of total area population) and Five Ways North (n=55, 0.65% of total area population).

Table 3: Distribution of people identifying as (a) 'White Gypsy or Irish Traveller' or (b) 'White Roma' by top 10 Middle Layer Super Output Areas of residence: Birmingham, 2021

(a)

Middle layer super output area	White Gypsy or Irish Traveller (n)	White Gypsy or Irish Traveller (%)
Washwood Heath	54	0.54%
Saltley East	30	0.24%
Bordesley Green North	27	0.27%
Ward End and Bromford West	23	0.18%
Handsworth West	20	0.24%
Winson Green and Gib Heath	20	0.18%
Middlemore	19	0.19%
Gravelly Hill and South Erdington	18	0.13%
Belchers Lane and Eastfield Road	18	0.17%
Bordesley	18	0.11%

(b)

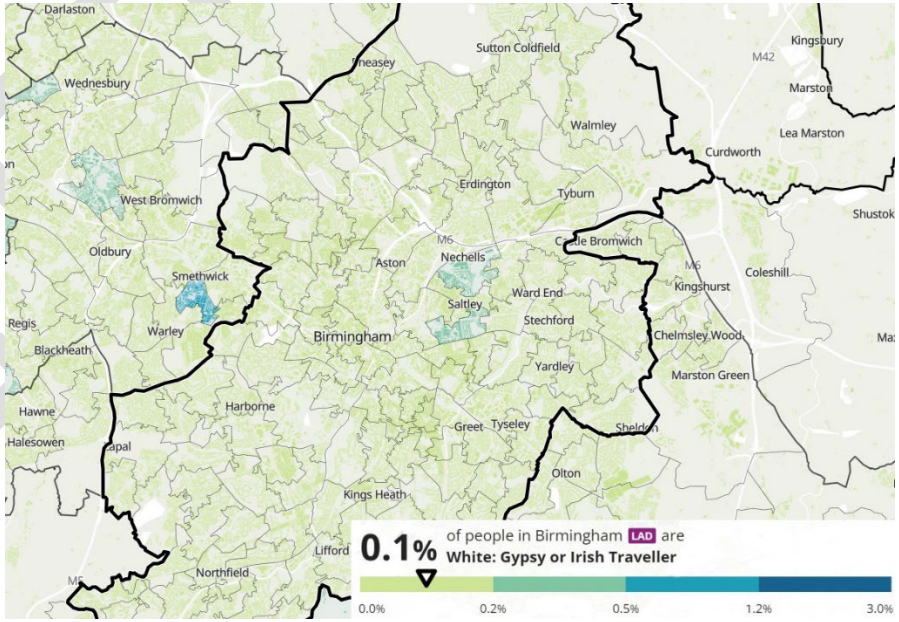
Middle layer super output area	White Roma (n)	White Roma (%)
Ward End and Bromford West	99	0.76%
Central	58	0.94%
Five Ways North	55	0.65%
Bordesley Green North	53	0.52%
Gravelly Hill and South Erdington	52	0.38%
Attwood Green and Park Central	50	0.53%
Edgbaston North	48	0.48%
Sparkbrook South	45	0.56%
Saltley East	44	0.35%
Middlemore	44	0.45%

Source: ONS (3)

The population distribution of people identifying as Gypsy, Roma or Traveller in 2021 can also be visualised by a heat map of Birmingham, as seen in **Figure 5**.(3)

Figure 5: Map of the population distribution of people identifying as (a) 'White Gypsy or Irish Traveller' or (b) 'White Roma': Birmingham, 2021

(a)



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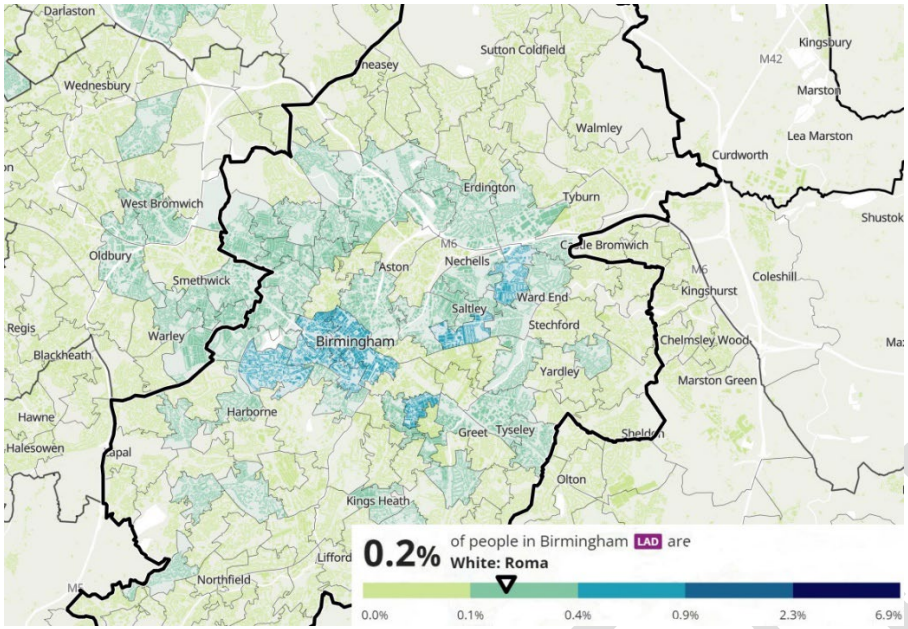

Source: ONS (3)

1.5.2 Age Profile

Like other ethnic minority groups in England and Wales, the Gypsy, Roma and Traveller population was much younger than the White British population in 2021 according to the latest census data.(3) Between 2011 and 2021, the median age for the White British population of England and Wales increased from 39 years to 40 years; the median age of people identifying as 'White Gypsy or Irish Traveller' in England and Wales increased from 26 to 28 years.(142) In 2021, the median age of the 'White Roma' population was 31 years. Sixty percent of those identifying as 'White Gypsy or Irish Traveller' and 61% of those identifying as 'White Roma' were under the age of 35 years in England and Wales, compared with 39% among those of White British ethnicity.(3)

This difference in age structure by ethnicity was also reflected locally in Birmingham, with 65% and 66% of the 'White Gypsy or Irish Traveller' and 'White Roma' populations being under the age of 35 years respectively, compared with 41% of White British people (**Figure 6**; **Appendix Table 3, Annex 1**).(3)

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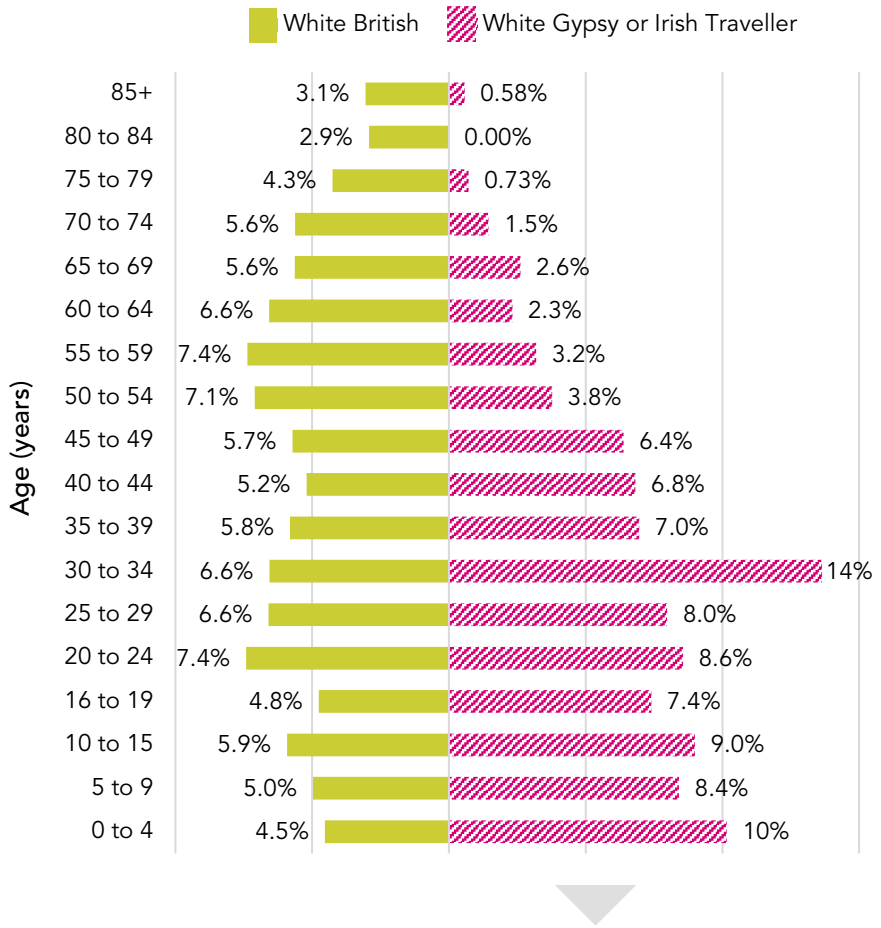
Figure 6: Age pyramids of people identifying as (a) 'White Gypsy or Irish Traveller' or (b) 'White Roma' compared with those of people identifying as White British: Birmingham, 2021

(a)



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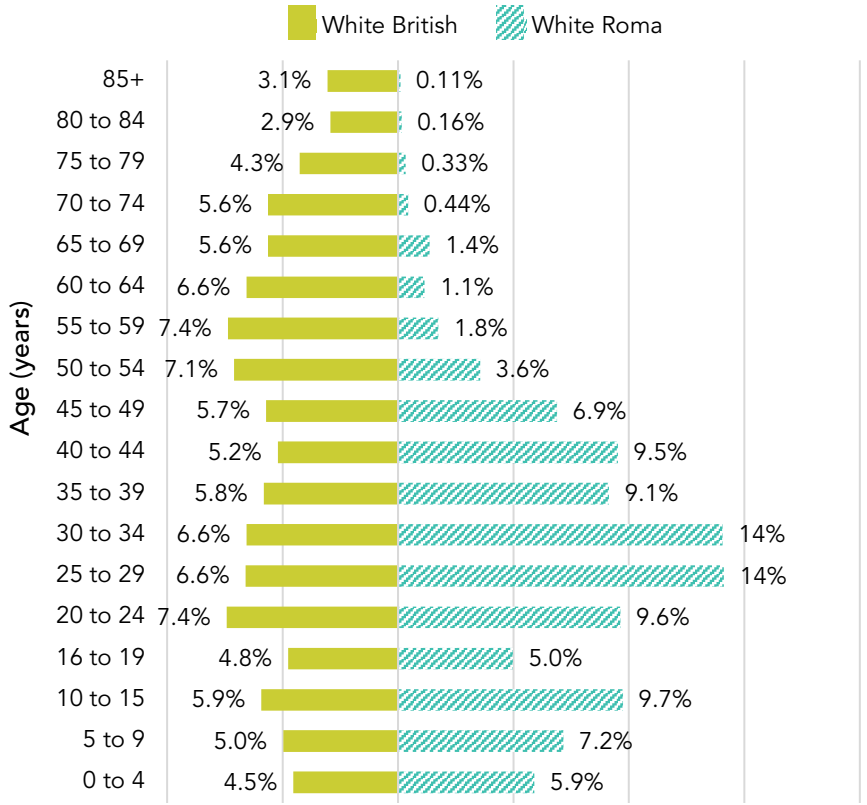
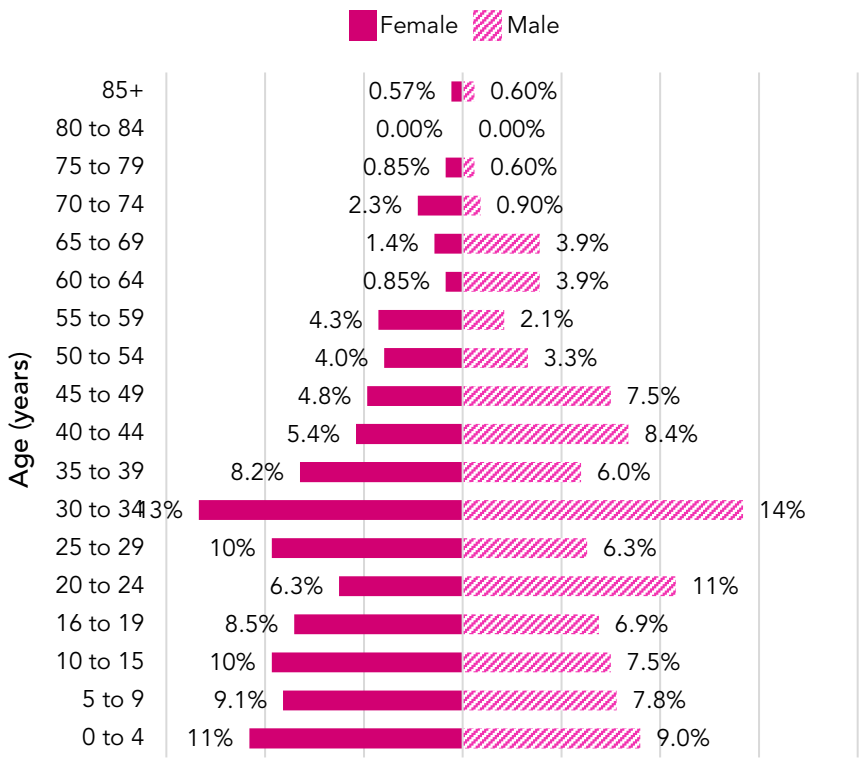


Source: ONS (3)

Figure 7 (**Appendix Table 3, Annex 1**) shows the age pyramids of people identifying as 'White Gypsy or Irish Traveller' or 'White Roma' by sex. Among the 'White Gypsy or Irish Traveller' population, 63% of males were under the age of 35 years compared with 71% of females, these figures were 66% and 54% respectively among the 'White Roma' population.(3)

Figure 7: Age pyramids of people identifying as (a) 'White Gypsy or Irish Traveller' or (b) 'White Roma' by sex: Birmingham, 2021

(a)



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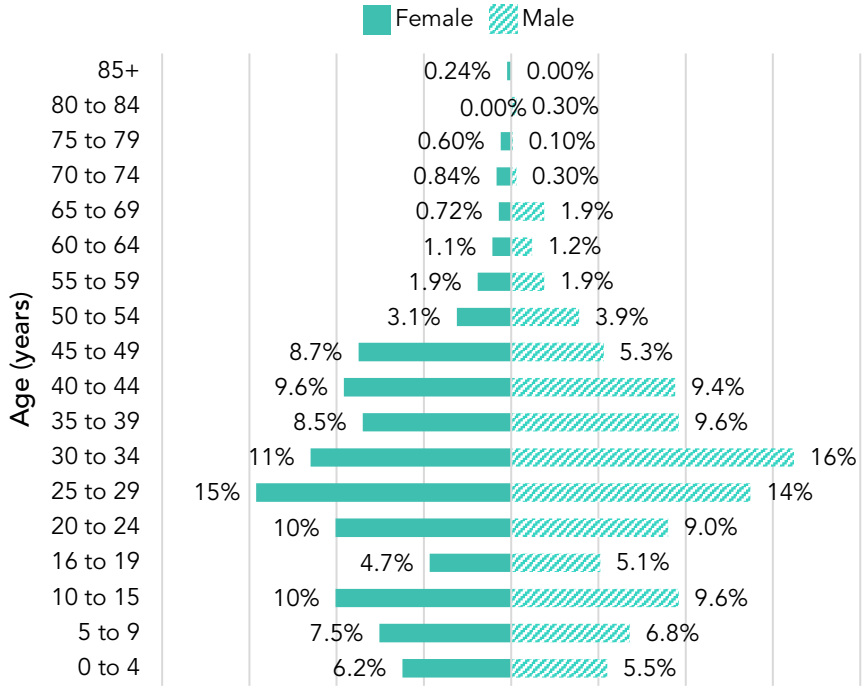


Source: ONS (3)

1.5.3 Sexual Orientation

Census data from 2021 on sexual orientation by ethnicity was not released at the time of publication of this report. Minimal research on sexual orientation within Gypsy, Roma and Traveller communities has been conducted in the UK. Like other ethnic minority communities, Gypsies, Roma and Travellers who identify as lesbian, gay or bisexual risk stigma and isolation, and may be excluded from their families and communities.(28, 29)

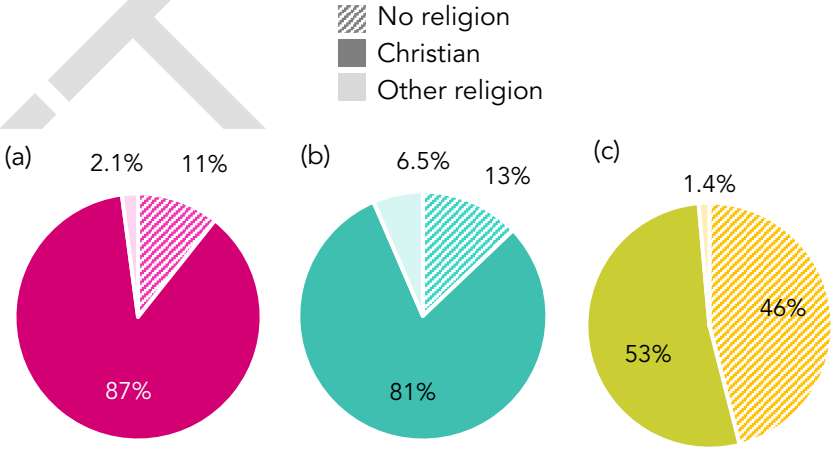
There is evidence that it is common for 'Gypsies and Travellers' to regard discussion of sexuality as culturally offensive; many parents withdraw their children from Relationships and Sex Education classes at school.(29, 143) As such, people from these ethnicities generally hide non-heterosexual orientation. Missing out on sexual education at school can limit the opportunities to consider matters of sexual orientation.

1.5.4 Religion

Religion plays a significant role among many Gypsy, Roma and Traveller communities, affecting their daily lives through participation in rituals and gatherings.(29) Census data shows that in 2021, a much higher proportion of the 'White Gypsy or Irish Traveller' population and the 'White Roma' population in England and Wales were religious at 70% and 81% respectively, compared with only 53% of the White British population (**Appendix Table 4, Annex 1**).(3)

In Birmingham, religious affiliation among Gypsies, Roma and Travellers was much higher than at national level according to census data; 89% of residents identifying as 'White Gypsy or Irish Traveller' and 87% 'White Roma' were religious, compared with 54% of those White British (**Figure 8**; **Appendix Table 4, Annex 1**).(3) The most common religions among both of these ethnic minority groups was Christian. Irish Travellers, in particular, are known to maintain strong Roman-Catholic beliefs.(29, 86) In contrast, New Travellers have a wider variety of faiths or are non-religious.(29)

Figure 8: Religious affiliation of people identifying as (a) 'White Gypsy or Irish Traveller', (b) 'White Roma' or (c) White British: Birmingham, 2021



Source: ONS (3)

The EU FRA Survey of 875 'English Romany Gypsies and Irish Travellers' in the UK estimated 83% were Christian and 17% were not religious in 2018-2019.(35)

The EVEN Survey measured the proportion of people in Britain who felt religion was important to their sense of self.(102) Religious attachment was much higher among 'Gypsy/Traveller' (86%) and 'Roma' participants, compared with those of 'White British' ethnicity (46%) (both $p<0.05$).

1.5.5 Country of Birth and Migration

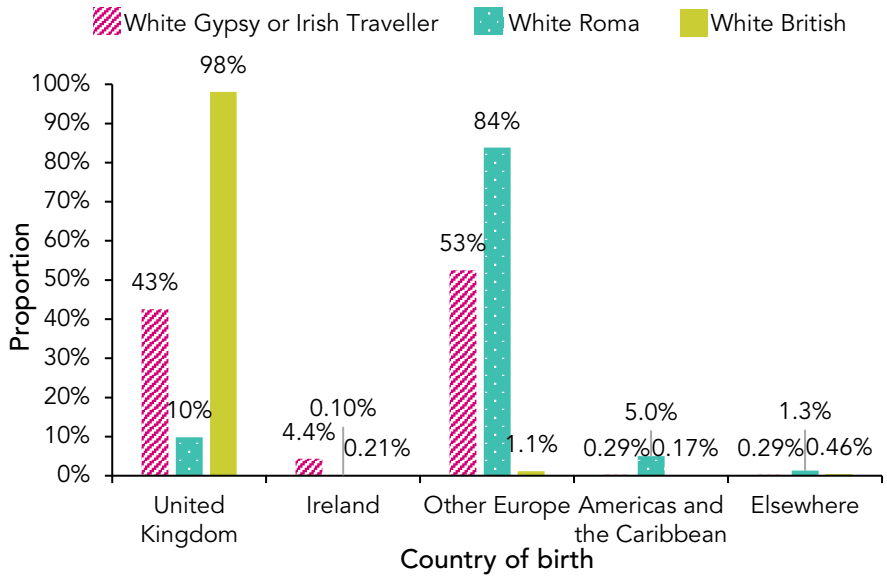
People of 'Gypsy and Traveller' ethnicity have been present in the UK since at least the 16th Century.(4, 110) Generally, 'Roma' people

began to migrate to the UK in the 1990s, first as asylum seekers from countries in Central and Eastern Europe, and from 2004 onwards as migrants from A8 EU accession countries: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia.(135) 'Roma' from Bulgaria and Romania were able to migrate to the UK when these became accession countries in 2007.

The 2021 census captured a variety of data on migration, including country of birth, year of UK arrival, age of UK arrival, length of residence, etc. In England and Wales, 97% of the White British population were born in the UK, compared with only 84% of people identifying as 'White Gypsy or Irish Traveller' and 14% of 'White Roma' (**Appendix Table 5, Annex 1**).(3) There has been little change over time, with 82% of the 'White Gypsy or Irish Traveller' population born in England in 2011.(136) In 2021, 77% of 'White Roma' were born in a European country other than the UK and Ireland.

The distribution of country of birth in Birmingham among these ethnic minority groups was much different from nationally (**Figure 9**; **Appendix Table 5, Annex 1**).(3) Overall, only 43% of residents identifying as 'White Gypsy or Irish Traveller' in Birmingham reported being born in the UK in 2021 and 4.4% being born in Ireland. No more detail on country of birth was available from the census for the 53% of people identifying as 'White Gypsy or Irish Traveller' reporting their country of birth was a European country other than the UK and Ireland. Eighty-four percent of 'White Roma' were born in a European country other than the UK and Ireland and 98% of White British people were born in the UK.

Figure 9: Country of birth among people identifying as 'White Gypsy or Irish Traveller', 'White Roma' or White British: Birmingham, 2021



Source: ONS (3)

Among those not born in the UK living in Birmingham, the majority migrated aged under 35, which was consistent across ethnicities ('White Gypsy or Irish Traveller': 81%, 'White Roma': 77%, White British: 89%) (**Appendix Table 5, Annex 1**).(3) Only 3.8% and 1.0% of non-UK born residents identifying as 'White Gypsy or Irish Traveller' or 'White Roma' arrived in the UK prior to 1991, respectively, compared with 39% of White British residents (**Appendix Table 5, Annex 1**). Overall, 39% of non-UK born 'White Gypsies or Irish Travellers' in Birmingham arrived in the UK in the last

five years, compared with 55% of non-UK born 'White Roma' and 18% of non-UK born White British people.

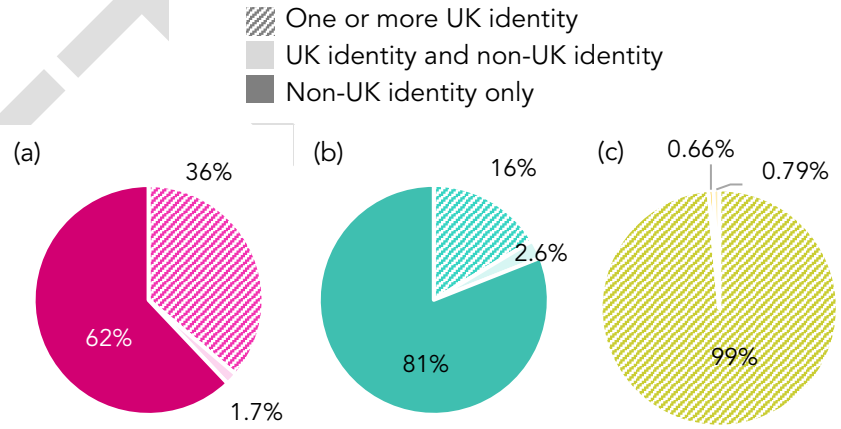
1.5.6 National Identity

National identity was first asked about in the 2011 census because of an "increased interest in national consciousness" and a "demand for people to be able to acknowledge their national identity".(144) In that year, "English only" was the most common national identity among people of 'White Gypsy or Irish Traveller' ethnicity at 66%, compared with 58% for the whole of England and Wales.(136)

In 2021, census data shows that while 98% of the White British population in England and Wales had "one or more UK identity only", this was true for only 83% of people identifying as 'White Gypsy or Irish Traveller' and for 21% of 'White Roma' ();(3) 16% and 74% of 'White Gypsies or Irish Travellers' and 'White Roma' had a "non-UK identity only", respectively.

In Birmingham, fewer people of 'White Gypsy or Irish Traveller' ethnicity had "one or more UK identity only" at 36%; this figure was 16% for 'White Roma' (**Figure 10**; **Appendix Table 6, Annex 1**).(3) The majority of the 'White Gypsy or Irish Traveller' and 'White Roma' residents had a non-UK identity only, at 62% and 81% respectively.

Figure 10: National identity of people identifying as (a) 'White Gypsy or Irish Traveller', (b) 'White Roma' or (c) White British: Birmingham, 2021



Source: ONS (3)

This is consistent with census data on passports held. In England and Wales, 83% of White British people reported having a UK passport, compared with 55% of people identifying as 'White Gypsy or Irish Traveller' and 9.5% of 'White Roma' (**Appendix Table 6, Annex 1**).(3)

Figure 11 (**Appendix Table 6, Annex 1**) shows data for Birmingham. While 80% of White British residents reported having a UK passport, only 26% and 7.3% of people identifying as 'White Gypsy or Irish Traveller' or 'White Roma' held a UK passport, respectively; 51% of the 'White Gypsy or Irish Traveller' population in Birmingham reported being issued a passport from another

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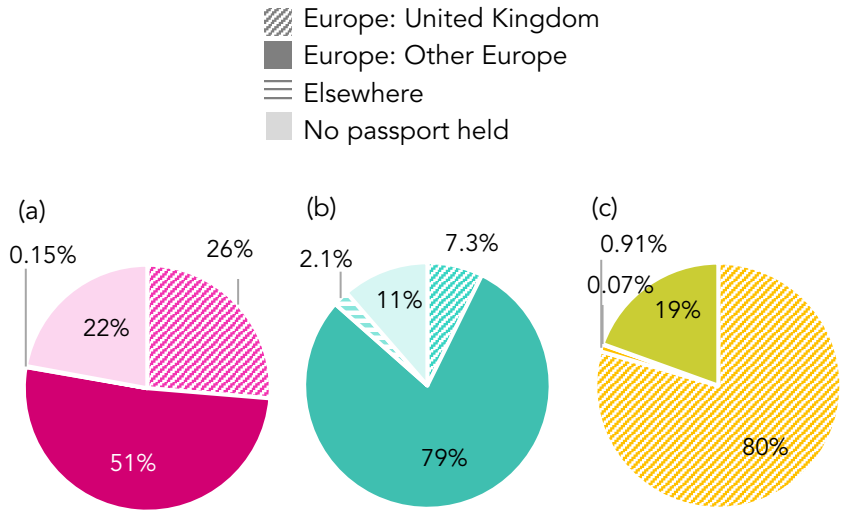
European country compared with 79% of the 'White Roma' population.

Figure 11: Passports held among people identifying as (a) 'White Gypsy or Irish Traveller', (b) 'White Roma' or (c) White British: Birmingham, 2021



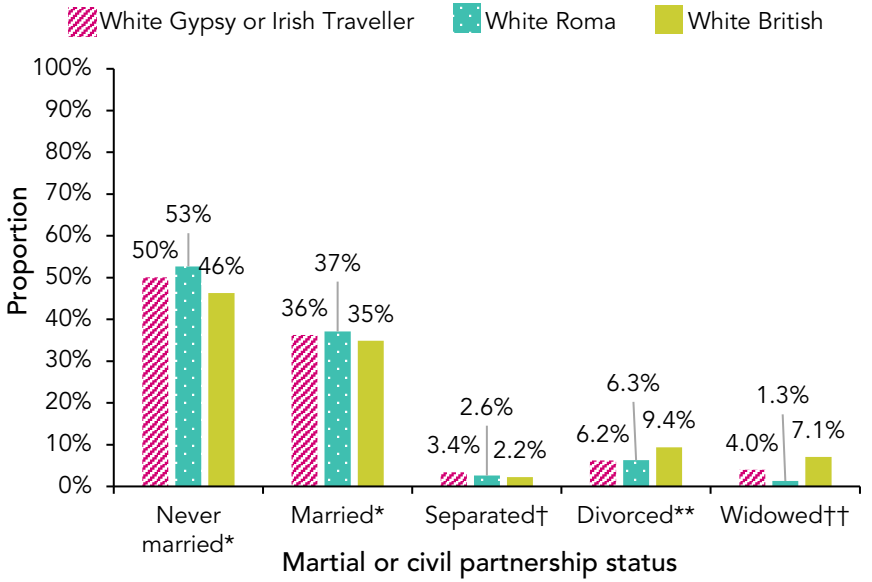
Source: ONS (3)

1.5.7 Household Composition

Latest census data indicates similarities in marital and civil partnership status and living arrangements among people of White British, 'White Gypsy or Irish Traveller' and 'White Roma' ethnicity in Birmingham (**Figure 12** and **Figure *13***).

In 2021 in Birmingham, 46% of the White British population, compared with 50% of the 'White Gypsy or Irish Traveller' and 53% of the 'White Roma' populations, reported never being married nor being registered a civil partnership (**Figure 12**; **Appendix Table 7, Annex 1**).(3) Equivalent figures for England and Wales were 37%, 49% and 56% respectively.

Figure 12: Marital and civil partnership status among people identifying as 'White Gypsy or Irish Traveller', 'White Roma' or White British: Birmingham, 2021



Footnotes:
*Or in a civil partnership
†But still legally married/civil partnership
**Or civil partnership dissolved
††Or surviving civil partnership partner

Source: ONS (3)

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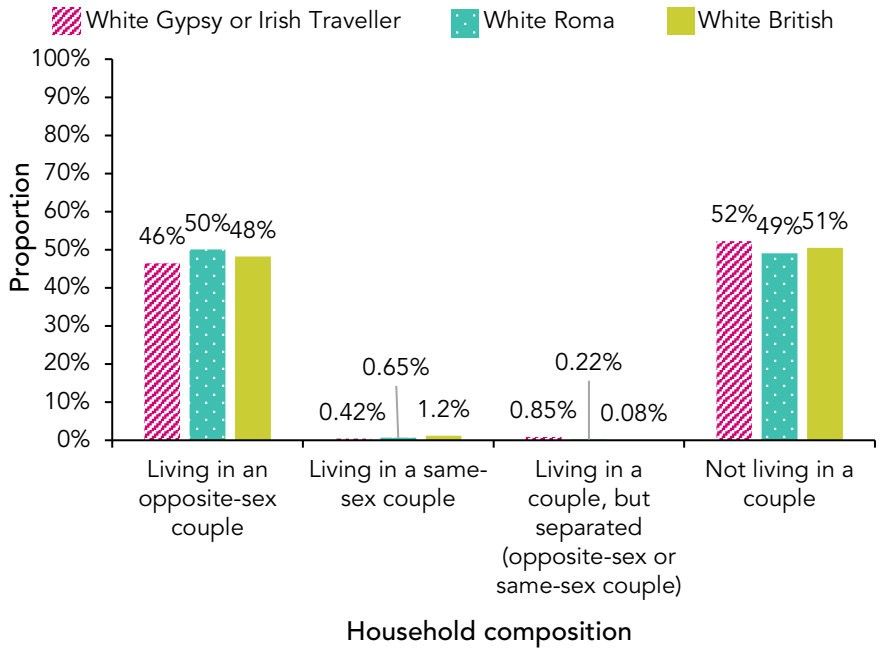
The 2018-2019 EU FRA Survey (N=875) estimated 45% of 'English Romany Gypsies and Irish Travellers' in the UK were married or in a registered partnership, 10% married but separated, 5% divorced, 5% widowed and 35% never married.(35) Of those married, 14% married under the age of 18 years, 59% between the ages of 18 and 22, 18% between the ages of 23 and 29 and only 7% over the age of 30. 'Gypsies and Travellers' tend to marry at a younger age than the general population.(29) The median age at marriage in 2020 was 35 for men and 33 for women in England and Wales.(145)

In terms of living arrangements, half of people of White British (48%), 'White Gypsy or Irish Traveller' (46%) and 'White Roma' (50%) ethnicity were living in Birmingham in an opposite-sex couple, with the other half not living in a couple (**Figure 13**; **Appendix Table 7, Annex 1**).(3) Less than 1% of people from each of these ethnicities reported living in a same-sex couple. Living arrangement figures were similar for England and Wales for the 'White Roma' population. A slightly higher proportion of White British people were living in an opposite-sex couple (58%) and a lower proportion of people identifying as 'White Gypsy or Irish Traveller' were not living in a couple (55%) in England and Wales.

Figure 13: Living arrangements among people identifying as 'White Gypsy or Irish Traveller', 'White Roma' or White British: Birmingham, 2021



Source: ONS (3)

There has been limited 2021 census data released on household structures and dependents. In the 2011 census, the most common family type among 'White Gypsy or Irish Traveller' households was lone parents at 24%, compared with 11% for the whole population in England and Wales.(136) The second most common arrangement was living married or same-sex civil partnership couple with or without children at 23%, below the average in England and Wales at 33%. Forty-five percent of 'White Gypsy or Irish Traveller'

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households had dependent children, compared with 29% of households in England and Wales. This higher-than-average proportion of dependent children is consistent with the younger age profile of people identifying as 'White Gypsy or Irish'.

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2 Community Profile

2.1 Getting the Best Start in Life

Key Findings

- The 1997 to 1999 Confidential Enquiry into Maternal Deaths found that 'Gypsies and Travellers' have "possibly the highest maternal death rate among all ethnic groups" in the UK.
- Various sources indicate infant outcomes among Gypsy, Roma and Traveller communities in the UK are poor with higher rates of miscarriage, stillbirth, low birth weight and premature mortality than other ethnic groups.
- In 2019, 60% of 5-year-old children of 'Gypsy/Irish traveller' ethnicity in England had experience of dental decay, compared with 21% of all people of 'White' ethnicity.
- In the 2022 to 2023 academic year, 40% of 'White Gypsy/Roma' and 90% of 'White Traveller of Irish Heritage' children in Birmingham were eligible for free school meals, compared with 36% of 'White British' children.
- Compared with children of 'all other' ethnic groups, 'Gypsy/Roma' children were 2.1 times and 'Traveller of Irish Heritage' children 2.6 times more likely to be living in state care in England in 2017 to 2018.
- Children from Gypsy, Roma and Traveller communities have some of the poorest educational attainment outcomes of any ethnicity in the UK, progressing significantly below the national average throughout compulsory education and more likely to be absent and excluded from school.

2.1.1 Fertility

Information on fertility among Gypsies, Roma and Travellers is severely limited. A research report by the Equality and Human Rights Commission, presents Gypsy Traveller Accommodation Assessment evidence showing that over the life course, 'Gypsy and Traveller' women give birth to an average of 3.5 children and 'Irish Traveller' women 5.9 children; this is higher than women in the general population (1.7 children).(29) However, this report was published in 2009 and the information may be out of date.

2.1.2 Maternal Health

The 1997 to 1999 Confidential Enquiry into Maternal Deaths found that 'Gypsies and Travellers' have "possibly the highest maternal death rate among all ethnic groups".(8) Poor maternal health has been linked to late booking, disrupted antenatal care due to the nomadic nature of the community and culturally inappropriate maternity service provision.(8, 10, 12, 29, 51)

However, routine data on maternal health among Gypsies, Roma and Travellers is scarce. No data on people from these ethnicities is captured in NHS datasets (e.g. Hospital Episode Statistics), the UK Obstetric Surveillance System or Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK.(4-7) A 2007 study of 'Gypsies and Travellers of UK or Irish origin' and age and sex matched comparators from Sheffield, Leicester, Norfolk, London and Bristol found that among women with children (n=150 and n=141 respectively), there was no significant difference in the number reporting problems with pregnancy or childbirth, such as morning sickness, preterm birth, breech presentation or post-natal depression.(10)

More recent data from focus group discussions with 'Gypsies and Travellers' in the UK (n=68) indicates conditions such as pre-eclampsia and postpartum depression may go undiagnosed among women from these communities due to inconsistent care.(9) 'Gypsy and Traveller' participants also disclosed "unusually high rates of Caesarean births", with reports of women undergoing four or more Caesarean births.

In early 2023, FFT released guidance on tackling maternal health inequalities in Gypsy, Roma and Traveller communities.(9) Many of the barriers to accessing maternal health services identified in this report via focus groups and surveys with these communities are consistent with other studies (12, 146, 147) and with barriers to accessing other health services (e.g. lack of effective communication and accessible information, experiences of discrimination, lack of trust of health professionals, poor continuity of care in some cases due to forced evictions, etc.) (see section 2.5.11). Additional barriers faced by Gypsies, Roma or Travellers, specific to midwifery services and other maternal healthcare services, highlighted in the report include: stigma and taboo around discussing pregnancy and perinatal mental health, fear of referral to social services and maternity services' lack of awareness and sensitivity around cultural norms relating to antenatal and postnatal care and practices.(9) In some Gypsy, Roma and Traveller communities, it is not considered culturally appropriate for men to attend antenatal appointments or be present in the delivery room; pregnant women may not feel comfortable being treated by male health professionals. Some Gypsy, Roma or Traveller mothers may observe a "purity period" after birth, in which they will spend dedicated bonding time with their new baby in the home, supported by female family or community members with males potentially not present. The report highlights the importance of adapting services to accommodate specific cultural norms to make maternity services more acceptable and accessible. Furthermore, the need to use a variety of clear communication methods (e.g. verbal information with translation) when engaging with Gypsies, Roma and Travellers. Other qualitative research has shown that knowledge and advice on pregnancy and raising children is often sought from female family and older community members as formal advice on health services is inaccessible.(140, 148)

2.1.3 Infant Outcomes

Infant outcomes among they Gypsy, Roma and Traveller communities are poor with higher rates of miscarriage, stillbirth, low birth weight and premature infant and/or child mortality than other ethnic groups.(9-14) These inequalities have been linked to poor

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living conditions, low vaccination rates and inadequate access to antenatal and post-natal services.(11, 13, 29)

As with maternal health, there is no routinely published data on infant outcomes among Gypsies, Roma and Travellers in the UK. The most recent quantitative data on infant outcomes among these communities is from an epidemiological study from 2007.(10) Significantly more 'Gypsies and Travellers of UK or Irish origin' women experienced one or more miscarriages (29% (n=43) vs. 16% (n=18); p<0.001) compared with age-sex matched comparators of other ethnicities. When asked "are all of your children still living", 6.2% (n=23) of 'Gypsies and Travellers of UK or Irish origin' women indicated they had lost a child (excluding miscarriages), compared with none of the women of other ethnicities (p<0.001).

More recent qualitative data from focus groups with the Gypsy, Roma and Traveller community (n=68) in the UK also showed most participants had experienced the loss of a pregnancy or of a child, but none had received any professional support.(9)

Classical Galactosemia is a genetic condition in which people cannot produce an enzyme needed to break down a sugar found in both human and cow's milk.(149) This condition has been found to be much more common among infants born to Irish Traveller parents (one in 450 births) compared with the non-Traveller Irish population (one in 36,000 births). A report by FFT recommends service providers should be "aware of these higher rates of Classical Galactosemia among children born to Irish Traveller parents".(9) If this condition is not detected and treated early on, it may cause damage to the liver and be life threatening.(149)

2.1.4 Infant Feeding

Breastfeeding can reduce an infant's risk of infections, sudden infant death syndrome and diarrhoea and vomiting, as well as obesity and heart disease later in life.(150)

Breastfeeding may not be the norm across all Gypsy, Roma and Traveller communities, with some viewing it as "an integral part of cultural identity" and others an "immodest act" needing to be completely private.(9, 12, 28) As such, awareness of the advantages and practicalities of breastfeeding may be low, although in general, breastfeeding is more common among European Roma communities than other Gypsy and Traveller groups.(9, 151)

A 2011 study from Cheshire and the Wirral exploring the early infant feeding practices of 'Gypsy and Traveller' women (n=75) found most (93%) chose to formula-feed their infants and breastfeeding was very low at only 3% at birth, 3% between 10 and 13 days and 0% by six to eight weeks.(152) These women had a neutral attitude towards early infant feeding using the Iowa Infant Feeding Attitude Scale, highlighting that interventions to promote breastfeeding could successfully change behaviour in 'Gypsy and Traveller' communities.

Focus group discussions with 'Gypsy and Traveller' women (n=10) in Brighton in 2015 revealed women from these communities were keen to explore breastfeeding options, but felt unsupported and that health professionals had preconceived notions of the acceptability of breastfeeding within their community.(147) Semi-structured interviews with 22 mothers and grandmothers of 'English Gypsy', 'Irish Traveller' and 'Romanian Roma' ethnicity in Bristol in 2012 found information and support on breastfeeding was largely

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sought from family, which had a strong influence on infant feeding choices.(151)

These studies highlight the need for non-judgemental, culturally appropriate guidance on breastfeeding that is accessible to Gypsy, Roma and Traveller mothers, alongside practical support.(9, 147, 151)

2.1.5 Childhood Vaccinations

In the UK, it is recommended infants and children should be vaccinated against a variety of infections to protect against serious illness, such as diphtheria, hepatitis B, polio, tetanus, whooping cough, measles, mumps and rubella.(153) However, uptake of childhood vaccinations has largely declined over time.(154)

Data from Birmingham shows from 2017 to 2018, uptake of the first dose of measles, mumps and rubella (MMR) vaccine at 24 months was 88%, the first dose at five years was 94% and the first and second dose at five years was 82%.(71)

There is no routine data on the uptake of childhood vaccinations among Gypsy, Roma and Traveller populations in the UK. Although, several studies across Europe have found vaccination uptake to be lower amongst Roma compared with non-Roma communities and there have been a number of documented measles outbreaks in cities across England since 2016.(14, 71)

A study from Cambridge audited vaccination history in 'Traveller' (n=214) and 'non-Traveller' (n=776) children in 2015 using electronic health records.(155) Coverage for each vaccine by ethnicity can be seen in **Table 4**. This audit found over a 30% lower vaccination coverage for 'Traveller' vs. 'non-Traveller' children registered in primary care.

Table 4: Childhood vaccine coverage by ethnicity: Cambridge, 2015

Childhood vaccinations	Traveller (n)	Traveller (%)	Non-Traveller (n)	Non-Traveller (%)
Rotavirus	10	48	59	92
Tetanus, diphtheria, polio, pertussis (2 months)	135	63	742	96
Tetanus, diphtheria, polio, pertussis (3 months)	126	59	735	95
Tetanus, diphtheria, polio, pertussis (4 months)	114	54	730	95
Meningitis C	104	52	687	92
Haemophilus influenzae type B	105	53	696	93
Pneumococcal	55	47	397	89
MMR (dose 1)	108	54	715	96
MMR (dose 2)	86	47	582	89
Tetanus, diphtheria, polio, pertussis (booster 1)	84	46	586	90
Tetanus, diphtheria, polio, pertussis (booster 2)	7	15	110	69
Meningitis C (teenage booster)	0	0	77	59
Human papillomavirus (HPV)	1	3.6	72	82

Source: Primary care data - Dixon *et al.* (155)

Further research is needed to document more recent childhood vaccination rates among Gypsy, Roma and Traveller communities across the UK and in Birmingham.

Qualitative research of Gypsy, Roma and Travellers communities across the UK has explored beliefs about childhood vaccination, barriers and facilitators and views on increasing vaccination levels.(28, 72, 74, 148, 156, 157) Generally, there was a clear understanding of how childhood diseases are transmitted and broad acceptance of childhood vaccination as a positive health intervention among participants.(28, 72, 73, 148, 156) Although, vaccination was not considered a priority by some Romanian Roma who were more focussed on feeding their children.(73) Other reported barriers among Gypsies, Roma and Travellers included: language,(72, 75) literacy,(72) access to transport to attend vaccination appointments,(75, 156, 157) poor school attendance,(72, 75) parental worries about multiple, combined and/or live childhood vaccines,(72, 156, 158) negative experiences with health services within community networks,(28, 157) difficulties accessing information and appropriate vaccine services,(75, 156) reluctance to cause distress to children by administering vaccinations (156) and cultural concerns about HPV vaccination among English Gypsies and Irish Travellers, with the vaccine perceived as endorsing sexual partnerships before marriage.(72, 158) Some Gypsy and Traveller parents also reported being hesitant in particular about the MMR vaccine being administered at such a young age.(148, 156) Facilitators of vaccination to help encourage attendance included: flexible appointments, outreach workers, drop-in clinics, reminder texts or phone calls, community vaccination clinics, home vaccination, staff cultural competency and having a trusted relationship with health professionals.(28, 72, 75, 148, 157)

An evidence review from the National Institute for Health and Care Excellence (NICE) found Gypsy, Roma and Traveller parents used a variety of sources of information in their decision making on vaccinating their children and were be influenced by family or community members, other parents, schools, NHS websites and leaflets, online forums, healthcare practitioners, perceived social pressure and the media.(73) However, healthcare providers were overwhelmingly identified as the primary trusted source.

2.1.6 Dental Decay in Children

The annual Oral Health Survey of five-year-olds examines the prevalence of experience of dental decay (the percentage of children with one or more teeth with visually obvious dental decay experience).(15) Overall, 23% of 5-year-old children in England whose parents gave consent for participation in this survey had experience of dental decay in 2019. The largest variation in prevalence of dental decay by ethnic group was seen among people of 'White' ethnicity, ranging from 14% among people of 'Irish' ethnicity to 60% among people identifying as 'Gypsy/Irish Traveller'.

In a 2016 study, oral health promotion and simple treatments were provided to 37 children aged less than 17 years on two 'Traveller' sites from a mobile dental unit in Hackney, London over five days.(159) Researchers found most children reportedly brushed once daily or less (60%) and consumed a high cariogenic diet (95%). Obvious visual caries (tooth decay and/or cavities) were evident in two-thirds of children (66%). Based on their diet, oral hygiene

practices and caries experience, 92% of 'Traveller' children were considered to have a moderate to high risk of developing future caries.

2.1.7 Children's Mental Health and Wellbeing

No routine data is collected capturing mental health and wellbeing among children in the UK. Information on mental health among Gypsy and Traveller children was collected as part of a 2016 to 2019 cross-sectional survey of 15,641 children aged seven to 10 years in Bradford (n=190 'Gypsy/Irish Traveller' children).(160) Children of 'Gypsy/Irish Traveller' ethnicity reported similar levels of mental health issues compared with children of 'White British' ethnicity across a variety of indicators: 3.3% (95% CI: 1.5% to 7.1%) said they were never happy (vs. 4.0%, 95% CI: 3.5% to 4.7%), 7.0% (95% CI: 4.1% to 12%) said they were always sad (vs. 5.3%, 95% CI: 4.7% to 6.0%) and 32% (95% CI: 26% to 39%) said they kept worries to themselves (vs. 30%, 95% CI: 29% to 32%). However, a higher proportion of children of 'Gypsy/Irish Traveller' ethnicity reported not being able to work out what to do when things were hard (16%, 95% CI: 11% to 21%) compared with 'White British' children (9.0%, 95% CI: 8.2% to 9.9%).

2.1.8 Child Poverty

ONS data describing the extent to which children experience low income and material deprivation is not broken down further than major ethnic group, so no information is available for Gypsy, Roma and Traveller populations.

However, Department for Education (DfE) data on free school meal eligibility can be used as a proxy to better understand child poverty. Section 512 of the Education Act 1996 places a duty on schools to provide free school meals to pupils of all ages that meet the eligibility criteria;(161, 162) pupils or their parents must be in receipt of one or more specified benefits (e.g. Universal Credit, Jobseeker's allowance, etc.).

In England in the 2022 to 2023 academic year, 55% of 'White Gypsy/Roma' and 65% of 'White Traveller of Irish Heritage' were eligible for free school meals, compared with only 23% of 'White British' children (**Appendix Table 8, Annex 1**).(16)

Figure 14 (**Appendix Table 8, Annex 1**) shows free school meal eligibility in Birmingham over time by ethnic group.(16) Eligibility for free school meals almost tripled over time in 'White Gypsy/Roma' children in Birmingham from 15% in the 2018 to 2019 academic year to 40% in the 2022 to 2023 academic year. A higher proportion of children of 'White Traveller of Irish Heritage' ethnicity in Birmingham were eligible for free school meals than other ethnic groups, although numbers were small; this proportion stayed consistently high across years. In contrast, 36% of 'White British' children were eligible for free school meals in the 2022 to 2023 academic year, up from 27% in the 2018 to 2019 academic year. Compared with national figures, a lower proportion of 'White Gypsy/Roma' children and a higher proportion of 'White Traveller of Irish Heritage' children in Birmingham were eligible for free school meals in the 2022 to 2023 academic year.

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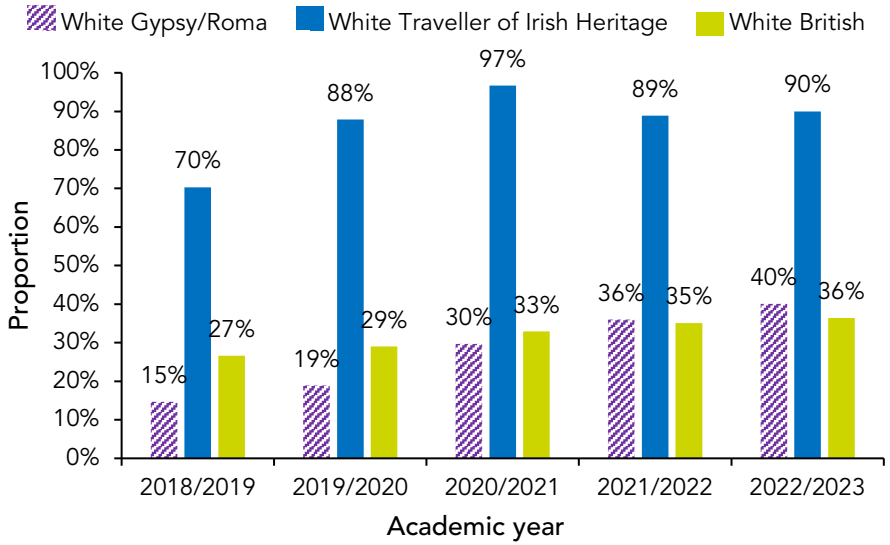
Figure 14: Free school meal eligibility among children of 'White Gypsy/Roma', 'White Traveller of Irish Heritage' or 'White British' ethnicity: Birmingham, between academic years 2018 to 2019 and 2022 to 2023



Source: DfE (16)

Additional information on levels of poverty among Gypsy and Traveller children was available from a 2016 to 2019 cross-sectional survey of 15,641 children aged seven to 10 years in Bradford (n=190 'Gypsy/Irish Traveller' children).(160) A higher proportion of 'Gypsy/Irish Traveller' children in Bradford reported not having three meals a day (20%, 95% CI: 14% to 27%)) compared with 'White British' children (12%, 95% CI: 11% to 13%). Similarly, two in five 'Gypsy/Irish Traveller' children (25%, 95% CI: 19% to 32%) reported being worried about money all of the time compared with only one in five 'White British' children (22%, 95% CI: 20% to 23%). This study also documented only 9.4% (95% CI: 5.7% to 15%) of 'Gypsy/Irish Traveller' children reported not having a warm winter coat and 25% (95% CI: 19% to 32%) no internet at home. These figures were similar among 'White British' children.

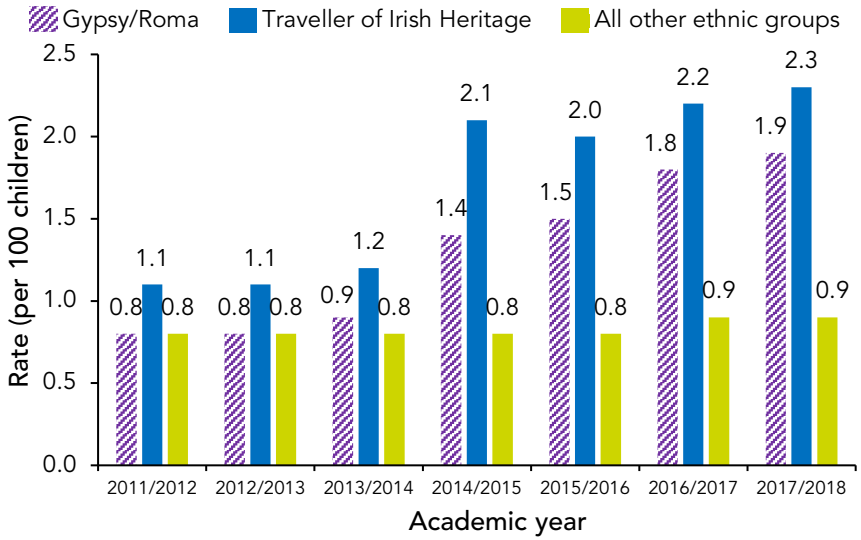
2.1.9 Children in Care

Since the 1970s, there has been concern that Gypsy, Roma and Traveller children are overrepresented in the care system in Europe.(17, 135) Although, in 2017, The Traveller Movement published a report concluding that there was no evidence from the DfE to suggest "sustained patterns of deliberate or disproportionate use of the care system to target Gypsy, Roma or Traveller children and families",(163) more recent research presents a different picture.

In early 2020, researchers submitted a Freedom of Information (FOI) request to the DfE to better understand this overrepresentation.(17) Data on ethnicity among children under the care of child welfare services (CWS) in England is collected by the DfE but are not routinely made available. In 2017 to 2018, there were 3,380 'Gypsy/Roma' children referred to CWS (rate: 12 per 100 children); 510 (rate: 1.8 per 100) were classified as being "at risk of significant harm" and progressed to an initial child protection conference (ICPC), 730 (rate: 2.6 per 100) had a child protection plan (CPP) in place (a formal statutory arrangement to protect the welfare of the child) and 490 were in state care (rate: 1.9 per 100). Equivalent figures for 'Traveller of Irish Heritage' children were 1,410 (rate: 22 per 100 children), 180 (rate: 1.8 per 100), 250 (rate: 3.9 per 100) and 150 (rate: 2.3 per 100), respectively. Both the number and rate of 'Gypsy/Roma' and 'Traveller of Irish Heritage' children in the state

care system have increased over time since 2011 to 2012 (**Figure 15**; **Appendix Table 9, Annex 1**).

Figure 15: Rate of children living in state care by ethnicity: England, between academic years 2011 to 2012 and 2017 to 2018



Source: DfE – Allen *et al.* (17)

In 2017 to 2018, compared with children of 'all other' ethnic groups, 'Gypsy/Roma' children were 1.8 times more likely to be referred to CWS, 2.0 times more likely to attend an ICPC, 2.0 times more likely to have a CPP in place and 2.1 times more likely to be living in state care.(17) Equivalent figures for 'Traveller of Irish Heritage' children compared with 'all other' ethnic groups were 3.3, 3.1, 3.0 and 2.6 respectively. The authors of this study highlight the importance of improving Early Help services to engage Gypsy, Roma and Traveller families and prevent them falling into crisis, as well as developing effective child protection practices as part of wider anti-racism strategies.

Another study that analysed FOI data from the DfE found that the main reason why child protection professionals first engaged with 'Gypsy/Roma' and 'Traveller of Irish Heritage' children in 2016 was due to concerns about abuse or neglect.(135) Survey data from the same study, of child protection professionals prior to training indicates that some make incorrect assumptions that Gypsy, Roma and Traveller children are at more risk of harm than other children because of their culture and perceptions of nomadism, which could result in higher CWS referral rates. Although child protection professionals may not aim to be discriminatory, a lack of training and resources and being under increased pressure, can lead to damaging decisions being made.

Testimonials from Gypsy and Traveller women who were placed in foster care as children revealed experiences of cultural isolation.(29, 164) One way to reduce the cultural isolation and distress experienced by children in care would be to place them with appropriate kinship carers in their own Gypsy, Roma or Traveller communities.(135, 163)

2.1.10 Youth Justice

In 2016, The Traveller Movement published an analysis of Children in Custody data from 2015 to 2016, derived from surveys conducted at secure training centres (girls and boys aged 12 to 18 years) and young offender institutions (boys aged 15 to 18 years).(165) The report highlights that 'Gypsy, Roma and Traveller' children continue

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to report greater levels of need and worse experiences in custody than other children.

Between 2015 and 2016, 'Gypsy, Roma and Traveller' children were over-represented in secure training centres, making up 12% of the population.(165) 'Gypsy, Roma and Traveller' boys and girls in these centres were found to be disproportionally affected by a number of issues, compared with other children. 'Gypsy, Roma and Traveller' children were more likely to:

- Experience difficulties maintaining contact with their family (60% vs. 90%)
- Report unmet health needs (30% vs. 18%)
- Experience physical abuse from staff (29% vs. 9.0%)
- Report feeling unsafe at some point during their stay (40% vs. 22%)
- Report feeling afraid to make a complaint due to concerns about the consequences (30% vs. 14%)

In contrast, 'Gypsy, Roma and Traveller' boys represented 7.0% of children in young offender institutions between 2015 and 2016.(165) Compared with other children, 'Gypsy, Roma and Traveller' boys were more likely to have a significantly more favourable outlook towards education, with 70% stating they believed it would benefit them when they left, compared with 58% among other children. However, a higher proportion of 'Gypsy, Traveller and Roma' boys were 14 years old or younger the last time they were in education (55% vs. 36% among other children). Compared with 'Gypsy, Roma and Traveller' children, other children were more likely to know who to contact about problems opening a bank account (20% vs. 8.0%) and who to contact to continue health services (15% vs 6.0%).

2.1.11 Education

Children from Gypsy, Roma and Traveller communities have some of the poorest educational attainment outcomes of any ethnicity in the UK, progressing significantly below the national average throughout compulsory education and more likely to be absent and excluded.(4, 10, 11, 35, 47, 91, 122, 125-127, 166, 167) Data from the 2018 and 2019 EU FRA Survey indicates that 40% of the 875 'English Romany Gypsy and Irish Traveller' participants from the UK had never been in formal education or had not completed primary education; 57% had completed either primary or lower secondary education.(35) Overall, 13% had spent no time in formal education, 15% had spent one to four years, 41% five to eight years, 24% nine to 12 years and 5% thirteen or more years. This is consistent with findings from 2022 interviews of member of the 'Gypsy and Traveller' community (n=52) by the ONS in which participants in England and Wales described experiencing varying levels of education, some reported never having been to school, and some gaining higher level qualifications.(168)

Educational attainment of pupils in England is measured routinely through statutory assessments against national curriculum standards across a variety of key stages throughout compulsory education. Routine data is captured by the Department for Education. However, this data must be interpreted with caution as only individuals who self-identified as being of 'White Gypsy/Roma' or 'White Traveller of

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Irish Heritage' ethnicity were included.(91) This may not be representative of the population as a whole.

In the 2022 to 2023 academic year, there were 28,340 'White Gypsy/Roma' and 6,891 'White Traveller of Irish Heritage' students in England accounting for 0.3% and 0.1% of the total student population respectively.(16) In the West Midlands, there were 3,642 (0.4%) 'White Gypsy/Roma' and 528 (0.1%) 'White Traveller of Irish Heritage' students. In Birmingham, there were 1,135 (0.5%) 'White Gypsy/Roma' and only 30 (<0.1%) 'White Traveller of Irish Heritage' students in the 2022 to 2023 academic year. Pupil numbers in these three geographical areas over time and by ethnicity can be seen in **Appendix Table 10, Annex 1**.

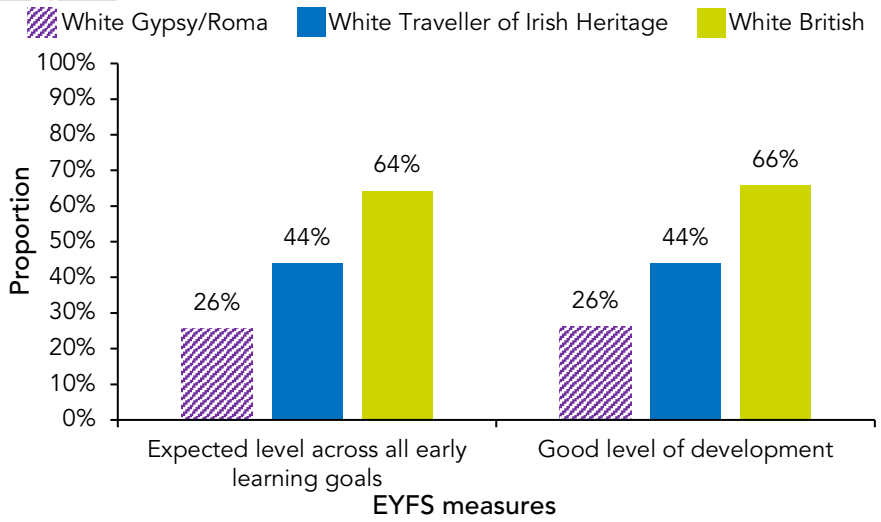
2.1.11.1 School Readiness

In England, teachers assess each child's development at the end of the academic year in which a child turns five, known as the early years foundation stage (EYFS).(18) The assessment framework evaluates progress towards 17 early learning goals across seven areas, including physical development, communication and language and expressive arts and design. EYFS reforms were introduced in September of 2021, so direct comparison to assessment outcomes in earlier years is not possible.

In England in the 2021 to 2022 academic year, 'White British' children on average achieved 14.4 of early learning goals at the expected level, compared with 11.0 among 'White Traveller of Irish Heritage' children and 10.4 among 'White Gypsy/Roma' children.(18) Overall, 66% of 'White British' children were considered to be at the expected level across all early learning goals and 67% had "good" level of development. Equivalent figures were much lower for 'White Traveller of Irish heritage' children at 35% and 35% respectively, and for 'White Gypsy/Roma' children at 30% and 31%.

This data was not available by ethnicity for Birmingham; however, data for children aged five from the West Midlands can be seen in **Figure 16** (**Appendix Table 11, Annex 1**).(18) The average number of early learning goals at the expected level per child were 14.1 for 'White British', 11.3 for 'White Traveller of Irish Heritage' and 9.2 for 'White Gypsy/Roma' children. Across all measures and ethnicities, girls performed better than boys.

Figure 16: Development at age five among children of 'White Gypsy/Roma', 'White Traveller of Irish Heritage' or 'White British' ethnicity: West Midlands, academic year 2021 to 2022



Source: DfE (18)

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The 2018 and 2019 EU FRA survey of 875 'English Romany Gypsies and Irish Travellers' in the UK estimated only a quarter (25%) of children from these communities aged three to five (the age of the start of compulsory primary education) attended early childhood education.(35)

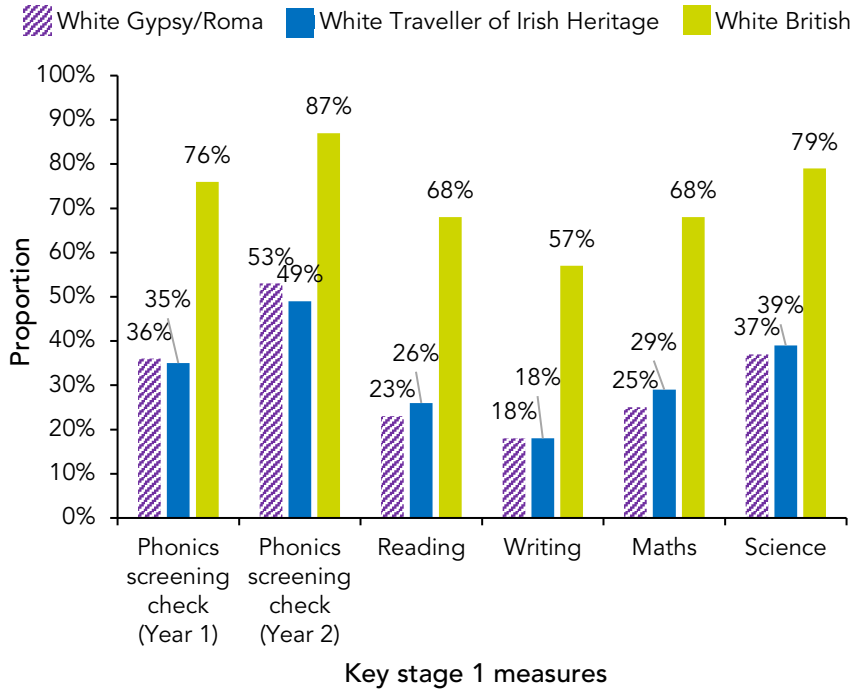
2.1.11.2 Key Stage 1

School pupils attending state-funded schools undergo a phonics screening check at the end of Year 1, typically aged 6 years.(21) Pupils are also assessed at the end of key stage 1 (Year 2 – aged 7 years) in reading, writing and mathematics through national curriculum tests. These test results are used, alongside other evidence, to produce teacher assessments. Teachers are also required to assess their pupils' ability in science.

DfE data on phonics screening and key stage 1 attainment measures was only available for Gypsy, Roma and Traveller pupils at a national level in England (**Figure 17**; **Appendix Table 12, Annex 1**).(21) In the 2021 to 2022 academic year, 76% of 'White British' pupils nationally met the expected standard in phonics in Year 1, this increased to 87% by the end of Year 2). Children of 'White Gypsy/Roma' ethnicity showed much lower attainment in this area with only 36% and 53% of pupils meeting the expected standard for phonics in Years 1 and 2, respectively. Similar low attainment was seen among the 704 children of 'White Traveller of Irish Heritage' ethnicity (Year 1: 35%, Year 2: 49%).

Across ethnicities, attainment was highest in science, followed by reading, maths and writing. Among 'White British' pupils, reading, writing, science and maths attainment in the 2021 to 2022 academic year was 68%, 57%, 68%, 79%, respectively (**Figure 17**; **Appendix Table 12, Annex 1**). Comparatively, attainment in key stage 1 among Gypsy, Roma and Traveller children was low with equivalent figures among 'White Gypsy/Roma' pupils being 23%, 18%, 25%, 37% and 'White Traveller of Irish Heritage' being 26%, 18%, 29%, 39%. Across all measures and ethnicities, girls performed better than boys as seen in **Appendix Table 12, Annex 1**.

Figure 17: Key stage 1 attainment of expected standards among pupils of 'White Gypsy/Roma', 'White Traveller of Irish Heritage' or 'White British' ethnicity: England, academic year 2021 to 2022



Source: DfE (21)

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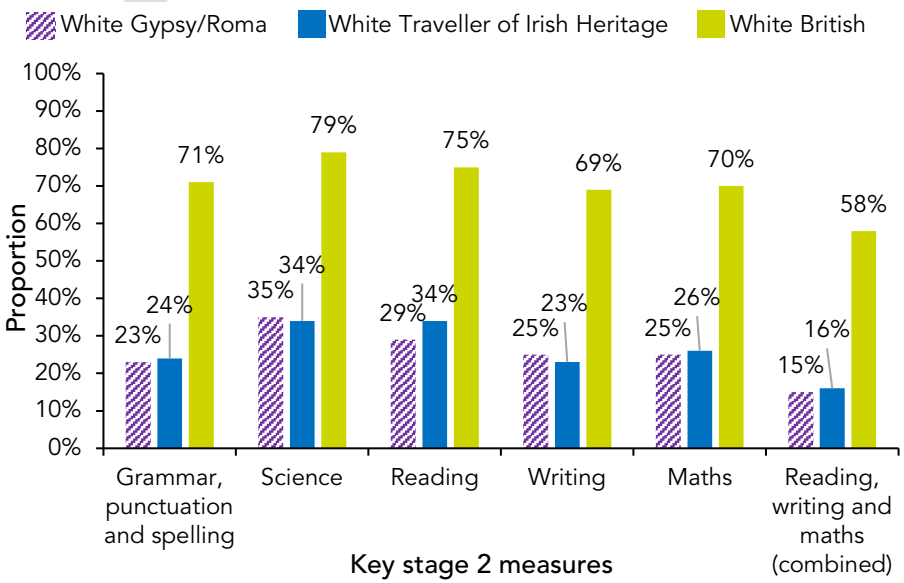
2.1.11.3 Key Stage 2

Key stage 2 assessments happen at the end of Year 6 when pupils are typically aged 11 years.(20) Pupils sit national curriculum tests in reading, writing and mathematics, as well as spelling, grammar and punctuation; teacher's assess proficiency in science.

DfE data on key stage 2 attainment measures was only available for Gypsy, Roma and Traveller pupils at a national level in England.(20) As with key stage 1, attainment was lowest across all indicators for 'White Gypsy/Roma' and 'White Traveller of Irish Heritage' pupils compared with 'White British' pupils in the 2021 to 2022 academic year, as seen in **Figure 18** (**Appendix Table 13, Annex 1**). For example, while 58% of 'White British' children achieved the expected standard in reading, writing and maths combined, the expected standard in these subjects combined was only achieved by 15% of 'White Gypsy/Roma' and 16% 'White Traveller of Irish Heritage' children. Across both measures and ethnicities, girls performed better than boys as seen in **Appendix Table 13, Annex 1**.

Figure 18: Key stage 2 attainment of expected standards among pupils of 'White Gypsy/Roma', 'White Traveller of Irish Heritage' or 'White British' ethnicity: England, academic year 2021 to 2022



Source: DfE (20)

2.1.11.4 Key Stage 4

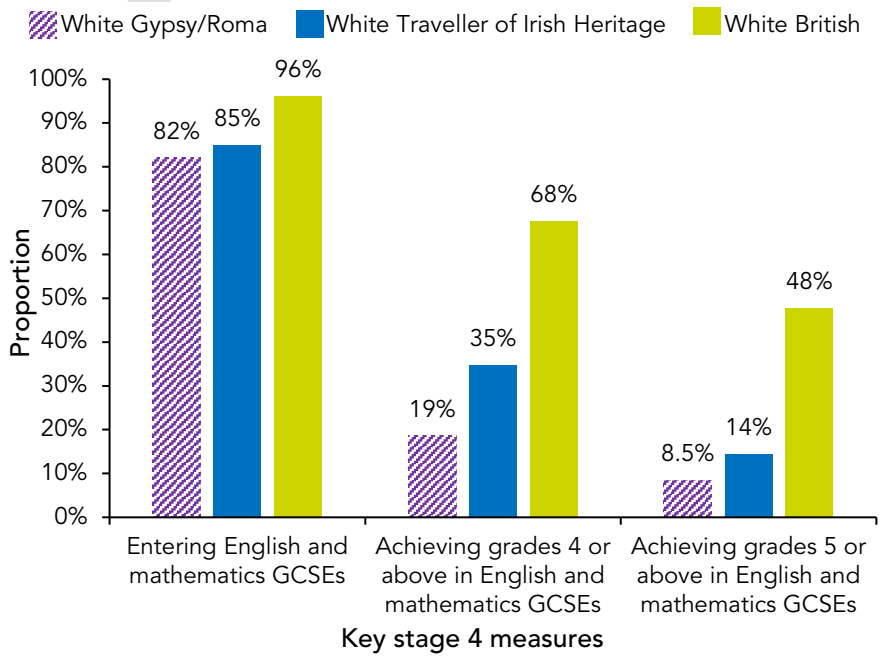
Key stage 3 data is not published. DfE data on key stage 4 measures was only available for Gypsy, Roma and Traveller pupils at a national level in England.(19)

Progress 8 scores measure how much progress pupils make between 11 and 16 years old across eight core subjects, compared with other students with similar prior attainment.(19) A score less than zero means pupils made less progress, on average, than pupil across

England who got similar results at the end of key stage 2. For the 2021 to 2021 academic year, the average Progress 8 score for students of 'White Gypsy/Roma' ethnicity was -1.00 and for 'White Traveller of Irish Heritage' students was -1.03 (**Appendix Table 14, Annex 1**). These scores are lower than those of students of 'White British' ethnicity (-0.18), meaning students from these ethnicities made less academic progress in secondary school.

The General Certificate of Secondary Education (GCSE) is an academic qualification in England, Wales and Northern Ireland based on examination in a particular secondary school subject.(19) Grades range from one to nine. Typically, GCSEs are taken at age 16. In the 2021 to 2022 academic year, 82% of 'White Gypsy/Roma' and 85% of 'White Traveller of Irish Heritage' pupils entered English and mathematics GCSEs, compared with 96% of 'White British' pupils (**Figure 19**; **Appendix Table 14, Annex 1**). Overall, pupils of 'White Gypsy/Roma' ethnicity achieved lower GCSE scores than pupils of 'White Traveller of Irish Heritage' ethnicity, with only 19% achieving grades four or above in English and maths GCSEs versus 35%. Although, both ethnicities achieved lower scores than pupils of White British ethnicity (68% achieving grades five or above in English and maths GCSEs).

Figure 19: GCSE attainment among pupils of 'White Gypsy/Roma', 'White Traveller of Irish Heritage' or 'White British' ethnicity: England, academic year 2021 to 2022



Source: DfE (19)

2.1.11.5 A Levels

A levels are subject-based academic qualifications in the UK.(24) A level study occurs after GCSEs when pupils are typically between the ages of 16 and 18 years. Obtaining satisfactory grades in A level examinations is required for university entrance.

DfE data on A level achievement measures was only available for Gypsy, Roma and Traveller pupils at a national level in England.(24) In the 2021 to 2022 academic year, there were 79 A level pupils of 'White Gypsy/Roma', 21 of 'White Traveller of Irish Heritage' and 152,365 of 'White British' ethnicity. Overall, 'White British' pupils achieved higher A level results and took more A levels than 'White Gypsy/Roma' and 'White Traveller of Irish Heritage' students as seen in **Table 5**.

Table 5: A level attainment among pupils of 'White Gypsy/Roma', 'White Traveller of Irish Heritage' or 'White British' ethnicity: England, academic year 2021 to 2022

A level measures	White Gypsy/Roma	White Traveller of Irish Heritage	White British
Number of A level students	79	21	152,365
Average A level result	C	C+	B-
Average point score per A level entry	28.48	32.55	38.32
Proportion achieving two or more A levels	77%	76%	87%
Proportion achieving 3 A* to A	2.2%	17%	21%

Source: DfE (24)

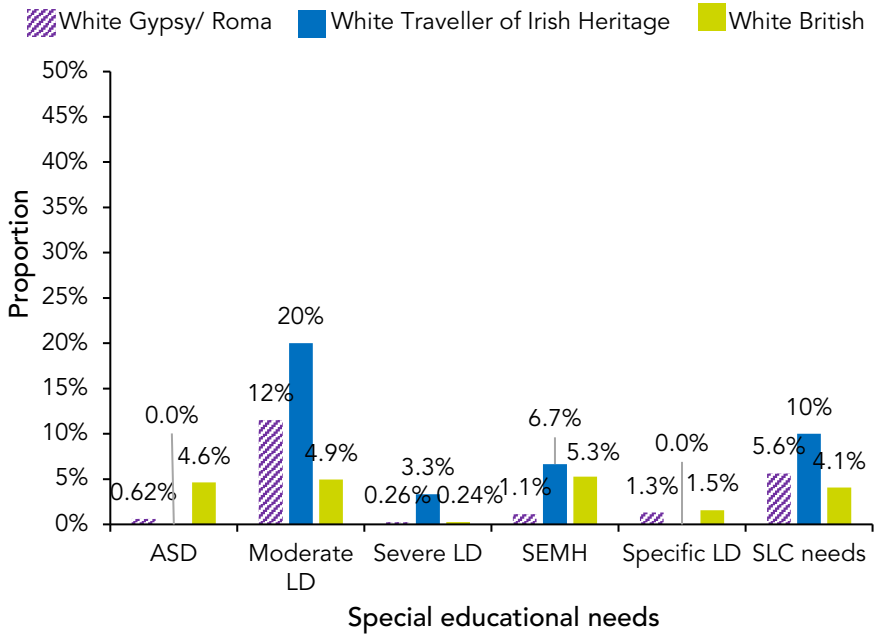
2.1.11.6 Special Educational Needs

DfE data on special educational needs among pupils of Gypsy, Roma or Traveller ethnicity up to the age of 25 was available across geographies.(169) This data covers state-funded nursery, primary, secondary and special schools, non-maintained special schools and state-funded alternative provision schools; independent schools are excluded.

In the 2022 to 2023 academic year in England, the most common special educational need among pupils of 'White Gypsy/Roma' ethnicity was moderate learning difficulty (7.7%), while speech, language and communications was the most common need among 'White Traveller of Irish Heritage' pupils (8.0%) (**Appendix Table 15, Annex 1**).(169) Among pupils of 'White British' ethnicity, social, emotional and mental health need was 4.1%.

The most recent data on common special educational needs among pupils in Birmingham can be seen in **Figure 20** by ethnicity. Overall, one in eight (12%) 'White Gypsy/Roma' and one in five (20%) 'White Traveller of Irish Heritage' pupils in the 2022 to 2023 academic year were reported to have moderate learning difficulty, compared with one in 20 (4.9%) 'White British' pupils. Similarly, 'White Gypsy/Roma' (5.6%) and 'White Traveller of Irish Heritage' (10%) pupils bore a disproportionate burden of speech language and communication needs ('White British': 4.1%). In contrast, fewer of these ethnic minorities were reported to have autism spectrum disorder (ASD) and specific learning difficulties. A full list of all special educational needs across geographies can be seen in **Appendix Table 15, Annex 1**.

Figure 20: Most common special educational needs among pupils of 'White Gypsy/Roma', 'White Traveller of Irish Heritage' and 'White British' ethnicity: Birmingham, academic year 2022 to 2023



Footnotes:
LD=learning difficulty
SEMH=social, emotional and mental health
SLC=speech, language and communication

Source: DfE (169)

These findings are consistent with a 2012 study that analysed English spring 2008 school census data sampling 5.18 million English children aged seven to 15 years.(170) Researchers found significantly higher odds of moderate learning difficulties (adjusted odds ratio (aOR) 2.84, 95% CI: 2.64-3.05; p<0.001) and severe learning difficulties (aOR 1.66, 95% CI: 1.31-2.10; p<0.001) among 'Gypsy/Romany' children compared with 'White British' children. They also found significantly higher odds of moderate learning difficulties (aOR 3.52, 95% CI: 3.20-3.88; p<0.001) and severe learning difficulties (aOR 1.90, 95% CI: 1.38-2.61; p<0.001) among 'Travellers of Irish Heritage' children.

A study published in 2021 aimed to explore the educational inclusion of 'Roma' children who were deaf or hard of hearing from families that migrated to England (Bradford, Leeds, Peterborough, Sheffield and Rotherham).(171) Overall, there were 344 children identified who were deaf or hard of hearing; however, the study authors described this as an underestimate due to both undiagnosed deafness and failure to identify 'Roma' children in local authorities. These families were frequently reluctant to access medical and educational support due to issues with language and communication, a lack of family resources and difficulty navigating the systems.

2.1.11.7 School Attendance

Low educational attainment is associated with poor attendance at school.(122, 127) Some 'Gypsy and Traveller' children are withdrawn from school early, after primary school, some persistently do not attend and some never register in formal education.(4) Section 444 (6) of the 1996 Education Act protects mobile Gypsy, Roma and Traveller families from prosecution for their children's non-attendance at school as long as: "they are engaged in a trade of business of such a nature that requires them to travel from place to

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place; the child has attended at a school as a registered pupil as regularly as the nature of that trade permits; and any child aged six or over has attended school for at least 200 half day sessions during the preceding year."(47, 162)

DfE data on absence from education is routinely published for Gypsy, Roma and Traveller pupils across geographies and are displayed in **Table 6** (Birmingham) and **Appendix Table 16, Annex 1** (West Midlands and England).(22)

In England, the overall absence rate in the 2021 to 2022 academic year was highest among 'White Traveller of Irish Heritage' pupils at 22%, followed by 'White Gypsy/Roma' pupils at 18% (**Appendix Table 16, Annex 1**).(22) These rates are both more than double the overall absence rate of 'White British' pupils at 7.9%. Although in DfE data, Gypsy and Roma pupil cannot be differentiated, informal discussions with Roma people revealed 'Roma' children tend to not be absent from education to the same extent as pupils of 'Gypsy and Traveller' ethnicity.(4)

Overall absence rates in Birmingham for the 2021 to 2022 academic year were lower than nationally for 'White Traveller of Irish Heritage' (19%) and 'White Gypsy/Roma' (17%) pupils (**Table 6**).(22) The overall absence rate for 'White British' pupils in Birmingham was slightly higher than nationally (8.7%). While pupils of 'White Traveller of Irish Heritage' ethnicity were most commonly persistently absent, with 74% missing 10% or more sessions, 'White Gypsy/Roma' students were most severely absent, with 11% missing 50% or more possible sessions in the 2021 to 2022 academic year (**Table 6**).

Table 6: Absence among pupils of 'White Gypsy/Roma', 'White Traveller of Irish Heritage' and 'White British' ethnicity: Birmingham, academic year 2021 to 2022

Absence indicators	White Gypsy/ Roma	White Traveller of Irish Heritage	White British
Number of overall absence sessions*	53,831	2,132	1,453,302
Overall absence rate	17%	19%	8.7%
Authorised absence rate	5.0%	12%	6.0%
Unauthorised absence rate	12%	7.2%	2.6%
Percentage of persistent absentees**	62%	74%	27%
Percentage of severely absent pupils†	11%	5.3%	2.7%

Footnotes
*One session is half a day
**A pupil enrolment is identified as a persistent absentee if they miss 10% or more of their possible sessions.
†A pupil enrolment is identified as a severely absent pupil if they miss 50% or more of their possible sessions.

Source: DfE (22)

In guidance from the DfE to try to ensure continuity of education, mobile Gypsy, Roma and Traveller children who travel with their family are expected to be dual registered (on the roll of more than one school at the same time), enrol at a school at their current location, or be home educated.(172) Semi-structured interviews with

32 'Gypsy' families living on the south coast of England found ambiguous understandings of their "mobility" by teachers and education professionals caused primary and secondary students to feel marginalised.(173)

2.1.11.8 School Exclusions

Exclusion from school is associated with poor mental health.(174) Minority ethnic pupils at both primary and secondary school level are more likely to be excluded.(122, 132, 175) DfE data on temporary and permanent exclusions among pupils of Gypsy, Roma or Traveller ethnicity is available across geographies.(23)

In England, 'White Gypsy/Roma' pupils were four times more likely to be permanently excluded from school than 'White British' pupils in the autumn term of the 2021 to 2022 academic year (**Appendix Table 17, Annex 1**);(23) 'White Travellers of Irish Heritage' were almost three times more likely to be excluded. In the West Midlands, White Gypsy/Roma' pupils were three times more likely to be permanently excluded and White Travellers of Irish Heritage' pupils five times more likely than 'White British' pupils to be excluded (**Appendix Table 17, Annex 1**).(23)

Equivalent figures for Birmingham can be seen in **Table 7**. However, trends differ compared with those seen nationally and regionally. No 'White Gypsy/Roma' or 'White Traveller of Irish Heritage' pupils were permanently excluded in the autumn term of the 2021 to 2022 academic year. Suspension rates were similar across the three groups, although 'White Gypsy/Roma' and 'White Traveller of Irish Heritage' pupils were more likely to be suspended more often.

Table 7: School exclusions among pupils of 'White Gypsy/Roma', 'White Traveller of Irish Heritage' and 'White British' ethnicity: Birmingham, academic year 2021 to 2022 (autumn term)

Exclusion indicators	White Gypsy/ Roma	White Traveller of Irish Heritage	White British
Headcount	968	29	55,937
Permanent exclusions	0	0	28
Permanent exclusion rate*	0.00	0.00	0.05
Pupil enrolments with one or more suspension	23	1	1,014
Pupil enrolments with one or more suspension rate*	2.38	3.45	1.81
Suspensions	28	1	1,820
Suspension rate*	2.89	3.45	3.25

Footnotes
*Rate per 100 pupils.

Source: DfE (23)

A 2017 report by Roma Support Group exploring DfE school exclusion data in more detail (between academic years 2008 to 2009 and 2015 to 2016), found that the majority of exclusions for 'Roma' pupils in England were on the basis of "persistent disruptive behaviour".(175) Although in some cases pupils found it difficult to follow the school rules, there were also incidents of racist bullying which were not necessarily addressed by the school. Anecdotal

evidence from this report showed that parents often report not understanding the reason for the escalation to exclusion.

A House of Commons Briefing paper from 2019, highlights early intervention is key to reduce school exclusions in Gypsy, Roma and Traveller pupils.(122) Extra support might be required to address their needs, such as the support of Traveller Education Support Services or other education professionals to build trust with these communities. However, a reduction in funding in recent years resulting in fewer dedicated staff, can make it difficult for schools to engage meaningfully and consistently.(175)

2.1.11.9 Home Education

Home education is legal in the UK.(122) However, parents do not need to inform their local authority that they intend to home school their children and these authorities are not required to monitor the quality of home education. As such, there is no routine data available to be able to better understand uptake across ethnic groups.

Research indicates that many 'Gypsy' families choose to home school their children, often following primary school.(176, 177) This transfers the responsibility for supporting education to the family, private tutors or alternative education providers.(177) Reasons for withdrawing children from mainstream education and choosing to home school are diverse, including parents having had poor experiences in formal education themselves, inflexibility of the education system, fears of cultural assimilation, poor cultural competency at schools, and children experiencing bullying and discrimination.(168, 176, 178)

2.1.11.10 Bullying and Discrimination in Schools

Children who experience bullying and discrimination are more likely to be depressed, lonely, anxious, experience tiredness, report head and stomach aches, be absent from school, have poorer school performance and have poor mental health and low self-esteem.(179) There are no routine data collection mechanisms to capture data on bullying and discrimination in school settings. However, a wealth of research data indicates high rates of bullying among Gypsy, Roma and Traveller children in schools.(35, 47, 48, 126, 137, 178, 180-182)

The 2018 and 2019 EU FRA survey of 875 'English Romany Gypsies and Irish Travellers' in the UK estimated 39% had children who experienced hate-motivated bullying and/or harassment at school in the past 12 months due to their 'Roma/Traveller' background.(35)

Interviews with 44 15 to 25-year-old 'Travellers' in London in 2020 showed that 40% of participants reported being bullied by other pupils, 58% of girls and 26% of boys.(180) Two-thirds (67%) said they had been bullied by their teachers because of their ethnicity and a quarter (23%) left school because of bullying.

A survey of 711 children aged seven to 12 years in Northern Ireland published in 2013 found that compared with 'White, settled Northern Irish' children, 'Irish Traveller' children were less likely to feel a sense of school belonging (Cohen's $d=-0.85$; $p<0.001$) and more likely to experience bullying ($d=-0.66$; $p<0.001$) and feel excluded from school ($d=-1.10$; $p<0.001$).(181)

Young people aged between five and 18 years of 'Gypsy, Roma and Traveller' ethnicity took part in focus groups in West Sussex in 2020

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(n=26).(182) These individuals reported that in school, they had been negatively labelled as troublemakers, felt judged, were treated differently with limited access to support, witnessed or experienced unchallenged racist language and offensive comments about their community, were not believed when they reported bullying and felt afraid of disclosing their ethnicity.

Despite the existence of anti-bullying policies, schools are still failing to tackle bullying and protect Gypsy, Roma and Traveller children's rights.(178, 183) Furthermore, many schools do not adequately record or address incidents of "anti-Gypsy-ism".(183) The Anti-Bullying Alliance recommends the following actions for schools to better prevent and respond to bullying of 'Gypsy, Roma and Traveller' students (182):

- Raise awareness of and celebrate Gypsy, Roma and Traveller cultures.
- Promote positive images of Gypsy, Roma and Traveller people in school.
- Ensure staff understand the bullying, prejudice and discrimination Gypsy, Roma and Traveller people experience.
- Challenge racist language.
- Make teaching more inclusive.
- Develop good relationships with Gypsy, Roma and Traveller pupils.
- Take bullying reported by Gypsy, Roma and Traveller young people seriously.

2.1.11.11 Barriers and Facilitators to Educational Attainment

There are significant barriers to Gypsy, Roma and Traveller pupils' achievement in compulsory education:

Institutional and structural barriers

- Lack of understanding and visibility of Gypsy, Roma and Traveller heritages and cultures in school and the curricula (4, 143, 176, 182, 184)
- Lack of culturally appropriate and/or relevant school curriculum (4, 184)
- Lack of positive and visible community role models who have attended higher education and are in successful careers (184, 185)
- Reduced availability of vocational courses in secondary education (183)
- Structural barriers such as a lack of internet access, poverty and thus an inability to pay for school dinners and/or school uniforms, inadequate housing and difficulties securing permanent accommodation (97, 166, 176, 177, 184)
- Lack of engagement and cooperation between local authorities, schools, regulators and families (4)
- Reduced funding for dedicated Traveller Education Support Services to promote inclusion and provide specialist advice and/or support to schools (166, 183, 184)
- Schools not taking Gypsy, Roma or Traveller children's needs into account,(4) sometimes due to a lack of resources (166)

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- Education system not adequately supporting children with a mobile lifestyle who may have irregular educational histories (4, 86, 166, 177)
- Insufficient training of staff (132)

Discrimination and attitudes of school staff and other students

- Presumptions by other students/staff that Gypsy, Roma and Traveller pupils are troublemakers, are not willing to learn and/or have no use for school-taught skills (4, 182)
- Low teacher expectations in relation to attendance and/or achievement (184)
- Experiences and fears of bullying and discrimination in school settings by other students and educational staff (4, 35, 48, 86, 132, 143, 177, 182, 184, 186)
- Unconscious bias by other students and educational staff (177)
- Conflict with other students or teachers (184)
- Failure of schools to use anti-bullying and anti-racism policies and procedures to respond to or investigate incidents (4)

Parent or student characteristics

- Low educational starting points among some Roma students migrating to the UK (166)
- English as an additional language (166, 177, 184)
- Difficulties in adhering to school routines and meeting expectations for good behaviour due to a lack of previous experience of formal education (4, 166)
- Disrupted educational experience due to travelling (4, 184)
- Parents having lower levels of literacy or limited English (86, 183, 187)
- Educational experience and/or disadvantage of parents (184)
- Lack of parental support (180)
- Parental aspirations for their children not including secondary education, but rather family-based learning and self-employment (4, 184) (although there is evidence that this is changing (168, 186))
- Parental expectations of early financial independence, marriage and parenthood (184)
- Different parental expectations of children by gender (4)
- Children's responsibilities at home (e.g. care and home-making responsibilities among girls and helping with the family business among boys) (180)
- Worries about formal (for example sex education) and informal (drug culture) aspects of education undermining community values (184)
- Fears about the loss of Gypsy, Roma and Traveller identity, cultural appropriation and early-onset adulthood in adolescence (176)
- Concern about boys and girls mixing at school beyond a certain age (4)
- Parents being unwilling to disclose their ethnicity making it difficult to target resources effectively and understand educational attainment (166)
- Prevalence of special education needs (177)

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There are several best practice examples that have been implemented to improve educational attainment among Gypsy, Roma and Traveller pupils.

A 2014 Office for Standards in Education, Children's Services and Skills (Ofsted) report highlights the importance of specialist staff in schools and effective partnerships and strategies in overcoming barriers to attainment experienced by 'Roma' pupils.(166) Ofsted recommends that local authorities should, where appropriate, ensure there is a dedicated and informed senior leader alongside a specialist support service to provide advice and training for schools and develop and implement strategies to improve educational attainment. The report also makes recommendations for the DfE, including consideration of funding allocation and improving ethnicity reporting, and schools, which should recruit qualified teachers with relevant expertise with 'Roma' pupils, work to build trusting relationships with 'Roma' families and strengthen the links between primary and secondary schools.

Case studies have shown creating positions for people identifying as 'Roma'(e.g. teacher's assistants) in schools can be effective in increasing attendance and educational outcomes among 'Roma' pupils.(188) Improving cultural competency of educators, school leaders, governors and NHS education mental health practitioners can also have an impact,(186, 189) as well as actively inviting Gypsy, Roma and Traveller communities to include their skills, knowledge, and experience in the learning offer.(190) A report by the Women and Equalities Committee in 2019, recommended the UK government consider piloting a pupil passport scheme to ensure the continuity of education among children who travel.(4)

In 2022, The Traveller Movement published a toolkit for "improving understanding and to support effective practice" among those working with Gypsy, Roma and Traveller young people, called BESTIE.(185) This toolkit was informed by interviews of young people in these communities and aimed at all organisations and their staff providing services and support to Gypsy, Roma and Traveller young people, including schools. The report advocates organisations to be young people-led, incorporate personal development to allow young people to realise their potential in education, training and employment, stay community led, partake in collaborative working and ensure sustainable programme funding.

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2.2 Mental Wellness and Balance

Key Findings

- The ability to understand mental health among Gypsy, Roma and Traveller communities is severely limited by the fact that these groups are not captured in NHS datasets.
- In 2022, self-reported mental health condition(s) were over two times higher among 'White Gypsies or Irish Travellers' (29%) than among the 'White British/Northern Irish' population (14%) ($p<0.001$) in England. In contrast, the prevalence of mental health condition(s) among 'White Roma' was significantly lower than the 'White British/Northern Irish' population, at 6.6% ($p<0.001$).
- A significantly higher proportion of people of 'White Gypsy or Irish Traveller' ethnicity (28%) and a significantly lower proportion of people of 'White Roma' ethnicity (8.9%) reported feeling isolated from others in England in 2022, compared with 12% of 'White British/Northern Irish' people (both $p<0.001$).
- Qualitative research has revealed anxiety, depression and stress-related mental health problems are often described by Gypsies, Roma and Travellers as "suffering with nerves", with mental ill-health regarded with stigma and fear, particularly among men.
- Factors contributing to poor mental health among Gypsy, Roma and Traveller populations in the UK include: prison, poverty, poor employment prospects, unpaid caring responsibilities, insecure and inappropriate accommodation, experiences of racism and discrimination, destructive coping mechanisms for unresolved grief, loss of freedom linked to an inability to travel and the high prevalence of negative stereotypes.
- Both before and during the COVID-19 pandemic, 'Gypsies/Travellers' in Britain surveyed in 2021 reported the highest levels of any racist assaults (62% and 41% respectively) of any ethnic group.
- Overall, 43% of 'English Romany Gypsies and Irish Travellers' in the UK in 2018 and 2019 experienced harassment because of being 'Roma/Traveller'.
- Despite moderate awareness of the laws against discrimination (56%), few incidents of racially motivated discrimination (26%), physical attack (10%) or harassment (10%) were reported to police, often because victims thought they wouldn't be taken seriously or believed (23%) or because there would be no resulting action (54%).
- In 2018, 44% of adults in Britain expressed "net negative" attitudes towards 'Gypsies, Roma and/or Travellers'.

2.2.1 Mental Health

This section refers to adult mental health and wellbeing; for all information on children's mental health and wellbeing please see section 2.1.7.

The World Health Organization defines mental health as "a state of mental well-being that enables people to cope with the stresses of life, to realise their abilities, to learn well and work well and contribute to their communities".(191) Information on mental health of adults in England is available through the Office of Health Improvement and Disparities (OHID) Fingertips tool. In 2017, one in six people aged 16 and over had a common mental health disorder.(192) However, the ability to understand mental health among Gypsy, Roma and Traveller communities is severely limited by the fact that these groups are not captured in NHS datasets;(4-7) there is also no data for Birmingham.

Recent data from the 2022 English GPPS indicates mental health condition(s) were over two times higher among 'White Gypsies or Irish Travellers' (29%; n=110) than among the 'White British/Northern Irish' population (14%; n=65,296; p<0.001). In contrast, the prevalence of mental health condition(s) among 'White Roma' was significantly lower than the 'White British/Northern Irish' population, at 6.6% (n=48; p<0.001).(26) Similar patterns were seen for GPPS data on isolation; 28% (n=113, p<0.001) of people of 'White Gypsy or Irish Traveller' and 8.9% (n=71; p<0.001) of people of 'White Roma' ethnicity reported feeling isolated from others, compared with 12% (n=84,816) of 'White British/Northern Irish' people. Analyses of older GPPS data from 2015 to 2017 show that the prevalence of long-term mental health conditions has gone up (15% (n=55) among 'White Gypsy or Irish Traveller' vs. 6.0% (n=59,624) among 'White British/Northern Irish').(193)

A study of five waves of England GPPS data (2014 to 2017) of 1,100,071 people aged 55 years or older (including 164 people of 'White Gypsy or Irish Traveller' ethnicity), found older women of 'White Gypsy or Irish Traveller' ethnicity had almost four times the odds of having a long-term mental health problem than older people of 'White British/Northern Irish' ethnicity (OR 3.50, 95% CI: 1.50 to 8.15, p<0.01).(42) There was no difference among older men (OR 2.22, 95% CI: 0.98 to 5.03). Both 'White Gypsy or Irish Traveller' men (OR 2.37, 95% CI: 1.23 to 4.56; p<0.001) and women (OR 3.25, 95% CI: 1.70 to 6.21; p<0.001) had higher odds of anxiety and depression than 'White British/Northern Irish' people.

Surveys and qualitative studies can provide some additional insight into the mental health of Gypsy, Roma and Traveller communities in the UK:

- Compared with people of 'White British' ethnicity, 'Gypsy/Travellers' (OR 0.45) and 'Roma' (OR 0.47) in Britain participating in the EVEN Survey were significantly less likely to have reported feeling lonely during the COVID-19 pandemic.(194) Almost a third of 'Gypsy/Traveller' people reported decreases in local belonging, compared with 10% of White British people who reported a decrease.(88) Roma people had a significantly lower likelihood of feeling a strong sense of belonging (OR 0.13).
- While 'Gypsy/Travellers' participants in the EVEN Survey reported similar rates of depression to 'White British' people

(OR 0.59; p≥0.05), 'Roma' had lower rates of depression (OR 0.37; p<0.05).(194) Anxiety was similar across both groups ('Gypsy/Travellers': OR 1.56, 'Roma': OR 1.05; both p≥0.05). No specific CIs or p values were presented for these figures, but the statistical significance of these findings was evident in the graphs from the source report.

- A significantly higher proportion of 'Travellers' surveyed in prison (N=306) in 2019 to 2020 reported having a mental health problem (64% vs. 46%; p<0.01), felt depressed (45% vs. 35%; p<0.01), were feeling suicidal (22% vs. 12%; p<0.01) and/or had other mental health problems (31% vs. 23%; p<0.01) compared with 'non-Travellers' (N=5,575).(195)
- In a survey of 109 'Romany Gypsies and Irish Travellers' in 2018, 71% of respondents in Ealing and 34% in South Buckinghamshire reported mental health problems in their household in the preceding two years, compared with 17% of UK adults who reported a mental health problem in the week prior to interview and 43% of UK adults who reported a mental health problem at some point in their lives.(31) Furthermore, 98% and 74% of survey respondents in Ealing and South Buckinghamshire respectively felt that members of their community suffer from higher levels of stress than average.
- Among 33 'Gypsies and Travellers' who participated in in-depth interviews across five areas of England and Wales in 2015, 39% reported suffering from anxiety or depression.(196) The author highlights that "the majority of these respondents were either living in conditions where they felt deeply insecure as a result of their planning status, threat of eviction and/or poor site conditions; or were living in "bricks and mortar" accommodation which they had accepted reluctantly in the absence of a pitch on a Traveller site."
- Face-to-face surveys with 66 'Gypsies, Travellers, Showmen and Boaters' as part of the Bath and North East Somerset Health Authority Needs Assessment in 2012 and 2013 found 26% suffered from "nerves, depression or stress".(52) Of those, 56% reported that they were offered talking therapy and 33% said that they were not.
- Of 52 'Gypsies and Travellers' surveyed in Leeds in 2012 and 2013 as part of a Health Needs Assessment, 25% reported a mental health problem, while 53% said they had been diagnosed with "nerves or depression".(53)
- A survey of experiences of loneliness among people of different ethnic backgrounds in Runnymede in 2019 (n=922), found that the stigma around loneliness was high among 'Gypsy, Roma and Irish Traveller' respondents.(197) Of the 27 'Gypsy, Roma and Irish Traveller' respondents, 85% agreed they would never admit to feeling lonely, compared with 43% of White British respondents.

The vast majority of available data indicates Gypsies, Roma and Travellers in the UK have disproportionately poorer mental health than other groups.(10, 11, 14, 26, 29, 31, 42, 81, 193, 195, 197-199) Factors contributing to poor mental health among these populations include: prison, poverty, poor employment prospects, unpaid caring responsibilities, insecure and inappropriate accommodation, experiences of racism and discrimination, destructive coping

mechanisms for unresolved grief, loss of freedom linked to an inability to travel and the high prevalence of negative stereotypes.(11, 27-33) As well, these groups are often excluded from whole-population approaches to prevention.(27, 32, 200)

Anxiety, depression and stress-related mental health problems are often described by Gypsies, Roma and Travellers as "suffering with nerves",(10, 40, 54) with mental ill-health regarded with stigma and fear, particularly among men.(28, 32, 40, 46) This can result in shame and a reluctance to talk about mental health issues and an unwillingness to seek support from other community members, so as not to appear vulnerable.(32) Stigma and fear can also lead to an avoidance of mental health services.(32, 200) Other barriers include: digital exclusion and a lack of accessible information, difficulties accessing primary care (e.g. problems with registering, privacy issues, a lack of transport, etc.) and being removed from waiting lists while travelling.(27, 200) Some community members also fear their children will be taken away from them if statutory services become involved.(40) These factors, that prevent Gypsies, Roma and Travellers from accessing prevention and early intervention services increase the risk of more severe mental health problems.(32)

There is no data on suicides among Gypsy, Roma or Traveller communities in the UK, despite a recent Equalities and Human Rights Commission report recommending that "urgent research is undertaken into the prevalence of suicide and self-harm amongst [these] communities in Britain".(199) The most recent data comes from the All Ireland Traveller Health Study, published in 2010, which found the suicide rate among male Travellers in Ireland in 2008 was 6.6 times higher than the general population.(201) Among female Travellers the suicide rate was 4.9 times higher, although this was not statistically significant. Qualitative research and case work by support organisations provide anecdotal evidence that suicide, particularly young 'Gypsy and Traveller' men, may also be high in the UK.(27, 31)

A desktop review of local suicide prevention plans in 2020 revealed that only five of 79 Local Suicide Prevention Plans included any mention of 'Gypsy and Traveller' communities and only two identified any action to address inequalities in suicide experienced by these populations.(200)

FFT published a report in 2022 on tackling suicide inequalities in 'Gypsy and Traveller' communities aimed at public health and healthcare professionals.(27) The organisation recommends a multi-agency approach to address the wider determinants of poor mental health (including barriers to GP registration), as well as ensuring whole-population approaches to prevention and mental health services are accessible to those with limited literacy and those digitally excluded. FFT highlight the importance of Integrated Care Systems, local authorities, and criminal justice partners working together to ensure roadside evictions take into account the mental health needs of individuals, for example those waiting for secondary mental health services.

2.2.2 Substance Misuse

2.2.2.1 Drugs and Alcohol

Alcohol misuse involves drinking in a way that is harmful, which can cause several chronic adverse effects to health such as heart failure,

liver disease, and gastrointestinal complications.(202, 203) Risks of alcohol-related harm can be kept low by drinking less than 14 units a week. Illicit drug misuse is also associated with a variety of health harms, such as overdose, infections, liver disease and vascular complications.(203)

From 2019 to 2020, there were 280,000 hospital admissions in England attributed to alcohol,(204) and 7,027 hospital admissions for drug-related mental and behavioural disorders.(205). Data from NHS Digital, OHID and the National Treatment Monitoring System, does not capture information on drug and alcohol misuse among Gypsies, Roma or Travellers. There was no data available for Birmingham.

Data from other sources seems to indicate that traditionally, alcohol consumption is lower among Gypsy and Traveller communities with drinking being a feature of weddings, funerals, christenings and other celebrations.(206, 207) In 2009, face-to-face interviews were conducted with 189 'Gypsy and Traveller' adults aged 16 or older living on permanent, authorised caravan sites in the East of England.(206) Just over half (55%) of 'Gypsy and Traveller' participants reported drinking alcohol compared with 88% of the wider population. One in six (18%) reported drinking alcohol in the past but not currently and a quarter (27%) reported never drinking alcohol (38% of women vs. 16% of men). Among participants who reported currently drinking alcohol, one in five (19%) indicated they did so nearly every day (17% of men vs. 4% of women). This study found that overall, 18% of 'Gypsy and Traveller' men aged 16 to 54 and 4% of 'Gypsy and Traveller' women drunk more than the recommended weekly limit, compared with 27% of men and 25% of women in the non 'Gypsy/Traveller' population. This data reinforces qualitative findings that a high proportion of people from these communities reported drinking only once or twice a year, rather than habitually.(206)

However, a significantly higher proportion of the 306 'Travellers' in prison in 2019 and 2020 reported having an alcohol problem when they entered prison compared with the 5,575 'non-Travellers' (29% vs. 17%; $p<0.01$).(195) There was no statistically significant difference by ethnicity in the proportion reporting that they had not been helped with their alcohol problem in prison (42% of 'Travellers' and 45% of 'non-Travellers').

Information on drug use among Gypsy, Roma and Travellers is scarce, with few studies capturing relevant data. In 2019 and 2020, 44% of the 306 'Travellers' in prison reported having a drug problem when they entered prison, compared with 26% of the 5,575 'non-Travellers' ($p<0.01$);(195) a significantly higher proportion of 'Travellers' developed a problem with illicit drugs in prison than non-Travellers (29% vs. 13%; $p<0.01$). There was no statistically significant difference by ethnicity in the proportion reporting that they had not been helped with their drug problem in prison (54% of 'Travellers' and 48% of 'non-Travellers').

There is evidence of concern about drug and alcohol consumption among people within Gypsy, Roma or Traveller communities.(30, 207) A 2019 Health Needs Assessment in Leeds found that increased drug and alcohol use was perceived to be an issue among 'Gypsies, Travellers and Roma' by community members and the public health workforce.(30) This concern was also documented in a 2012 qualitative study of 10 'Irish Travellers' in England who felt young

male 'Travellers' were at a high risk of problem drinking through their increased contact with 'non-Travellers'.(207) Drinking alcohol and illicit drug use have also been described as a coping mechanism for some Gypsies, Roma or Travellers to deal with emotional issues such as bereavement.(11, 29, 86, 207)

An evaluation of drug and alcohol service provision for 'Gypsy and Traveller' communities was carried out in Bradford in 2013, in which 52 people from these ethnicities were interviewed.(208) Forty-six percent of people said they knew someone with a drug and/or alcohol problem in their community, but only 31% were aware of what services were available for these individuals. Interviewees said they associated "shame" with admitting a drug and/or alcohol problem and highlighted concerns about the cultural-appropriateness and confidentiality of existing drug and alcohol services.

2.2.2.2 Tobacco Smoking

Smoking tobacco increases the risk of multiple serious health conditions and is one of the leading causes of death and illness in the UK.(209) Every year, 76,000 people die from smoking.

Recent data from the English GPPS indicates that in 2020 and 2021 tobacco smoking was significantly higher among 'White Gypsies or Irish Travellers' at 47.2% (95% CI: 41.0% to 53%) and 'White Roma' at 37.7% (95% CI: 22.5% to 42.0%) than among the 'White British/Northern Irish' population at 13.9% (95% CI: 13.8% to 14.0%).(26) Higher smoking in Gypsy, Roma and Traveller communities has also been documented in research studies, with estimates ranging from 46% to 57%.(10, 11, 14, 52, 54, 206, 210) Smoking was found to be more common among men than women.(206, 210)

2.2.3 Domestic Violence

The NHS defines domestic violence, also called domestic abuse, as "physical, emotional and sexual abuse in couple relationships or between family members".(211) The Crime Survey for England and Wales found 5.5% of all people in the UK aged between 16 and 74 years old in 2019 to 2020 reported being a victim of domestic abuse in the previous 12 months.(212)

There is very little data on the prevalence of domestic abuse among Gypsies, Roma and Travellers. However, an inquiry by the Women and Equalities Committee between 2017 and 2018 heard evidence from agencies working with these communities that described domestic violence as a "serious and long-standing problem" potentially experienced by up to 75% of Gypsy, Roma and Traveller women in the UK at some point in their lives.(4) It was recognised that abuse was not the norm in all families.

Many barriers face women from Gypsy, Roma or Traveller communities who seek to escape domestic violence.(4) Some women can be hesitant to report abuse for fear that if their marriage or relationship breaks down as a result, they will be ostracised from their family and the wider community network.(4, 52, 213) In-depth interviews with seven 'Irish Traveller, Romany Gypsy and Roma' survivors of domestic violence in 2022 found they often lacked trust in services due to poor cultural competence; some women reported being "treated as victims of culture" rather than victims of domestic violence.(213) Interviewees also reported not disclosing their

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ethnicity to domestic violence services for fear of discrimination and not contacting the police for fear of social work intervention. Roma women also reported being concerned about the risk of deportation. Similar barriers have been documented for Gypsy, Roma and Traveller women who experience sexual violence; although, these women face the added challenge that speaking about sex is taboo in some communities.(143)

In 2022, The Traveller Movement published a good practice guide for improving service provision for Gypsy, Roma and Traveller domestic violence survivors.(213) The organisation surveyed 176 domestic abuse service providers; 24% did not know whether any 'Romany Gypsies, Roma or Travellers' lived in their areas. Two-thirds (66%) were not aware of how to successfully engage and accommodate women from these communities. Almost all (98%) identified the need for domestic abuse awareness training specific to these communities.

2.2.4 Hate Crimes and Discrimination

Gypsies, Roma and Travellers are among the most discriminated ethnic groups in the UK and have a history of being persecuted, victimised and socially excluded over the centuries.(50, 86, 214-216) Approximately 250,000 'Roma' were killed by the Nazis during the second world war, equivalent to a quarter of the 'Roma' population.(217) The Commission for Racial Equality previously described discrimination against people from these ethnicities as "the last respectable form of racism".(218) Negative attitudes towards these communities are still prevalent today, reflected in stereotyping, racism and bias in the media.(48, 126, 214, 219-223) Hostility, particularly towards migrant Roma from Central and Eastern Europe, increased as a result of the UK leaving the EU in 2016.(187, 222)

Experiences of discrimination and racism across ethnic groups were captured in the EVEN Survey.(34) Results for 'Gypsy/Traveller' and 'Roma' respondents living in Britain can be seen in **Table 8**. Both before and during the COVID-19 pandemic, respondents from the 'Gypsy/ Traveller' ethnic group reported the highest levels of any racist assaults (62% and 41% respectively) of any ethnic group. Overall, men were more likely to report racist assaults than women, although this pattern was reversed among people from 'Gypsy/Traveller' (women 65%, men 59%) and Roma (women 58%, men 37%) ethnic groups. During the pandemic, experiencing racist insults was most common among people from the 'Gypsy/Traveller' ethnic group (38%), who also reported the highest rates of racist property damage (16%) and the second highest rate of physical assault (7.4%). A high proportion of 'Roma' (13%) also experienced property damage. Across domains and ethnicities post-pandemic, people of 'Gypsy/Traveller' ethnicity reported the highest prevalence of racial discrimination in education (13%) and employment (14%), while Roma people reported the highest prevalence in housing (13%) and the police (28%). 'Gypsies/Travellers' also reported the second highest rate of racial discrimination by the police (18%), which was over three times the overall rate (5.7%). 'Gypsies/Travellers' and 'Roma' reported the highest prevalence of having been stopped by the police (34% and 21%, respectively).

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Table 8: Self-reported experiences of discrimination among people of 'Gypsy/ Traveller' and 'Roma' ethnicity from the EVEN Survey: Britain, 2021

Experiences of discrimination	Gypsy/ Traveller before the COVID-19 pandemic (N=1,255†) (%)	Gypsy/ Traveller during the COVID-19 pandemic (N=227†) (%)	Roma before the COVID-19 pandemic (N=849†) (%)	Roma during the COVID-19 pandemic (N=73†) (%)
Racist insult	40	38	31	4.7
Racist property damage	29	16	15	13
Racist physical attack	33	7.4	35	4.4
Any racist assault	62	41	47	16
Any racist assault (men)	59	-	37	-
Any racist assault (women)	65	-	58	-
Racial discrimination in an education setting	44	13	53	0.1
Racial discrimination in an employment setting	41	14	18	11
Racial discrimination when seeking housing	32	9.5	38	13
Racial discrimination by the police	35	18	36	28
Racial discrimination in public	49	33	18	39
Racial discrimination from neighbours	39	7.1	19	18
Racial discrimination from family, partner or friends	33	3.3	18	8.6

Experiences of discrimination	Gypsy/ Traveller before the COVID-19 pandemic (N=1,255†) (%)	Gypsy/ Traveller during the COVID-19 pandemic (N=227†) (%)	Roma before the COVID-19 pandemic (N=849†) (%)	Roma during the COVID-19 pandemic (N=73†) (%)
Changes in police activity	-	30	-	48
Stopped by the police	-	34	-	21

Footnotes:
† Denominator

Source: EVEN Survey – Ellingworth *et al.* (34)

The EU FRA Survey of 875 'English Romany Gypsies and Irish Travellers' in the UK in 2018 and 2019 also asked questions on experiences of hate and discrimination, as seen in **Table** *9*.(35) This data shows high rates of discrimination across a variety of settings ranging from 7% to 33%. Despite moderate awareness of the laws against discrimination (56%), few incidents of racially motivated discrimination (26%), physical attack (10%) or harassment (10%) were reported, often because victims thought they wouldn't be taken seriously or believed (23%) or because there would be no resulting action (54%). No comparator data was collected in this survey, limiting the understanding of ethnic inequalities.

Table 9: Experiences of discrimination among 875 'English Romany Gypsies and Irish Travellers' from the EU FRA Survey: UK, 2018 and 2019

Experiences of discrimination	English Romany Gypsies and Irish Travellers (%)
Discrimination experienced looking for work*	25
Discrimination experienced at work*	11
Discrimination experienced using healthcare services*	7
Discrimination experienced looking for housing*	11
Discrimination experienced in contact with children's school*	16
Discrimination experienced attending education*	10
Discrimination experienced in educational institutions*	13
Discrimination experienced entering a restaurant, night club or hotel*	33
Discrimination experienced in contact with public administration*	14
Discrimination experienced using public transport*	21
Discrimination experienced entering a shop*	32
Reporting rate for the last incident of discrimination*	26
Perception of extent of discrimination of Roma/Travellers (fairly or very widespread)	83
Experiences of harassment because of being Roma/Traveller*	43

Experiences of discrimination	English Romany Gypsies and Irish Travellers (%)
Experiences of harassment because of being Roma/Traveller six or more times*	65
Stranger as the perpetrator(s) in the last incident of harassment	72
Reporting rate for the last incident of harassment to any organisation	10
Did not report the last incident of harassment due to the fact it happens all the time	23
Experienced offensive or threatening comments*	30
Threatened with violence in person*	10
Experienced offensive gestures or inappropriate staring*	39
Received offensive emails or text messages*	3
Found offensive comments on the internet*	6
Awareness of a family member or a friend being insulted or called names*	50
Awareness of a family member or a friend being physically attacked*	21
Experiences of physical attacks due to Roma/Traveller background*	5
Reporting rate for the last incident of physical attack to any organisation	21
Did not report the last incident of physical attack because of the belief nothing would happen or change by reporting the incident(s)	54

Experiences of discrimination	English Romany Gypsies and Irish Travellers (%)
Did not report the last incident of physical attack because of the belief would not be taken seriously	23
Did not report the last incident of physical attack because afraid of the police	20
Experiences of physical assault by a police officer*	1
Worry about verbal insults or offensive comments	44
Worry about offensive gestures or inappropriate staring	49
Worry about physical attack	18
Avoiding places for fear of being treated badly	29
Stopped by police with perceived ethnic profiling*	8
Police behaviour during the last police stop very or fairly disrespectful	45
Reporting rate for disrespectful treatment by police	12
Awareness of any organisation that offer support or advice to victims of discrimination	14
Awareness of a law that forbids discrimination	56

Footnotes:
* In the past 12 months

Source: EU FRA Survey (35)

Data from other surveys can provide some additional insight into experiences of discrimination among Gypsy, Roma and Traveller communities in the UK:

- In 2018, 44% of 2,169 adults in Britain participating in the National Survey of Prejudice expressed "net negative" attitudes towards 'Gypsies, Roma and/or Travellers'.(224)
- An analysis of data from the World Value and European Values Studies (N=105, 258), showed nearly 40% of people from the UK would object to a 'Gypsy' neighbour; this is similar to rates in other European countries.(225)
- An online UK survey of 214 'Gypsy, Roma or Traveller' people aged 18 or over in 2016 and 2017 found 91% had experienced discrimination because of their ethnicity, 77% had experienced hate speech or a hate crime, 55% had been refused services because of their ethnicity and 76% had hidden their ethnicity to avoid discrimination or prejudice.(218)
- Between 2016 and 2018, 115 cases of hate incidents and discrimination crime toward 'Gypsy, Roma and Traveller' communities in the UK were reported through the "Report Racism GRT" website, although only 20% of these incidents were also reported to the police.(226) Much of the abuse reported through the website involved derogatory comments reinforcing negative stereotypes.

In terms of which sub-groups of Gypsies, Roma or Travellers experience the most blatant discrimination, qualitive research shows discrimination and racially motivated crime is more commonly experienced by those living on tolerated and not tolerated unauthorised sites, on the roadside.(55, 196) Interviewees reported a variety of negative health outcomes as a result of hate and discrimination including depression, anxiety, poor wellbeing and exacerbation of existing health conditions due to having to move to escape prejudice.(196)

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2.3 Healthy and Affordable Food

Key Findings

- There is very little evidence regarding diet, nutrition or body weight among Gypsy, Roma or Traveller communities.
- A systematic review of global evidence found a higher risk of poor nutrition among 'Roma', including English Romani Gypsies, Irish Travellers, and Roma from Central and Eastern Europe, compared with non-'Roma', with diets higher in fat, cholesterol, and animal protein and lower in key nutrients. 'Roma' were also more likely have higher abdominal obesity and overweight status.
- Barriers to healthy eating among Gypsy, Roma and Traveller communities in the UK identified through research studies include: cost and practical problems of inadequate facilities for cooking and storing fresh food due to sub-optimal living conditions.
- In 2018 and 2019, 7% of 'English Romany Gypsies and Irish Travellers' from the UK went to bed hungry in the past month at least once because there was not enough money for food.

2.3.1 Diet and Nutrition

A healthy diet is key to preventing non-communicable diseases;(227) having a healthy diet means eating a wide variety of foods in the right proportions and consuming the right amount of food and drink to achieve and maintain a healthy body weight.(228)

There is very little evidence regarding diet and nutrition among Gypsy, Roma or Traveller communities.(36) Routine data on diet and nutrition is collected by the Health Survey England, although no information is captured on Gypsies, Roma or Travellers.

A systematic review of the global evidence from 2003 to 2012 on the health and healthcare disparities among 'Roma', including English Romani Gypsies, Irish Travellers, and Roma from Central and Eastern Europe, found a higher risk of poor nutrition among 'Roma' compared with non-'Roma', with diets higher in fat, cholesterol, and animal protein and lower in key nutrients.(14)

Local studies from areas within the UK generally report Gypsies, Roma and Travellers have diets low in fruits and vegetables and high in fast foods.(30, 36, 206, 229) This has been linked to cost and practical problems of inadequate facilities for cooking and storing fresh food due to sub-optimal living conditions.(36, 37)

A 2009 Ipsos MORI assessment of lifestyle among East of England residents included face-to-face interviews with 189 'Gypsy or Traveller' adults aged 16 or older living on permanent, authorised caravan sites.(206) When asked about fruit and vegetable intake in the previous day, 33% of 'Gypsy or Traveller' adults ate at least five or more portions, compared with 50% of the non-'Gypsy/Traveller' population. Overall, one in six (16%) 'Gypsy or Traveller' adults reported eating five portions of fruit and vegetables every day and one in five (18%) never doing so.

2.3.2 Body Weight

Body Mass Index (BMI) is a measure of healthy weight factoring in height.(230) For most adults, a BMI of below 18.5kg/m^2 is considered underweight and a BMI of over 25kg/m^2 is considered overweight; obesity is defined as having a BMI of over 30kg/m^2. Obesity is a major risk factor for non-communicable diseases, such as, type 2 diabetes, stroke, coronary heart disease and some types of cancer. In 2021, around one in every four adults in England were obese.(231)

As with diet and nutrition, there is very little evidence on obesity in Gypsy, Roma and Traveller communities. A systematic review of the global evidence from 2003 to 2012 on the health and healthcare disparities among 'Roma', including English Romani Gypsies, Irish Travellers, and Roma from Central and Eastern Europe, found higher abdominal obesity and overweight status among 'Roma' compared with non-'Roma', with prevalence as much as 2.5 times higher.(14) A lack of access to cooking and food storage facilities contributes to higher level of obesity in 'Roma' children.(37)

A 2009 Ipsos MORI assessment of lifestyle among East of England residents included face-to-face interviews with 189 'Gypsy or Traveller' adults aged 16 or older living on permanent, authorised caravan sites.(206) Based on BMI, 35% of participants were overweight and another 31% were obese, compared with 14% of the general population being obese.

A mixed methods study in 2017 aimed to identify the level of readiness in the 'Roma' community in Bradford to address issues related to nutrition and obesity.(215) Researchers found participants to be "vaguely aware" of obesity and nutrition issues in their community; there was local concern but no immediate motivation to do anything about it, suggesting few were likely to enrol in available nutrition and obesity programmes. 'Roma' participants described long working hours, language barriers, insecure housing and limited welfare benefit rights being a barrier to thinking beyond basic physiological needs.

2.3.3 Food Insecurity

Food insecurity is a condition of limited and/or uncertain access to adequate food at the level of individuals or households, due to lack of money or other resources.(232, 233) There are no routine data sources on food insecurity in the UK.

Data from the 2018 and 2019 EU FRA Survey indicates that 7% of the 875 'English Romany Gypsy and Irish Traveller' participants from the UK went to bed hungry in the past month at least once because there was not enough money for food.(35) Around one in five (18%) participants reported their household could not afford a meal containing meat, chicken or fish every second day and approximately one in four (23%) reported not being able to afford to eat with friends or relatives for drink or meal at least once a month.

Healthy Start is a national food subsidy programme providing vouchers for fruit, vegetables, milk, and vitamins to low-income households.(234) A mixed methods study aiming to evaluate the Healthy Start programme in 2011 and 2012 included interviews with 25 women who did not speak English and three women from 'Traveller' communities. Participants suggested that the Healthy Start food vouchers made a difference to their shopping and eating

habits, increasing the quantity and range of fruit and vegetables they used and improving diet quality. Barriers to registration to Healthy Start included complex eligibility criteria and low awareness among families, with additional challenges faced by women who did not speak English and those with low literacy. It is important to note the small number of women from 'Traveller' communities included in this study, which may affect the generalisability of the findings.

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2.4 Active at Every Age and Ability

Key Findings

- Information describing physical activity levels among Gypsies, Roma and Travellers is limited and out of date.
- In 2022, 23% of 'White Gypsies or Irish Travellers' and 16% of 'White Roma' in England in 2022 had problems with physical mobility. This is significantly higher than the proportion of White British respondents, at 14% ($p<0.001$ and $p=0.028$ respectively).
- In 2020, 27.3% (95% CI: 21.2% to 33.7%) of people of 'White Gypsy or Irish Traveller' ethnicity in England had a musculoskeletal problem; this is significantly higher than 20.6% (95% CI: 20.5% to 20.7%) among White British people.

2.4.1 Physical Activity

UK Chief Medical Officer's physical activity guidelines recommend that adults should complete a minimum of 150 minutes of physical activity per week at moderate intensity or 75 minutes of physical activity per week at vigorous intensity.(235) Moderate activity is defined as any activity that raises the heart rate, such as brisk walking or cycling. Vigorous activity is high intensity exercise, such as running. According to data from Sport England, between mid-November 2021 and mid-November 2022, just over six in 10 adults aged 16 and older (29.1 million people) in England achieved 150+ minutes of physical activity a week.(236)

Information describing physical activity levels among Gypsies, Roma and Travellers is limited and out of date.(36) Small studies indicate that these groups have high levels of sedentary behaviours and lower levels of exercise than their White British counterparts.(14, 30, 36, 229) This may be due to the fact that opportunities for physical activity are likely to be limited by experiences of racist exclusion and the environmental conditions, insecurity and remote locations of residential sites.(36)

A 2009 Ipsos MORI assessment of lifestyle among East of England residents included face-to-face interviews with 189 'Gypsy or Traveller' adults aged 16 or older living on permanent, authorised caravan sites.(206) When asked about physical activity levels, half (50%) of people who responded reported being highly active and 19% moderately so; nearly a third (31%) reported low levels of activity. This compares with 43%, 35% and 22% respectively among the overall population surveyed, indicating 'Gypsy or Traveller' adults were less active. A higher proportion of 'Gypsy or Traveller' men (60%) reported being highly active than 'Gypsy or Traveller' women (40%). People living on privately owned sites and those with a disability were more likely to report low activity, at 47% and 50% respectively. It is important to note, that 13% of 'Gypsy or Traveller' respondents gave an invalid or "don't know" response to one or more questions on physical activity compared with only 1% of the overall population. This may be a result of lower levels of numeracy among 'Gypsy or Traveller' respondents and the fact this group may

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have a different concept of what 'physical activity' is and considered the exercise examples given irrelevant.

2.4.2 Mobility

Mobility is the ability to physically move freely and easily and an important predictor of quality of life among older adults.(237) Limited mobility is associated with localised pain and can lead to decreased movement and deconditioning, increasing the risk of falls and subsequent disability.

Recent data from the GPPS indicates 23% (n=95) of 'White Gypsies or Irish Travellers' and 16% (n=132) of 'White Roma' aged 16 or older in England in 2022 had problems with physical mobility.(26) This is significantly higher than the proportion of White British respondents, at 14% (n=70,562) ($p<0.001$ and $p=0.028$ respectively).

A study of five waves of GPPS data (2014 to 2017) of 1,100,071 people aged 55 years or older (including 164 people of 'White Gypsy or Irish Traveller' ethnicity), also found much higher rates of physical mobility issues among older men (OR 2.18, 95% CI: 1.20 to 3.96; $p<0.05$) and older women (OR 4.35, 95% CI: 2.30 to 8.24; $p<0.001$) of 'White Gypsy or Irish Traveller' ethnicity compared with older people of 'White British/Northern Irish' ethnicity.(42)

Mobility can be impacted by various musculoskeletal conditions that affect the joints, bones, muscles and spine. Those with musculoskeletal conditions may experience pain, joint stiffness and limited mobility when participating in physical activity.(238) Fingertips data from the OHID indicates that in 2020, 27.3% (95% CI: 21.2% to 33.7%) of people of 'White Gypsy or Irish Traveller' ethnicity in England had a musculoskeletal problem;(38) this is significantly higher than 20.6% (95% CI: 20.5% to 20.7%) among White British people.

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2.5 Living, Working and Learning Well

Key Findings

- In Birmingham, a lower proportion of people identifying as 'White Gypsy or Irish Traveller' (44%) and 'White Roma' (60%) had any formal qualification in 2021, compared with White British people (77%).
- Economic inactivity in Birmingham in 2021 was 45% among White British residents aged 16 to 74, compared with 32% of 'White Roma' and 58% of 'White Gypsies or Irish Travellers'.
- IMD data indicate 12% of people of 'White Gypsy/Traveller' ethnicity in England were living in the most deprived 10% of neighbourhoods in 2019, compared with 9.1% of those of 'White British' ethnicity.
- Evidence suggests that between 67% and 75% of 'Gypsies and Travellers' in the UK live in "bricks and mortar" accommodation and the remaining 25% to 33% live in caravans or other mobile structures. People from Gypsy, Roma or Traveller communities were more likely to live in overcrowded accommodation in poor conditions in 2021.
- Over a third (36%) of 'English Romany Gypsies and Irish Travellers' in the UK reported feeling excluded from society in 2018 and 2019.
- Gypsies, Roma and Travellers have been documented to have significantly poorer health status and to have higher rates of long-term illness and disability, compared with the general population.
- People of 'White Gypsy or Irish Traveller' and White British ethnicity had similar self-reported levels of disability in Birmingham in 2021, with 11% of both groups reporting being disabled, and their daily activities limited a lot. 'White Roma' reported low levels of disability (2.3%).
- Inequalities in health-related quality of life (HRQoL) were found to be widest for people of 'White Gypsy or Irish Traveller' ethnic group.
- Gypsy, Roma and Traveller communities have some of the poorest access to care of any ethnicity in the UK documented across a variety of sources, with difficulties accessing GP, immunisation, maternity services, mental health support, dental care and secondary care services. Examples of barriers include: difficulties registering with primary care due to a lack of necessary documentation, previous experiences of stigma and discrimination, low levels of literacy, language barriers and poor cultural competency of staff.

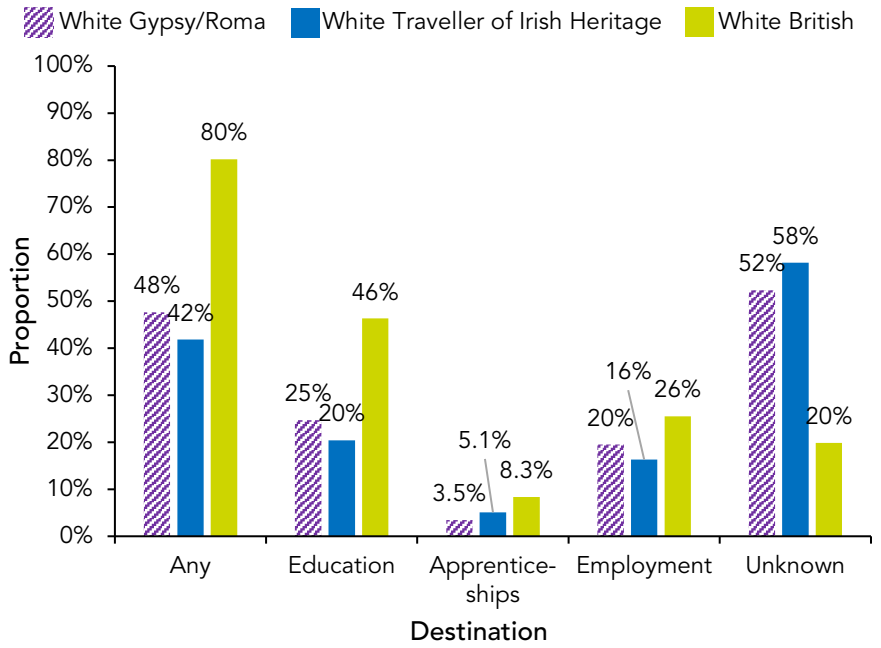
2.5.1 Education, Qualification, Skills and Training

2.5.1.1 Higher Education

As highlighted in section 2.1.11, young people of Gypsy, Roma or Traveller identity face barriers throughout their compulsory education, with these groups having the lowest levels of educational achievement of any ethnic group.(239) These barriers reduce their likelihood of gaining the required grades at GCSE and A level needed to access higher education, resulting in Gypsy, Roma and Traveller pupils being significantly underrepresented.(91) The extent of this underrepresentation in higher education is difficult to quantify, as Universities and Colleges Admissions Service and Higher Education Statistics Agency data provides categories for Gypsies and Travellers but do not provide a discrete category for Roma.(91) According to the Office for Students, there were only approximately 660 'Gypsy or Traveller' students registered in higher education in the 2020 to 2021 academic year,(240) up from only about 200 in the 2015 to 2016 academic year.(239)

Data from the DfE, displayed in **Figure 21** (**Appendix Table 18, Annex 1**), shows 25% of the 810 'White Gypsy/Roma' and 20% of the 98 'White Traveller of Irish Heritage' students leaving 16 to 18 study in England in the 2020 to 2021 academic year progressed to further education, compared with 46% of the 363,392 'White British' students.(25) 'White Gypsy/Roma' and 'White Traveller of Irish Heritage' students were more commonly recorded as not having a sustained destination after leaving 16 to 18 study. No equivalent data was available for Birmingham.

Figure 21: Destinations of students of 'White Gypsy/Roma', 'White Traveller of Irish Heritage' or 'White British' ethnicity leaving 16 to 18 study: England, academic year 2020 to 2021



Source: DfE (25)

Key barriers to recruitment, retention and attainment in higher education for Gypsies, Roma and Travellers, include:

- Cultural barriers including mobility and the requirement to stay in one place during university (91, 239)
- Language barriers and lower levels of literacy among both pupils and parents, reducing engagement with the higher education system (91)

- Material barriers such as poverty, inadequate housing, homelessness and access to healthcare and special education needs support (91)
- Financial issues, such as a lack of knowledge regarding cost and available finance for higher education, reluctance to use official government support or loans and the perception that university is expensive and unaffordable (91, 239)
- Fear of discrimination and prejudice, as a result of bullying, racism and discrimination in schools, higher education and the media (91, 239)
- Parental lack of knowledge and experience of the UK education system - this is exacerbated for European Roma due to the differences in the system in the UK and Europe,(91) as well as a lack of tailored support services and guidance, for students and their families pertinent to entering higher education (239)
- Lack of relevance in the higher education curriculum to Gypsy, Roma and Traveller cultures and career preferences (91, 239)
- Lack of understanding about this culture among higher education staff (91) and no culturally competent and co-produced engagement and support initiatives to work with GTR communities, families and students (239)
- Lack of visible role models from for Gypsy, Roma and Traveller communities or supportive peer communities

A report from the Office for Students outlines examples of ways in which higher education providers can support these groups of students including supporting home education, enabling distance learning for students on the move, building trust to increase ethnicity disclosure, and providing information, advice, guidance, staff training and outreach activities.(240) However, qualitative interviews in 2019 and 2020 of young people and families from Gypsy, Roma and Traveller communities in the UK, as well as education professionals and activists working with them, highlighted that there can be contradictions inherent in encouraging young people from these communities into higher education.(241) The lived experience of university as a member of marginalised group may not align with the promises of a happy higher educational experience due to stigma and discrimination, highlighting the need to tackle racism and discrimination in higher educational settings.(240)

2.5.1.2 Qualifications

Educational attainment is a well-documented predictor of health outcomes, with a lack of education or training linked to poorer health status, due to the increased likelihood of unemployment, lower wages and/or lower quality of employment later in life.(242)

The 2021 census collected information on the highest level of formal qualification among residents.(243) In England and Wales, 82% of the White British population had any formal qualification, compared with only 43% of the 'White Gypsy or Irish Traveller' and 70% of 'White Roma' populations (**Appendix Table 19, Annex 1**).(3) There has been little change over time, with this figure being 40% among the 'White Gypsy or Irish Traveller' population in 2011.(136)

In Birmingham, 77% of residents of White British ethnicity had any formal qualification in 2021, compared with 44% of people identifying as 'White Gypsy or Irish Traveller' and 60% of 'White Roma'.(3) **Figure 22** (**Appendix Table 19, Annex 1**) shows Birmingham census data on highest formal qualification by sex. were

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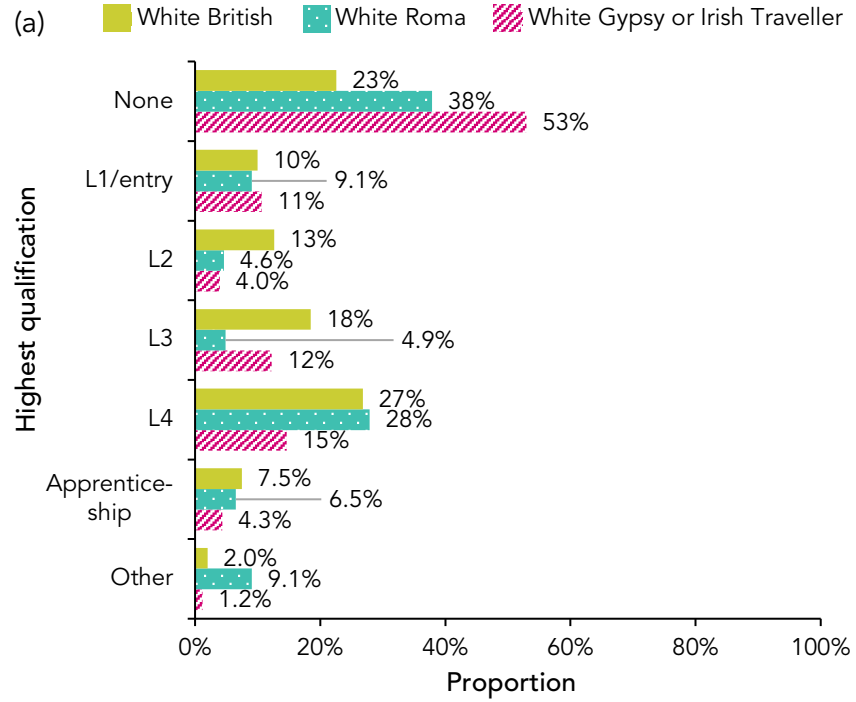
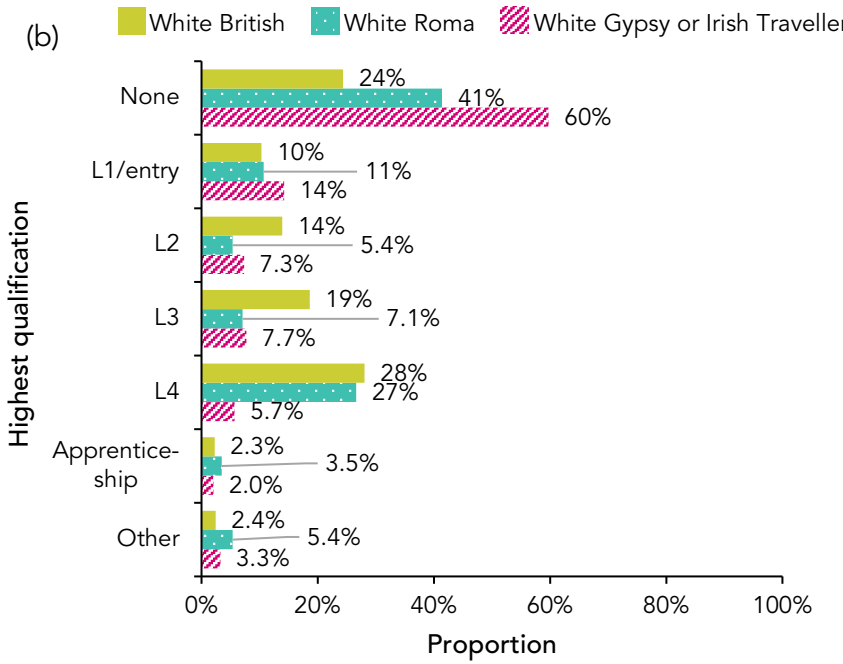
least likely to have a Higher-level qualification (level 4 or above) was lowest among residents identifying as 'White Gypsy or Irish Traveller' (overall: 10%, males: 15%, females 5.7%). A similar proportion of 'White Roma' and White British people had level 4 qualifications and above (about three in 10), but a higher proportion of people identifying as 'White Roma' had no formal qualification (overall: 40%, male: 38%, female: 41%).

Figure 22: Highest level of qualification among (a) males and (b) females identifying as 'White Gypsy or Irish Traveller', 'White Roma' or White British: Birmingham, 2021





Footnotes:

L1 or entry = Level 1 and entry level qualifications: 1 to 4 GCSEs grade A* to C, any GCSEs at other grades, O levels or CSEs (any grades), 1 AS level, NVQ level 1, Foundation GNVQ, Basic or Essential Skills

L2 = Level 2: 5 or more GCSEs (A* to C or 9 to 4), O levels (passes), CSEs (grade 1), School Certification, 1 A level, 2 to 3 AS levels, VCEs, Intermediate or Higher Diploma, Welsh Baccalaureate Intermediate Diploma, NVQ level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First or General Diploma, RSA Diploma

L3 = Level 3: 5 or more GCSEs (A* to C or 9 to 4), O levels (passes), CSEs (grade 1), School Certification, 1 A level, 2 to 3 AS levels, VCEs, Intermediate or Higher Diploma, Welsh Baccalaureate Intermediate

Diploma, NVQ level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First or General Diploma, RSA Diploma

L4 = Level 4 or above: degree (BA, BSc), higher degree (MA, PhD, PGCE), NVQ level 4 to 5, HNC, HND, RSA Higher Diploma, BTEC Higher level, professional qualifications (for example, teaching, nursing, accountancy)
Other = Vocational or work-related qualifications, other qualifications achieved in England or Wales, qualifications achieved outside England or Wales (equivalent not stated or unknown)

Source: ONS (3)

The EVEN Survey also collected data on qualifications in Britain.(244) Compared with people of 'White British' ethnicity (32%), a lower proportion of people from 'Roma' (5.9%), 'Gypsy/Traveller' (19%) ethnicities were degree-educated in 2021. Overall, a relatively high proportion of 'Roma' (55%) and 'Gypsy/Traveller' (51%) people participating in the survey reported having no formal qualifications (White British: 2.4%).

2.5.2 Employment and Occupation

2.5.2.1 Economic Activity and Employment

Employment is known to have a positive impact on self-reported health outcomes.(245) Higher employment rates have also been found to be strongly correlated with healthy life expectancy, particularly among men.(246)

The 2021 census collected information on economic activity among residents.(3) People aged 16 to 64 years were asked "whether they were an employee, self-employed, unemployed, or not looking for work mainly because they were a student, retired, long-term sick or looking after the home or family".(247) Those who were an employee, self-employed, seeking work or were waiting to start a job were defined as "economically active". Despite people on furlough due to the COVID-19 pandemic being asked to record themselves as employed, some may have said they were out of work instead; census data on employment should be interpreted with caution.

In England and Wales in 2021, 59% of the White British population aged 16 to 74 were economically active, compared with 76% of 'White Roma' and only 43% of the 'White Gypsy or Irish Traveller' population (**Appendix Table 20, Annex 1**).(3) There has been little change over time, with this figure being 47% among people identifying as 'White Gypsy or Irish Traveller' in 2011.(126, 136) Economic activity was higher among men than women across the three groups as seen in **Appendix Table 20, Annex 1**.(3) Similar employment figures were reported in the EU FRA Survey of 875 'English Romany Gypsies and Irish Travellers' in the UK in 2018 and 2019, where 45% of the working-age population, aged 20 to 62, indicated they were in paid work in the last four weeks.(35)

In Birmingham in 2021, economic activity reported in the census was lower than nationally; 55% of White British residents aged 16 to 74 were economically active, compared with 68% of 'White Roma' and 42% of people identifying as 'White Gypsy or Irish Traveller' (**Figure 23**; **Appendix Table 20, Annex 1**).(3) However, similar to in England and Wales, economic activity was higher among men than women as seen in **Figure 23** and **Appendix Table 20, Annex 1**.(3)

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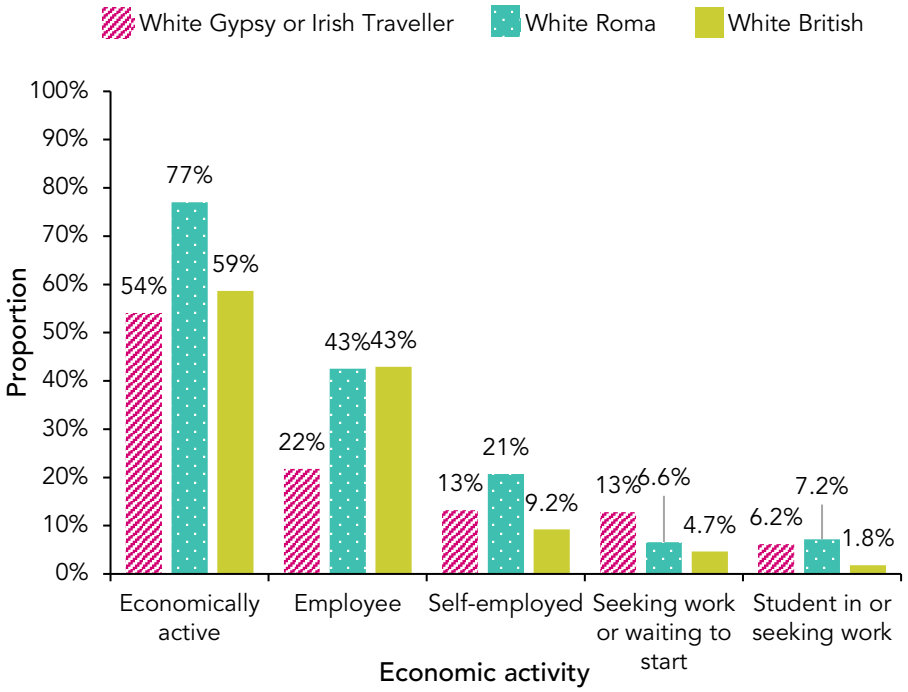
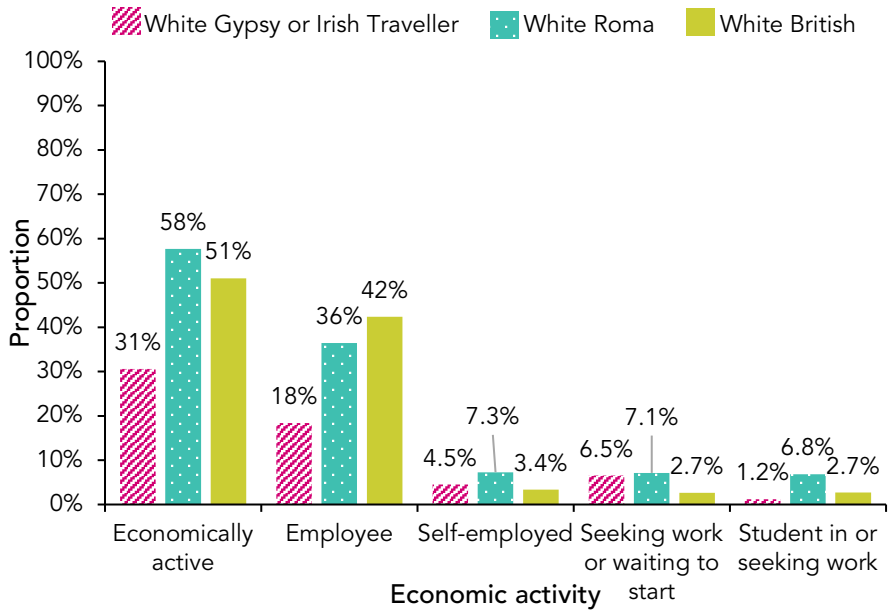
Figure 23: Economic activity among (a) males and (b) females identifying as 'White Gypsy or Irish Traveller', 'White Roma' or White British: Birmingham, 2021

(a)



(b)



Source: ONS (3)

Traditionally, 'Gypsies and Travellers' worked as self-employed seasonal workers and skilled labourers.(48, 178) Due to the reduction in number of "traditional unskilled" jobs available, many 'Gypsy and Traveller' communities run self-employed businesses providing specialist services such as tree cutting.(48) Qualitative research with 55 housed 'Gypsies and Travellers' from across the South East, London and South West in 2012 documented a preference for self-employment, with 36% of participants either working as part of a family businesses or for themselves.(248) In Birmingham in 2021, a higher proportion of people identifying as 'White Gypsy or Irish Traveller' (9.1%) or 'White Roma' (15%)

reported being self-employed, compared with White British people (6.2%) (**Appendix Table 21, Annex 1**).

A summary of data on employment conditions from the 2021 census can be seen in **Appendix Table 21, Annex 1**.(3) A higher proportion of residents identifying as 'White Gypsy or Irish Traveller' (44%) or 'White Roma' (34%) in Birmingham in 2021 reported working part time (30 hours or less per week), compared with White British residents (28%). A higher proportion of people identifying as 'White Gypsy or Irish Traveller' (7.5%) or 'White Roma' (9.5%) reported travelling longer distances for work (more than 30 kilometres), compared with 'White British' people (2.7%).(3) Similarly, a lower proportion of people from these ethnic minorities reported working from home ('White Gypsy or Irish Traveller': 15%; 'White Roma': 12%, White British: 28%).

2.5.2.2 Economic Inactivity and Unemployment

In the 2021 census, people who are not working or looking for work were classed as "economically inactive".(247) In England and Wales in 2021, 41% of the White British population aged 16 to 74 were economically inactive, compared with 24% of 'White Roma' and 57% of the 'White Gypsy or Irish Traveller' population (**Appendix Table 20, Annex 1**).(3) In the EU FRA Survey of 875 'English Romany Gypsies and Irish Travellers' in the UK in 2018 and 2019, 39% of participants indicated they were currently registered as unemployed.(35) The main reasons for not looking for work were having caring responsibilities (30%), being retired (21%), homemaking (18%) and having health problems (17%). Among those aged 16 to 24, over half (53%) were neither in employment, education or training.

In Birmingham in 2021, economic inactivity reported in the census was higher than nationally; 45% of White British residents aged 16 to 74 were economically inactive, compared with 32% of 'White Roma' and 58% of 'White Gypsies or Irish Travellers' (**Figure 24**; **Appendix Table 20, Annex 1**).(3) Reasons for economic inactivity can be seen in **Figure 24**. Studying or "looking after home or family" were the most common reasons for economic inactivity across ethnic groups.(247) "Looking after home or family" was particularly common among 'White Gypsy or Irish Traveller' (30% of total) and 'White Roma' (19% of total) women.(3) Economic inactivity was higher among women than men across the three ethnic groups.

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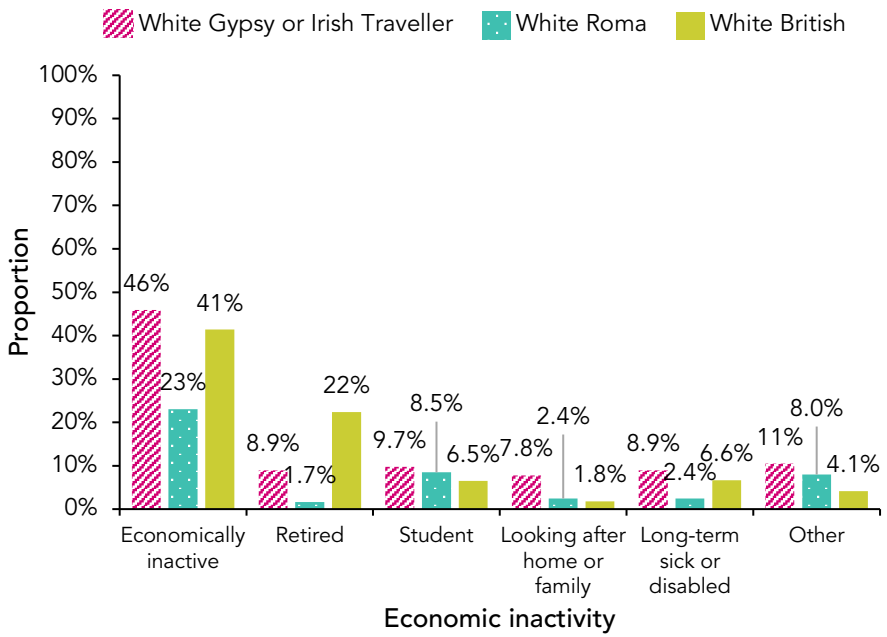
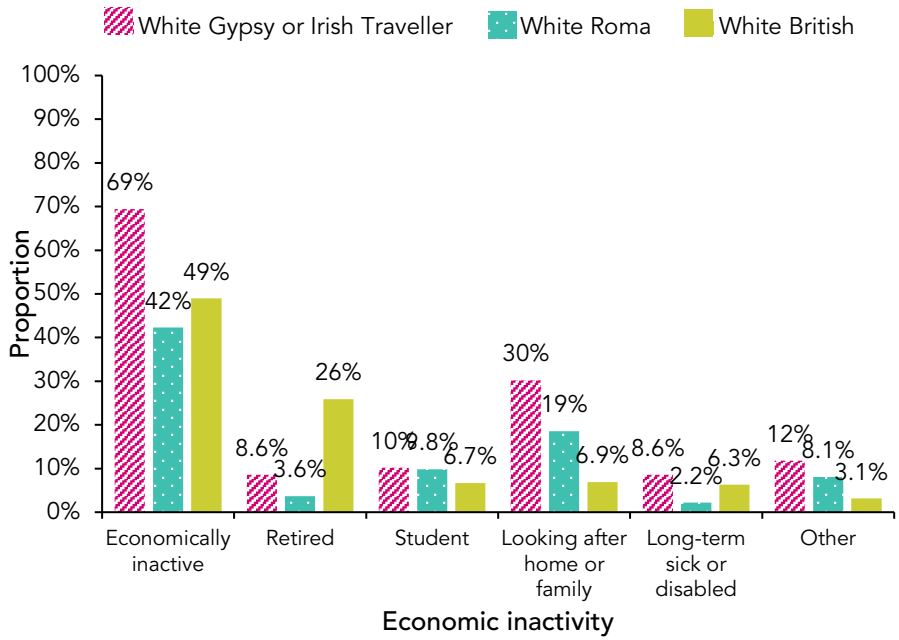
Figure 24: Economic inactivity among (a) males and (b) females identifying as 'White Gypsy or Irish Traveller', 'White Roma' or White British: Birmingham, 2021

(a)



(b)



Source: ONS (3)

2.5.2.3 Job Security

Job insecurity has been shown to have detrimental effects on both mental and physical health.(249) The EU FRA Survey of 875 'English Romany Gypsies and Irish Travellers' in the UK in 2018 and 2019, found 61% of participants working had a permanent employment contract, while 17% had no contract.(35) Job satisfaction was high, with 87% reported being satisfied with their current job.

Job insecurity in the UK is higher among 'Roma' migrants from Central or Eastern European countries, who often experience

irregular employment in unregulated sectors of the economy, as well as poor working conditions.(48, 132, 187) A qualitative study of 29 'Roma' workers from Romania in Liverpool found they faced face chronic uncertainty in securing routine employment;(250) low-wage work that required travelling significant distances was common. Migrant 'Roma' workers can even be susceptible to modern slavery and/or human trafficking, by which individuals are brought to the UK and forced to work but their income is paid to the people that brought them over.(48, 132)

2.5.2.4 Occupation

In the 2021 census, there were several questions about what type of work people were doing, including their occupation, industry and service in the armed forces.(3) Occupation of those in employment between 15 March and 21 March 2021 was classified using the Standard Occupation Classification 2020 version.(247) The distribution of responses to these questions can be found in **Appendix Table 22, Annex 1**by geography and ethnicity.

In 2021, a higher proportion of people of White British ethnicity (19%) reported being in a professional occupation, for example, being doctors, teachers and lawyers, than people identifying as 'White Gypsy or Irish Traveller' (5.9%) or 'White Roma' (10%) ethnicity in England and Wales (**Appendix Table 22, Annex 1**).(3) In contrast a higher proportion of people identifying as 'White Gypsy or Irish Traveller' (24% and 19%) or 'White Roma' (28% and 16%) ethnicity reported being in elementary occupations (jobs that require fewer formal qualifications such as farm workers, process plant workers, cleaners, or service staff) or skilled trade (which can include farmers, electrical and building trades), compared with those of White British ethnicity (9.3% and 11%).

Appendix Table 22, Annex 1 shows current occupation in 2021 among residents of Birmingham.(3) Similar patterns in occupation type were observed, with a higher proportion of residents identifying as 'White Gypsy or Irish Traveller' (35%) or 'White Roma' (32%) ethnicity reporting being in elementary occupations, than people of White British ethnicity (11%). Almost one in five 'White Roma' (19%) reported being in a skilled trade.

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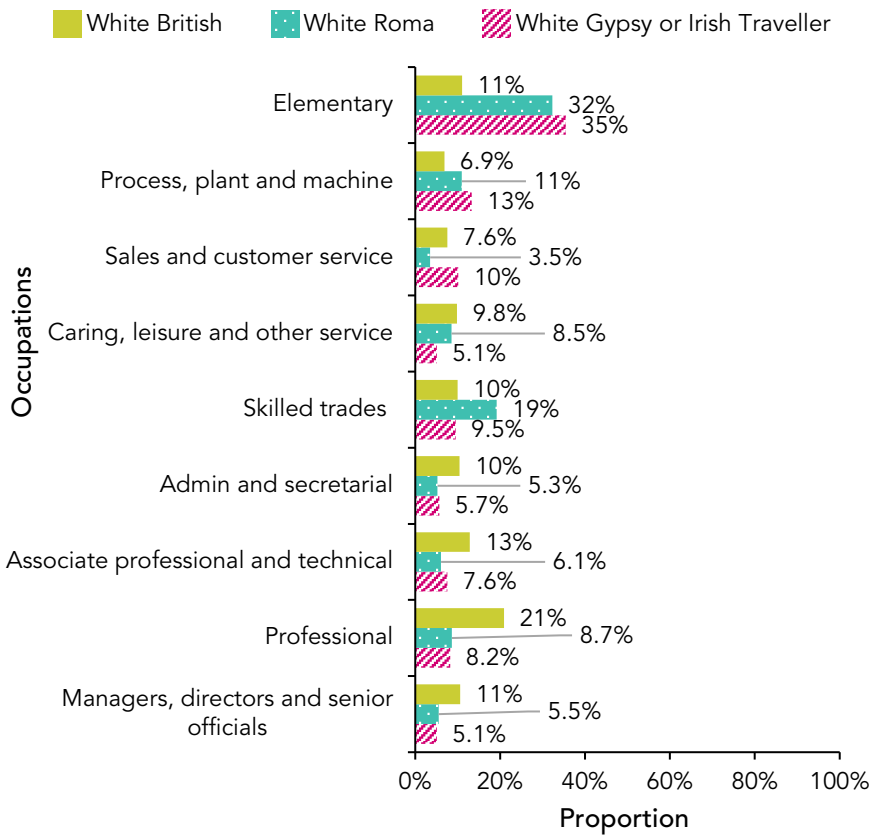
Figure 25: Current occupations among people identifying as 'White Gypsy or Irish Traveller', 'White Roma' or White British: Birmingham, 2021



Source: ONS (3)

The EVEN Survey also collected data on occupation in Britain in 2021, including National Statistics Socio-economic Classification (NS-SeC) data.(244) Compared with people of 'White British' ethnicity (44%), a lower proportion of people from 'Roma' (17%) or 'Gypsy/Traveller' (12%) ethnicities were in the highest occupational class.

Qualitative research with 55 housed 'Gypsies and Travellers' from across the South East, London and South West from 2012 explored occupation preferences.(248) Men interviewed from these communities reported doing manual work (construction, gardening, market trading or scrap metal dealing) or skilled trades, often following the same occupations as their fathers or other male relatives. In contrast women interviewed reported doing care work and personal services (hair dressing, beauty therapy, retail or cleaning).

2.5.2.5 Income and Benefits

There is no routine data on the income of Gypsy, Roma or Traveller people. A small mixed-methods study of 'Romany Gypsy and Irish Traveller' families in 2018 found 89% of Ealing participants had a household income of less than £20,000 and none reporting an income in excess of £40,000.(31) In South Buckinghamshire, 44% of participants reported an annual household income of under £20,000 and 22% earning more than £40,000. In 2017, the UK annual median disposal income was £27,300 and the majority of participants in both locations fell below this threshold. Welfare benefit receipt among respondents was 31% in South Buckinghamshire and over 75% in Ealing.

In the EU FRA Survey of 875 'English Romany Gypsies and Irish Travellers' in the UK in 2018 and 2019, participants were asked about types of income obtained by their household in the past 12

months.(35) Overall, 19% reported income from wages or salary for paid work, 37% from self-employment including farming, 15% from pensions, 10% from friends and/or family, 9% from occasional work (e.g. babysitting, garbage collection, begging, etc.), 1% from educational grants or stipends and 1% from savings and/or investments. One in five (21%) reported receiving unemployment benefits, 30% child benefits including alimonies and 27% other social benefits.

There is evidence that not everyone from Gypsy, Roma and Traveller communities can necessarily access the benefit support they need. The move to an online system for Universal Credit in the UK, introduced barriers for 'Gypsies and Travellers', given the low levels of numeracy and literacy and limited access to the internet experienced by these groups.(251) Interviews with 'Central and Eastern European Roma' highlighted that they also struggled to access the benefits system in the UK, finding the complex claim forms and documentation requirements particularly challenging.(109, 252) Some 'Roma' also reported not wanting to be positioned as "welfare tourists" and not claiming welfare benefits even when eligible.(137)

2.5.2.6 Unpaid Care

Providing unpaid care may involve looking after or giving help or support to anyone who has long-term health conditions, illness or problems related to old age.(253) People from ethnic groups with higher rates of poorer health and disability tend to also provide more unpaid care.

Previous research from Sheffield, Leicester, Norfolk, London and Bristol in 2007 indicated significantly more 'Gypsies and Travellers of UK or Irish origin' reported being the main carer for a dependent relative with a chronic illness or disability than age and sex matched comparators (16% vs 8.1%; p=0.013).(10) This was also true in 2021 according to analysis of national census data.

In England and Wales in 2021, 12% of people identifying as 'White Gypsy or Irish Traveller' reported providing unpaid care, compared with 9.7% of White British people (**Appendix Table 23, Annex 1**).(3) Only 4.0% of 'White Roma' provided any unpaid care. Just over five percent (5.2%) of people identifying as 'White Gypsy or Irish Traveller' provided 50 or more hours of care per week, compared with 3.0% of White British people and 1.3% of 'White Roma'.

In contrast, in Birmingham in 2021, residents identifying as 'White Gypsy or Irish Traveller' and 'White Roma' reported lower levels of unpaid care provision at 6.1% and 2.8% respectively, than White British people (10%) (**Appendix Table 23, Annex 1**).(3) Women more commonly reported providing unpaid care than men. Overall, 5.4% of 'White Gypsy or Irish Traveller' women provided 50 or more hours of care per week compared with 2.0% of men. Equivalent figures for 'White Roma' were 1.7% and 1.1% and White British 4.2% and 2.8%, respectively.

2.5.2.7 Barriers to Employment

There are several barriers to people from Gypsy, Roma or Traveller communities gaining meaningful, consistent employment, many of which have been exacerbated by the COVID-19 pandemic.(48, 254)

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Qualitative research with 55 housed 'Gypsies and Travellers' from across the South East, London and South West from 2012 found that many participants felt they needed to hide their identity to gain employment in mainstream occupations.(248) Participants reported stigma associated with giving their prospective employer a transit site as a home address. Interviews with 52 members of 'Gypsy and Traveller' communities in England and Wales in 2022 also found that participants perceived discrimination from employers and colleagues.(168) Accessing employment was also impacted by a lack of skills, education and formal qualifications, as well as literacy issues.

Focus groups held in Glasgow, Leicester, London, Oldham, Salford and Sheffield in 2016 with migrant 'Roma' (n=159) aimed to better understand their experiences, including finding employment.(137) Entering the paid labour market was a priority for participants to improve outcomes for their families. However, many reported being in unskilled roles with low pay and long hours, susceptible to labour market exploitation. One Roma interviewee from a study of 'Roma' in London, Glasgow and Derby summarised some of the challenges faced by parts of community when seeking work: "no education, no language, no skills, no experience […], limited literacy".(187)

Migrant 'Roma' from Europe interviewed in 2014 and 2015 reported experiencing multi-layered levels of exclusion in the UK including marginalisation upon arrival, language and literacy barriers, precarity in both the employment and housing markets, experiences of anti-Roma racism and a restriction in migrant workers' rights.(252)

The EVEN Survey provides valuable information on the impact of COVID-19 on employment in Britain.(254) Employment outcomes varied across ethnic minority groups during the COVID-19 pandemic. Labour force participation in 2021 was relatively low for 'Gypsy/Traveller' men (81%) and women (58%), as well as 'Roma' men (80%) and women (42%), compared with 'White British' men (88%) and women (77%), although only the differences among women were statistically significant. Precarious employment during the pandemic was also captured, defined as temporary, solo self-employed and zero-hour contracts; 'Gypsy/Traveller' (66%) and 'Roma' (46%) men were significantly more likely than 'White British' men (19%) to experience precarious employment in 2021 ($p<0.05$) and had the highest rates of precarious employment of all ethnic groups. None of the 'Roma' women reported temporary employment; all were either solo self-employed or worked zero-hours contracts. 'Gypsy/Traveller' women were mostly solo self-employed, with a small number in temporary employment. Overall, 16% of 'Gypsy/Traveller' men and 38% of 'Gypsy/Traveller' women reported changing occupation during the COVID-19 pandemic, as well as 14% of 'Roma' men and 35% of 'Roma' women; 15% of 'White British' men and 18% of 'White British' women changed occupation. Only the difference between 'Roma' and 'White British' women was significant ($p<0.10$). People in most ethnic minority groups in the UK, including 'Gypsy/Traveller' and 'Roma' were no more likely than the White British group to receive a reduction in pay during the pandemic.

2.5.3 Poverty and Deprivation

From 2020 to 2021, 13.4 million people were living in poverty in the UK, equivalent to 20% of the total population.(255) Poverty was higher among people of ethnic minorities.

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England and is calculated on a routine basis using seven distinct domains of deprivation, including income, employment, crime, barriers to housing and services and living environment.(39) IMD data indicates 12% (n=6,450) of people of 'White Gypsy/Traveller' ethnicity were living in the most deprived 10% of neighbourhoods in 2019, compared with 9.1% (n= 3,841,600) of those of 'White British' ethnicity and 31% (n=345,858) of those of 'Pakistani' ethnicity, who experienced the highest rate of deprivation. Furthermore in 2019:

- 12% (n=6,687) of 'White Gypsy/Travellers' lived in the 10% most income-deprived neighbourhoods vs. 8.7% (n=3,670,721) of 'White British' people and 31% of 'Pakistani' people.
- 10% (n=5,644) of 'White Gypsy/Travellers' lived in the 10% most employment-deprived neighbourhoods vs. 9.6% (n=4,054,046) of 'White British' people and 21% of 'Pakistani' people.

No IMD data was available for 'Roma'. IMD data on people of 'White Gypsy/Travellers' ethnicity should be interpreted with caution, given that while some individuals from the community live in "bricks and mortar" accommodation and are static, many are nomadic and travel around the country.

EVEN Survey collected data that indicated in 2021, people from 'Roma' and 'Gypsy/ Traveller' ethnic groups in Britain experienced the highest levels of socioeconomic deprivation across groups, with high rates of financial difficulties and benefit receipt (**Table 10**).(244) Notably, there were large differences noted in the proportion of people receiving benefits by age for people of 'Gypsy/Traveller' ethnicity (79% of those aged 18–29 years compared with 21% of those aged 50–65 years).

Table 10: Indicators of deprivation by ethnicity from the EVEN Survey: Britain, 2021

Deprivation indicators	Gypsy/ Traveller (N†)	Gypsy/ Traveller (%)	Roma (N†)	Roma (%)	White British (N†)	White British (%)
Income decreased **	216	36	73	36*	3,459	26
Financial difficulties††	218	26	73	28	3,438	23
Financial difficulties **	218	40	73	45	3,438	30
Receiving income-related benefits	187	59*	73	51*	3,428	27
Worried about financial situation	220	61	73	69	3,453	64

Footnotes:
† Denominator
**During the COVID-19 pandemic
†† In the three months before COVID-19
*Statistically significant p<0.05

Source: EVEN Survey – Stastna *et al.* (244)

The EU FRA Survey of 875 'English Romany Gypsies and Irish Travellers' in the UK in 2018 and 2019 also asked questions on deprivation indicators, as seen in **Table** *11*.(35) Overall, one in seven (14%) were classified living in severe material deprivation defined as enforced inability to pay for at least four out of nine items: unexpected expenses, a one-week annual holiday away from home, a meal involving meat, chicken or fish every second day, the adequate heating of a dwelling, a washing machine, a colour television, a telephone, a car, payment arrears (mortgage or rent, utility bills, hire purchase instalments or other loan payments). One in eight (12%) indicated the household was only able to make ends meet with great difficulty. However, no comparator data was collected in this survey, limiting the understanding of ethnic inequalities.

Table 11: Indicators of deprivation among 875 'English Romany Gypsies and Irish Travellers' from the EU FRA Survey: UK, 2018 and 2019

Deprivation indicators	English Romany Gypsies and Irish Travellers (%)
At-risk-of poverty (at least once)	5
Living in severe material deprivation	14
No bank account	26
Household able to make ends meet with great difficulty	12
Household cannot afford to keep its home adequately warm	11
Unable to pay rent or mortgage in the last 12 months	11
Unable to pay utility bills in the last 12 months	16
Unable to pay other loan repayments in the last 12 months	5
Unable to pay debt repayments to a private lender in the last 12 months	5
Household cannot afford to pay for week's annual holiday away from home	49
Household cannot afford to pay for unexpected but necessary expense	57
Household cannot afford to pay for two pairs of properly shoes that fit for each household member	18
Household cannot afford to pay for replacement clothes for those worn out	21

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Deprivation indicators	English Romany Gypsies and Irish Travellers (%)
Household cannot afford to pay for a television	2
Household cannot afford to pay for a private car or van	6
Household cannot afford to pay for a private computer or tablet	11
Household cannot afford to pay for internet access	8
Household cannot afford to pay for a landline	9
Household cannot afford to pay for a smart phone	6
Household cannot afford to pay for a mobile phone	6
Household cannot afford to pay for a washing machine	3
Household cannot afford to pay for a caravan or mobile home	22

Source: EU FRA Survey (35)

A study of five waves of England GPPS data (2014 to 2017) of 1,100,071 people aged 55 years or older (including 164 people of 'White Gypsy or Irish Traveller' ethnicity), documented associations between ethnic group and neighbourhood-level social deprivation, with older men (OR 1.74, 95% CI: 1.22 to 2.48, $p<0.01$) and women (OR 2.22, 95% CI: 1.52 to 3.25, $p<0.001$) of 'White Gypsy or Irish Traveller' ethnicity having higher odds of social deprivation than the 'White British/Northern Irish' reference group.(42)

2.5.4 Housing

Housing is a wider determinant of health, influencing access to key infrastructures and impacting physical health, as well as contributing to feelings of security and belonging.(88, 256) Gypsy, Roma and Traveller communities in the UK live in a variety of accommodation types including detached, semi-detached or terraced houses, flats and mobile homes or caravans.(88, 257) While some community members live in "bricks and mortar" housing, others live on authorised caravan sites (either owned privately, by the local authority or by registered social landlords) and unauthorised sites.(28)

Evidence suggests that between 67% and 75% of 'Gypsies and Travellers' in the UK live in "bricks and mortar" accommodation and the remaining 25% to 33% live in caravans or other mobile structures.(4, 40, 41, 239) Many people of 'Gypsy or Traveller' ethnicity have reported residing in houses or being forced to occupy unauthorised caravan sites, due to a shortage of culturally appropriate authorised traveller sites and restrictions on living a travelling lifestyle, as discussed in section 2.5.4.3.(28, 49, 55, 258) Research suggests that being forced to move into conventional housing can have an impact on mental health, being removed from a familiar way of life and isolated from friends and family.(40, 48, 258)

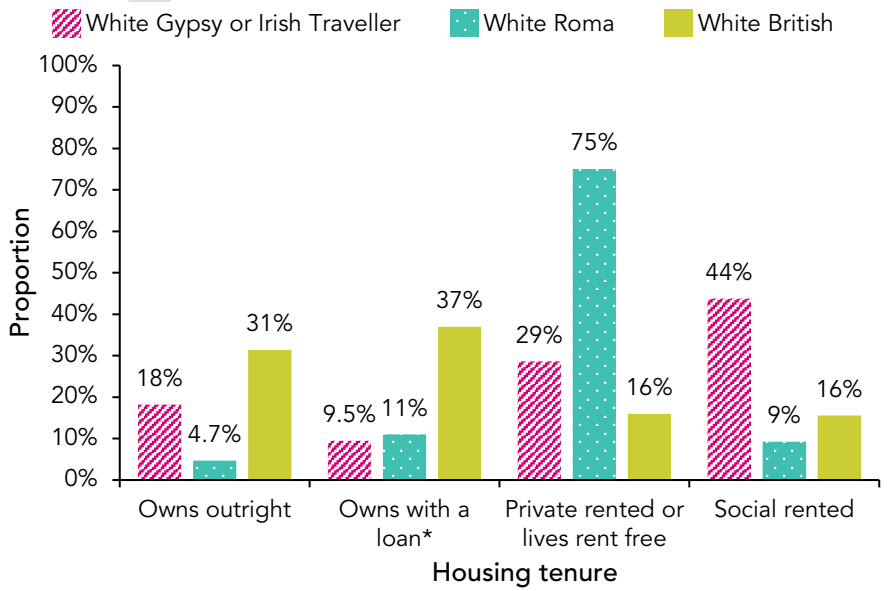
The majority of migrant Roma tend to live in houses in the UK.(27, 56) Showpeople travel during the summer months and live on yards in the winter. New Travellers live nomadically, in vans, mobile home and caravans, while Boaters live on narrow boats or barges, either cruising and/or moored in a marina.(27)

2.5.4.1 Housing Tenure

Housing tenure refers to the ownership structure under which people live in their accommodation. Data on housing tenure was collected in the 2021 census.(3, 258) However, at the time of publication of this report, there was no available data on housing tenure in Birmingham.

In England and Wales, 68% of White British people owned their accommodation either outright or through a loan in 2021 (**Figure 26**; **Appendix Table 24, Annex 1**).(3, 258) This is much higher than accommodation ownership among people identifying as 'White Gypsy or Irish Traveller' at 28% and 'White Roma' at 16%. The most common housing tenure among 'White Roma' was privately rented accommodation (75%), while the most common housing tenure 'White Gypsy or Irish Traveller' people was socially rented accommodation (44%).

Figure 26: Housing tenure among people identifying as 'White Gypsy or Irish Traveller', 'White Roma' or White British: England and Wales, 2021



Footnotes:
*Mortgage, shared ownership or other loan

Source: ONS (3)

This is inconsistent with EVEN Survey findings.(88) In 2021, the highest proportions of home ownership without a mortgage were seen for 'Gypsy/Traveller' (44%), 'Roma' (39%) and 'White British' (31%) participants across all ethnic groups in Britain. However, this may be a result of the fact that people of 'Gypsy/Traveller' or 'Roma' ethnicity, might have been living in a dwelling different from conventional home ownership; a high proportion of

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'Gypsy/Traveller' participants reported living on a traveller site (59%) and did not own the land they lived on (58%).

The EU FRA Survey of 875 'English Romany Gypsies and Irish Travellers' in the UK in 2018 and 2019 found 76% of participants owned their home without any mortgage or loan, while only 18% rented their accommodation.(35) Almost all participants reported living in a caravan or mobile home (96%).

Information from a 2019 House of Lords roundtable report indicates that 33% of 'Gypsies, Roma and Travellers' on sites lived in caravans on socially rented traveller sites, 54% lived on privately owned (rented and owned) traveller sites and 13% lived on unauthorised sites, including on the roadside.(239)

Further information on housing tenure among Gypsy, Roma and Traveller communities is available from the Ministry of Housing, Communities and Local Government:

- 'White British' households accounted for 79% of all new lettings (80% of English population) between April 2016 and March 2017 and by comparison, 'White Gypsy or Irish Traveller' households accounted for only 0.1% (0.1% of English population).(259)
- Between April 2017 and March 2018, 87% (n=36,226) of 'White British' and 91% (n=69) of 'White Gypsy or Irish Traveller' people who were in a fixed-term letting in social housing in England had been there for less than five years.(260)
- The proportion of income spent on rent for new social housing letting between April 2017 and March 2018 was similar across ethnic groups in England ('White British': 35% and 'White Gypsies or Irish Travellers': 36%) and the West Midlands ('White British': 35% and 'White Gypsies or Irish Travellers': 31%).(261)

2.5.4.2 Occupancy

The 2021 census collected data on occupancy rating, defined as the difference between the number of bedrooms and the number of bedrooms required.(3, 258) An occupancy rating of zero or more indicates a household's accommodation has an ideal number of bedrooms or more than required (under-occupied). An occupancy rating of minus one or less indicates a household's accommodation has fewer bedrooms than required (overcrowded).

In England and Wales in 2021, 26% of people identifying as 'White Gypsy or Irish Traveller' and 26% 'White Roma' reported an occupancy rating of minus one or less, compared with 4.4% of White British people.(258) This implies that overcrowding was over six times higher among Gypsy, Roma and Traveller communities.

Overcrowding has also been consistently documented in survey findings. The EVEN Survey measured overcrowding as the proportion of households living with three or more generations.(88) In 2021, 2% of 'White British', ~17% of 'Gypsy/Traveller' and over 75% of 'Roma' households reported living with three or more generations. This definition does not take into account that overcrowding may occur as a result of parents living with several children (two generations) rather than a result of multi-generational households. The EU FRA Survey of 875 'English Romany Gypsies and Irish Travellers' in the UK in 2018 and 2019 found 14% of participants were living in accommodation with one room or less and 32% self-reported living in a state of overcrowding.(35)

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There are a variety of reasons for living in overcrowded accommodation. In some households, living with multiple generations may have social benefits.(262) However, for many households, overcrowding is a result of a lack of affordable alternatives.

2.5.4.3 Mobile Accommodation and Transit Sites

There are a variety of key term relevant to understanding mobile accommodation among Gypsy, Roma and Traveller communities:(263, 264)

- Pitch: an area which is large enough for one household to occupy, with enough space for one or two caravans (also called a plot among travelling Showpeople).
- Site: a collection of pitches which form a development exclusively for Travellers (also called a yard among travelling Showpeople).
- Publicly provided residential site: a site provided by a local authority or a registered provider, usually a housing association. It is often necessary to join wait lists to obtain places on public sites.
- Private residential site: created when individuals or households buy areas of land and then obtain planning permission to live on them. Households can also rent pitches on existing private sites.
- Transit site: temporary stopping site with similar facilities to a residential site (e.g. water supply, electricity and amenity blocks) but where there is a maximum period of residence which can vary from a few weeks to a few months. Transit sites are aimed to meet the needs of travelling households who are visiting an area or passing through.
- Emergency stopping place: a transit site with limited facilities and often a shorter maximum period of residence
- Unauthorised development: the occupation of land owned by Travellers for which there is no planning permission to use for residential purposes.
- Unauthorised encampment: unauthorised occupation of land which is not owned Travellers

Local authorities carry out a count of caravans on 'Traveller' sites in January and July of each year.(265) These data is compiled and published to provide a local snapshot of the number of caravans on the day of the count and information on the seasonal movement of caravans. Caravan count data from England, the West Midlands and Birmingham can be seen in **Appendix Table 25, Annex 1.** As of July 2022, there were 25,653 'Traveller' caravans in England; 26% were on socially rented sites, 60% were on privately funded sites, 11% were on unauthorised developments and 3% were on unauthorised encampments. This equates to 3,622 'Traveller' caravans nationally with no authorised stopping place due to a chronic national shortage of sites.(41, 48, 122, 132) This leaves families technically homeless and forced to stop on unauthorised encampments with no access to water and sanitation and experiencing a constant cycle of evictions by police and local authorities.(41, 55) FFT estimated that there was a 13% decrease of pitches on local authority 'Traveller' sites from July 2011 to July 2021, leaving at least 1,696 households on waiting lists.(41)

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Local authorities have the responsibility to carry out periodical reviews of the housing needs of their local communities, including people living in caravans;(118) this should take into consideration projected need over the next five years. In 2015, the scope of these accommodation assessment was limited so that the needs of Gypsies, Roma and Travellers who have ceased to travel permanently do not have to be considered.(118, 125, 126, 264) The last Gypsy and Traveller Accommodation Assessment (GTAA) for Birmingham was carried out in 2018.(264) At that time, there was a need for 19 additional pitches identified and planning permission for four sites: Hubert Street (permanent), Tameside Drive, Aston Brook Street East (transit) and Proctor Street (transit). Tameside Drive was originally granted planning permission as a transit site, although through court judgement inhabitants assumed permanent occupation of three of the 18 pitches.

An updated GTAA for Birmingham is due to be published in late 2023. Caravan count data from Birmingham indicates there were 15 caravans in Birmingham in July 2022;(265) five caravans on socially rented sites and 10 on site on land not owned by 'Travellers'. This compares to 11 on socially rented sites and 17 on sites on land now owned by 'Travellers' in January 2022. According to the Department for Levelling Up, Housing and Communities, there were only two active transit sites in Birmingham in 2022: Proctor Street Transit Site in Nechells, which opened in 2019 with 15 temporary pitches and Tameside Drive in Castle Bromwich, which opened in 1980 with five permanent and 12 temporary pitches.(265) However, there have been concerns raised by the community that the Proctor Street transit site is in poor condition and not useable.

2.5.4.4 Housing Conditions

Poor housing conditions and inappropriate accommodation have a direct impact on physical and mental health.(196, 266)

Issues with the standards and management of both public and private transit sites for Gypsies and Travellers have been documented in several studies.(4, 49, 257, 266) There have been reports of these sites being overcrowded and unsafe, with fly-tipped rubbish, poor drainage, rat infestations and suboptimal toilet and shower facilities. Maintenance work on these sites can take a long time to complete. Research conducted in May 2021 found that of 36% of public 'Traveller' sites in England were within 50 metres of a major road, motorway, railway line, refuse/recycling, sewage or an industrial estate, canal and/or river; 51% were within 100 metres, 72% were within 300 metres and 79% within 500 metres.(49) A report by the Traveller Movement in 2015 estimated half of all local authority 'Traveller' sites in England have "environmental problems" relating to adjoining land.(57)

The EU FRA Survey of 875 'English Romany Gypsies and Irish Travellers' in the UK in 2018 and 2019 also asked questions on problems with accommodation.(35) Overall, 20% of participants reported pollution, grime and other environmental problems, 17% that the accommodation was too noisy, 9% that there was crime, violence and/or vandalism in the local area, 9% that the accommodation was too dark and 9% that the accommodation was leaking and/or damp.

'Roma' migrants in the UK also experience poor housing conditions, due to insecure, overcrowded private rental accommodation.(4, 48,

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49, 132, 187, 196) Evidence suggests they are often exploited by slum landlords, but are unlikely to complain over fear of being evicted.(4, 137)

2.5.5 Crime, Justice, and the Law

People who have been in contact with the criminal justice system face significant health inequalities, including experiencing higher rates of depression, homelessness and mortality, compared with the general population.(267)

2.5.5.1 Police Contact

In the UK, Gypsies, Roma and Travellers are often subject to ethnic profiling by police forces and other public authorities.(214) The Home Office routinely publishes routine statistics from police forces across the UK, including on stop and searches and arrests.(268, 269) People who are subjected to stop and searches are usually asked for their ethnicity; data on stop and searches and resultant arrests reflects police activity rather than levels of crime committed by offenders.

Data from the West Midlands police force indicates that between 2020 and 2021, 16 people of 'Gypsy or Irish Traveller' ethnicity were stopped and searched, equivalent to a rate of 9.9 per 1,000 population and 0.1% of the total number of stop and searches.(268) In comparison, 8,356 'White British' people were stop and searched the over the same time period, equivalent to a rate of 4.6 per 1,000 population and 38% of all stop and searches. Although, the stop and search rate was higher among 'Gypsies or Irish Travellers' in 2020 to 2021, this may have been due to travelling families being stopped while COVID-19 restrictions were in place. Between 2019 and 2020, no people of 'Gypsy or Irish Traveller' ethnicity were stop and searched in the West Midlands, compared with 8,126 'White British' people (4.5 per 1,000).

Between 2019 and 2021, no 'Gypsies or Irish Travellers' were arrested in the West Midlands.(269) There were 18,518 'White British' people arrested in 2019 to 2020 (10 per 1,000) and a further 14,479 'White British' people arrested in 2020 to 2021 (8.0 per 1,000).

In qualitative interviews with 52 members of 'Gypsy and Traveller' communities in England and Wales in 2022, participants reported fearing authorities, feeling misunderstood by them and being treated unfairly.(119) Participants described the use of force, presumption of crime and arrests and denial of bail. These experiences led to some people being reluctant to report crimes or seek help from the police. To improve relationships going forward, participants felt it was important to involve community members within systems and processes and raise awareness and respect. An example of a positive relationship with police included the employment of a familiar community liaison officer.

Data from the 2018 and 2019 EU FRA Survey indicates that 47% of the 875 'English Romany Gypsy and Irish Traveller' participants from the UK did not trust the police and 46% did not trust the legal system.(35)

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2.5.5.2 Experiences of Prison

People from Gypsy, Roma and Traveller ethnicities are over-represented in prison in the UK.(4, 126, 239, 270) In 2014, HM Inspectorate of Prisons released a report to provide an overview of the potential issues faced by 'Gypsy, Romany and Traveller' prisoners.(270) In 2012 to 2013, 5% of the prison population identified as 'Gypsy, Romany or Traveller', although this is thought to be an under-estimate.

In the 2012 to 2013 prison survey, responses from 'Gypsy, Romany and Traveller' prisoners were more negative compared to non-'Gypsy, Romany and Traveller' prisoners for 57% of the 194 survey questions for which comparator data was provided.(270) These survey data shows people of 'Gypsy, Romany and Traveller' ethnicity experienced poorer outcomes across a range of areas including safety in prison, victimisation, mental health, and substance misuse.

This is consistent with information presented at a 2019 roundtable at the House of Lords, that Gypsy, Roma and Traveller community members in prison are often victims of violence and bullying with a higher likelihood of suicide.(239) It is also consistent with information from the Traveller Movement published in 2019 that 'Gypsy, Roma and Traveller' prisoners experience disproportionate mental ill-health due to "a lack of access to services, disruption of community and family support, prejudice within the system, discrimination and loss of self-respect".(271)

Key findings from the 2019 to 2020 prison survey, comparing 'Travellers' (N=306) with non-'Travellers' (N=5,575) can be seen in **Table 12**.(195) This data shows that in general, 'Travellers' had more challenging experiences of prison than non-'Travellers' with significantly higher rates of abuse and assault from both other prisoners and prison staff, as well as other safety issues.

Table 12: Experiences of prison among 'Travellers' and non-'Travellers': England: 2019 to 2020

Experiences of prison	Traveller (N=306) (%)	Non-Traveller (N=5,575) (%)
Searched in reception in a respectful way	72	82
Problems when first arrived	83	74
Problems contacting family when first arrived	41	29
Needed protection from other prisoners when first arrived	11	7
Felt safe on first night in prison	64	74
Prevented from making a complaint when wanted to	37	28
Communication with solicitor or legal representative easy	34	46
Ever felt unsafe in prison	62	47
Verbal abuse from other prisoners	42	34
Physical assault from other prisoners	27	17
Sexual assault from other prisoners	7	3
Theft of canteen or property from other prisoners	34	24
Other bullying or victimisation from by prisoners	26	18
Threats or intimidations from prison staff	32	24

Experiences of prison	Traveller (N=306) (%)	Non-Traveller (N=5,575) (%)
Physical assault from prison staff	17	10
Sexual assault from prison staff	4	2
Physical restraint by prison staff in the last 6 months	30	12
Spent ≥1 nights in the segregation unit in the last 6 months	24	9

Footnotes:
All differences $p<0.01$

Source: Prison survey (195)

An analysis of offenders subject to probation supervision in Thames Valley in 2012, showed a lower proportion of 'Gypsy or Irish Traveller' offenders (N=37) were convicted of burglary (3% vs. 8%), drug offences (0% vs. 8%) or sexual offenses (0% vs. 3%) compared to other offenders (N=5,994).(272) However, a higher proportion were convicted of fraud and forgery (14% vs. 7%), indictable motoring (5% vs. 1%) and violence against persons (30% vs. 27%). 'Traveller' offenders were also found to have problems with numeracy and literacy and report no qualifications. Some 'Traveller' offenders reported struggling with the invasive nature of probation interviews, due to privacy concerns. Finally, some 'Traveller' offenders were hesitant to declare their ethnicity unless specifically asked to do so and re-assured by their probation officer, due to concerns that the information might be mis-used or stigmatising.

2.5.6 Political and Societal Participation

Participation is a "right held by all people to engage in society and in the decisions that impact their lives".(273) In the UK, Gypsy, Roma and Traveller communities are often marginalised from national and local decision-making processes.(48) Political participation and trust in government can impact the uptake of health protective behaviours, such as vaccination and social distancing measures.(274)

The EVEN Survey provides valuable information on participation among ethnic minority groups in Britain.(274) In 2021, most ethnic minority groups reported higher levels of political interest than 'White British' people. However, people of 'Gypsy/Traveller' ethnicity had the same levels of political interest as the 'White British' group (both 60%; $p\geq0.05$), while 'Roma' were less likely to report being interested in politics than 'White British' people (31%; $p<0.05$). Similar trends were documented for expressing a political party preference; 74% of 'Gypsy/Traveller' people expressed a preference for any political party in 2021, compared with 73% of 'White British' people ($p\geq0.05$). A significantly lower proportion of 'Roma' expressed a preference for any political party (33%; $p<0.05$).

The EU FRA Survey provides information on a variety of indicators of political participation and trust in the political system among 875 'English Romany Gypsies and Irish Travellers' in the UK (**Table 13**).(35) In 2018 to 2019, only 16% of 'English Romany Gypsies and Irish Travellers' reported voting in the last national election, which was held in 2017, compared with 69% general election turnout.(35, 275) Trust in national government was 40% among 'English Romany Gypsies and Irish Travellers' in 2018 to 2019, compared with 21%

among the general population in the autumn of 2019.(35, 276) Over a third of participants felt excluded from society.

Table 13: Political participation and trust among 'English Romany Gypsies and Irish Travellers' from the EU FRA Survey: UK, 2018 to 2019

Indicators of political participation and trust	English Romany Gypsies and Irish Travellers (%)
Does not trust national parliament	60
Does not trust politicians	66
Does not trust European parliament	51
Does not trust local authorities	45
Not at all interested in politics	56
Voted in last local election	16
Voted in last national election	17
Feels excluded from society	36

Source: EU FRA Survey (35)

The EU FRA Survey also collected data on acceptance of minority groups by 'English Romany Gypsies and Irish Travellers' in the UK.(35) When asked about feeling comfortable with different attributes, 28% said they would feel uncomfortable with a neighbour who was gay, lesbian or bisexual, 12% uncomfortable with a neighbour of a different ethnic minority background, 11% uncomfortable with a neighbour of who doesn't have an ethnic minority background, 8% uncomfortable with a neighbour of a different religion and 4% uncomfortable with a neighbour who is disabled. However, the ability to understand these data is limited by there being no comparator groups.

2.5.7 Physical Health

Gypsies, Roma and Travellers have been documented to have significantly poorer health status and to have higher rates of long-term illness and disability, compared with the general population.(10, 14, 31, 43, 44, 126) Gypsy, Roma and Traveller communities report experiencing a range of physical health difficulties, including respiratory disease, diabetes, bladder problems and cancer.(30, 40, 43, 126)

The main source of data on physical health problems among Gypsy, Roma and Traveller communities is the GPPS, as the current NHS data dictionary does not include Gypsy, Roma or Traveller ethnicity categories.(4-7) It is important to interpret the prevalence of conditions reported via the GPPS with caution. These figures may be an underestimate of the true burden of disease experienced by Gypsy, Roma and Traveller communities and reflect under-diagnosis due to the barriers to accessing healthcare described in section 2.5.11. More information on the GPPS can be found in the Methodology section of this report.

2.5.7.1 General Health

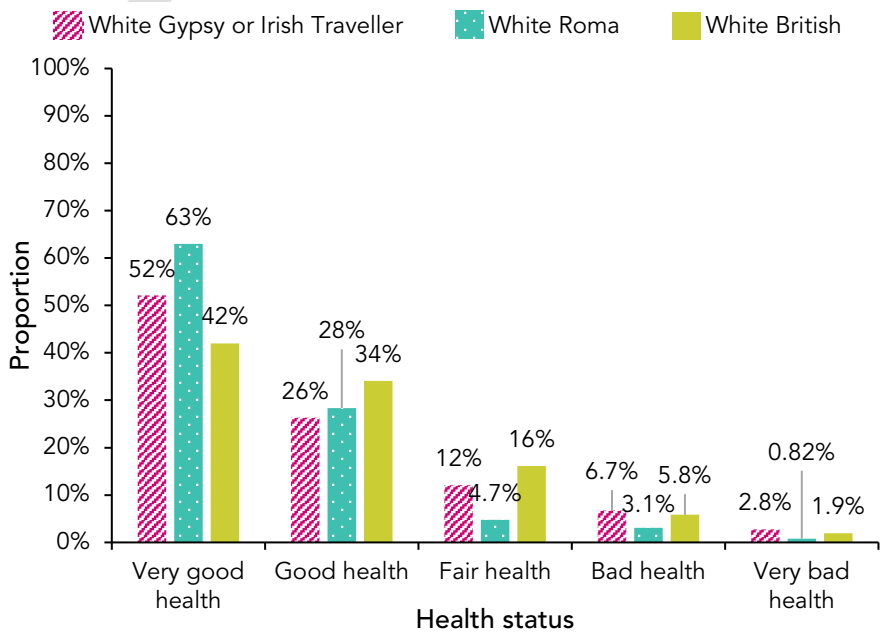
The 2021 census collected data on self-reported general state of health, ranging from "very good" to "very bad".(3)

Among residents in England and Wales in 2021, people identifying as 'White Gypsy or Irish Traveller' reported the poorest health, with

13% of people saying that their health was "bad" or "very bad" ().(3, 253) This figure was 5.8% among White British people and 3.3% among 'White Roma' respectively. The poorer health of the 'White Gypsy or Irish Traveller' population cannot be explained by age, as people in this ethnic group are generally young; the average age for this ethnic group in 2021 was just 28 years, compared with 45 years among White British people.(142)

This trend was also seen among Birmingham residents; 9.5% of people identifying as 'White Gypsy or Irish Traveller' reported "bad" or "very bad" health in the 2021 census, compared with 3.9% of people identifying as 'White Roma' and 7.7% as White British (**Figure 27**; **Appendix Table 26, Annex 1**).(3)

Figure 27: Self-reported general health status among people identifying as 'White Gypsy or Irish Traveller', 'White Roma' or White British: Birmingham, 2021



Source: ONS (3)

This difference in health status may be related to accommodation type. A 2016 qualitative study of 33 members of the 'Gypsy and Irish Traveller' community across England and Wales found poor health to be reflective of poor and inappropriate accommodation; individuals with the highest self-reported "bad" or "very bad" health were more likely to live primarily on unauthorised tolerated and roadside sites, local authority sites and in housing.(196) Gypsies and

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Irish Travellers reporting "good" or "very good" health were more likely to live on private sites with planning permission.

Surveys can provide some additional insight into the physical health of Gypsy, Roma and Traveller communities in the UK:

- The EU FRA survey of 875 'English Romany Gypsies and Irish Travellers' in the UK estimated 37% were living with a longstanding illness or health problem in 2018 and 2019.(35) Overall, 15% of respondents reporting being severely limited in everyday activities due to health and 19% reporting being limited but not severely.
- Data from the 2022 GPPS survey indicates that a significantly higher proportion of people of 'White Gypsy or Irish Traveller' ethnicity (68%, n=278) and a significantly lower proportion of people of 'White Roma' ethnicity reported a long-term physical or mental health condition, disability or illness, compared with people of White British ethnicity (58%; n=295,325) (both p<0.001).(26)
- A survey of 14 'Gypsy, Roma and Traveller' community members in Birmingham found that 29% were living with a long-standing illness or health problem in 2016.(58)

2.5.7.2 Diabetes

Insulin is a hormone that allows the body to absorb glucose into cells for energy. Diabetes is a condition in which a person's blood glucose levels are too high either because the body's immune system attacks cells that produce insulin (type 1 diabetes) or the body produces insufficient or ineffective insulin (type 2 diabetes).(277) Diabetes UK estimated that in 2021, more than 4.9 million adults in the UK were living with diabetes, 850,000 of whom were undiagnosed; 90% of all cases were type 2 diabetes.(278)

Evidence on the burden of diabetes among Gypsies, Roma and Travellers is mixed. Systematic reviews of the global evidence found higher rates of diabetes among 'Roma', including Romani Gypsies, Irish Travellers, and Roma from Central and Eastern Europe, compared with non-'Roma'.(14, 279)

Recent data from the GPPS indicates the prevalence of diabetes among 'White Gypsies or Irish Travellers' in England in 2022 was 8.4% (n=32), similar to the White British population (7.8%; p=0.661). Diabetes prevalence among 'White Roma' was significantly lower than the White British population, at 5.6% (n=41; p=0.029).(26)

A study of five waves of England GPPS data (2014 to 2017) of 1,100,071 people aged 55 years or older (including 164 people of 'White Gypsy or Irish Traveller' ethnicity), found older men of 'White Gypsy or Irish Traveller' ethnicity had almost double the odds of having diabetes than older people of 'White British/Northern Irish' ethnicity (OR 1.88, 95% CI: 1.08 to 3.29, p<0.05).(42) There was no difference among older women (OR 1.62, 95% CI: 0.87 to 3.02).

Published in 2014, a review of the healthcare needs of Travellers with diabetes, indicated the incidence of diabetes in 'Romany Gypsy and Irish/Scottish Traveller' populations in the UK was high (no specific estimate given).(229) Despite there being very limited published evidence to differentiate between rates of type 1 and type 2 diabetes amongst Gypsy and Traveller communities, the author states that anecdotally, the vast majority of diabetes cases in these

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communities are type 2 and developing diabetes is commonly regarded as a natural process of ageing.(229)

Low literacy and diabetes knowledge can prevent people being diagnosed and accessing diabetes care.(229) Specialist diabetes nurses can improve the care experience of Gypsies and Travellers by developing relationships with local community members to increase trust.

2.5.7.3 Hypertension

Blood pressure can be affected by diet, physical activity, smoking, alcohol consumption and weight. Hypertension, also known as high or raised blood pressure, rarely has noticeable symptoms, but persistent hypertension significantly increases the risk of developing heart, brain, kidney and other diseases.(280) It is estimated that 25% of adults in the UK have hypertension.

Self-reported data from people aged 16 and over participating in the GPPS indicates the prevalence of hypertension was 17% among the White British population in England in 2022.(26) Rates of hypertension were similar among people of 'White Gypsy or Irish Traveller' ethnicity at 14% (n=55, p=0.119), but were lower among people of 'White Roma' ethnicity at 8.4% (n=61, p<0.001).

A study of five waves of GPPS data (2014 to 2017) of 1,100,071 people aged 55 years or older (including 164 people of 'White Gypsy or Irish Traveller' ethnicity), also found no difference in hypertension among older men (OR 1.18, 95% CI: 0.72 to 1.92) and older women (OR 1.59, 95% CI: 0.89 to 2.85) of 'White Gypsy or Irish Traveller' ethnicity compared with people of 'White British/Northern Irish' ethnicity.(42)

2.5.7.4 Cardiovascular Disease

Cardiovascular disease (CVD) is the collective term for conditions affecting the circulatory system, including the heart and blood vessels.(281) Risk factors for CVD include: smoking, inadequate physical activity, diet, obesity and excessive alcohol consumption.(282) CVD causes one quarter of all deaths in England, and is a leading cause of morbidity, disability and health inequalities.(282)

GPPS data of English residents aged 16 or older indicates the proportion of people reporting having a heart condition, such as angina or atrial fibrillation, was similar among the 'White Gypsy or Irish Traveller' and White British populations in 2022 (7.9% (n=30) vs. 6.5% (n=30,847); p=0.292).(26) People of 'White Roma' ethnicity were less likely to report having a heart condition (2.7%, n=20; p<0.001). Less than 1% of each of these ethnic groups reported having suffered a stroke affecting day-to-day life ('White Gypsy or Irish Traveller': 0.52% (n=2), 'White Roma': 0.55% (n=4), White British: 0.92% (n=4,342).

A study of five waves of GPPS data (2014 to 2017) of 1,100,071 people aged 55 years or older (including 164 people of 'White Gypsy or Irish Traveller' ethnicity), found no difference in CVD among older men (OR 1.44, 95% CI: 0.76 to 2.72) and older women (OR 1.38, 95% CI: 0.57 to 3.36) of 'White Gypsy or Irish Traveller' ethnicity compared with older people of 'White British/Northern Irish' ethnicity.(42)

2.5.7.5 Respiratory Disease

Respiratory diseases are conditions affecting the lungs and/or airways, such as asthma and chronic obstructive pulmonary disease (COPD) (283). Respiratory disease affects one in five people in England and is the third largest cause of death.

Self-reported English GPPS data indicates the prevalence of breathing conditions in 2022 was 21% (n=79, p<0.001) among people of 'White Gypsy or Irish Traveller' ethnicity and 4.9% (n=36, p<0.001) among people of 'White Roma' ethnicity, compared with people of White British ethnicity (13%, n=60,045).(26)

A study of five waves of GPPS data (2014 to 2017) of 1,100,071 people aged 55 years or older (including 164 people of 'White Gypsy or Irish Traveller' ethnicity), also found much higher rates of respiratory disease among older men (OR 1.83, 95% CI: 1.04 to 3.23; p<0.05) and older women (OR 3.32, 95% CI: 1.69 to 6.51; p<0.001) of 'White Gypsy or Irish Traveller' ethnicity compared with older people of 'White British/Northern Irish' ethnicity.(42)

The only data available describing individual respiratory diseases among Gypsies, Roma and Irish Travellers is from an epidemiological survey from Sheffield, Leicester, Norfolk, London and Bristol, published in 2007.(10) Compared with age and sex matched comparators (n=260), 'Gypsies and Travellers of UK or Irish origin' (n=293), were more likely to have chronic cough (49% vs. 17%; p<0.001), chronic sputum (46% vs. 15%; p<0.001), bronchitis (41% vs. 10%; p<0.001) and asthma (65% vs. 40%; p<0.001).

In 2021, the Young People's Health Partnership published a report focussing on the experiences of children, young people and families' of chronic asthma management and care.(284) Interviews and focus groups with parents and young people from Nottingham, Birmingham, Sheffield, Essex, Oxfordshire and Liverpool revealed that as Gypsy and Traveller sites are disproportionately located by motorways and sewage works, young people and families from these communities are concerned about asthma. Unclear written and verbal advice was reported as a barrier to receiving effective asthma care, leaving young people and families feeling unsure as to how to use prescribed inhalers, get an asthma diagnosis and follow up care.

2.5.7.6 Cancer

Cancer is a condition in which cells in a specific part of the body grow and reproduce in an uncontrolled way.(285) Between 2016 and 2018, there were 375,400 cases of cancer reported in the UK, and 167,142 deaths from cancer between 2017 and 2019.(286)

Data from the most recent GPPS in 2022 indicates 2.4% (n=9) of people of 'White Gypsy or Irish Traveller' ethnicity and 1.4% (n=10) of 'White Roma' ethnicity were diagnosed with or treated for cancer in the last five years, compared with 3.7% (n=17,590) of people of White British ethnicity.(26) While the difference in cancer between 'White Roma' and White British people was significant (p=0.001), the difference between 'White Gypsy or Irish Traveller' people and White British was not (p=0.159).

Similar findings were observed in an analysis of five waves of GPPS data (2014 to 2017) from 1,100,071 people aged 55 years or older

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(including 164 people of 'White Gypsy or Irish Traveller' ethnicity).(42) There was no difference in cancer in the last five years among older men (OR 1.20, 95% CI: 0.38 to 3.81) or older women (OR 1.90, 95% CI: 0.78 to 4.62) of 'White Gypsy or Irish Traveller' ethnicity compared with people of 'White British/Northern Irish' ethnicity.(42)

Qualitative research of English Romany Gypsy and Irish Traveller communities across England from the past few years has shown that generally, among participants from these groups:

- Cancer was considered a serious disease and as such, was treated with more reverence than other potentially life-threatening diseases.(59, 60)
- Speaking about cancer was uncommon, as it was considered "bad luck".(59, 60, 287)
- Despite real-life experiences of family members and friends who underwent successful treatment, cancer was largely framed in terms of death, with some people believing there was no cure.(59, 287)
- Cancer information was often sought from the extended family network and members of the wider community.(59)
- Written information on cancer was inaccessible due to low levels of literacy.(59, 287)
- Cancer treatment services were perceived to be non-discriminative and staff more culturally competent than other health services.(59, 287)
- Family members with terminal cancer tended to be cared for at home.(287)
- People were aware that lifestyle factors, such as healthy diet, smoking cessation, drinking less alcohol and using sun protection, reduce cancer risk.(60) However, many doubted that these healthy lifestyle choices would truly protect an individual from cancer.

The evidence on rates of specific cancers among Gypsy, Roma and Traveller communities was limited. One mixed methods study from FFT in 2019 aimed to assess skin cancer risk based on the levels of sunbed usage in Gypsy and Traveller communities and awareness of skin cancer risk.(288) Among 18 Irish Traveller community women surveyed in Brighton, sunbed usage was high at 72%; women reported highly valuing tanning as part of their beauty regime. Some men contacted reported being reluctant to wear sun cream in England, despite large periods of time spent working outdoors. This study also revealed low levels of awareness of the risks of sunbeds in Irish Traveller communities.

2.5.7.7 Other Physical Health Conditions

There are a variety of other physical health issues that affect the lives of Gypsy, Roma and Traveller people.

The GPPS also provides information on the prevalence of arthritis or ongoing problems with back or joints, kidney or liver disease, neurological conditions (e.g. epilepsy) and other "long-term conditions or disabilities".(26) In 2022, compared with White British people, people of 'White Gypsy or Irish Traveller' ethnicity reported similar levels of arthritis and/or joint problems (20% (n=95,198) vs. 22% (n=86); p=0.246) and kidney and/or liver disease (2.1%

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(n=9,824) vs. 2.6% (n=10); p=0.459), but higher levels of neurological conditions (2.4% (n=11,127) vs. 3.7% (n=14); p=0.091) and any other long-term condition (15% (n=70,780) vs. 28% (n=106); p<0.001). In contrast, people of 'White Roma' ethnicity reported lower levels of arthritis and/or joint problems (8.8% (n=64); p<0.001), neurological conditions (0.82% (n=6); p=0.006) and any other long-term conditions (8.6% (n=63); p<0.001) than White British people. There was no difference in kidney and/or liver disease (2.1% (n=15); p=0.962).

Similar findings for older 'White Gypsy or Irish Traveller' populations were observed in an analysis of five waves of GPPS data (2014 to 2017) from 1,100,071 people aged 55 years or older (including 164 people of 'White Gypsy or Irish Traveller' ethnicity).(42) There was no difference in arthritis among older men (OR 1.05, 95% CI: 0.59 to 1.86) or older women (OR 1.43, 95% CI: 0.78 to 2.63) of 'White Gypsy or Irish Traveller' ethnicity compared with people of 'White British/Northern Irish' ethnicity,(42) as well as no difference in kidney and/or liver problems (older men: OR 2.17, 95% CI: 0.82 to 5.77; older women: OR 1.00, 95% CI: 1.00 to 1.00), epilepsy (older men: OR 0.99, 95% CI: 0.19 to 5.28; older women: OR 0.78, 95% CI: 0.11 to 5.66) or neurological conditions (older men: OR 0.54, 95% CI: 0.17 to 1.73; older women: OR 1.82, 95% CI: 0.52 to 6.39). Older men of 'White Gypsy or Irish Traveller' ethnicity were more likely to report long-term back problems (OR 2.45. 95% CI: 1.43 to 4.19; p<0.01) and older women of 'White Gypsy or Irish Traveller' ethnicity more likely to report any other long-term condition (OR 2.01, 95% CI: 1.08 to 3.72; p<0.05) than older people of 'White British/Northern Irish' ethnicity. Both men (OR 1.92, 95% CI: 1.08 to 3.43; p<0.05) and women (OR 5.21, 95% CI: 2.24 to 12.11; p<0.001) of 'White Gypsy or Irish Traveller' ethnicity were more likely to report insufficient support from local services and organisations to manage their long-term conditions and more likely to lack of self-confidence in managing their health (men: OR 4.73, 95% CI: 2.76 to 8.11, p<0.001; women: OR 4.94. 95% CI: 2.67 to 9.12; p<0.001) than their 'White British/Northern Irish' counterparts.

A systematic review of the global evidence from 2003 to 2012 on the health and healthcare disparities among 'Roma', including English Romani Gypsies, Irish Travellers, and Roma from Central and Eastern Europe, found higher rates of obstructive sleep apnoea and end-stage renal disease among 'Roma' compared with non-'Roma'.(14)

Research from FFT in 2015 found Traveller communities in Brighton and Hove experienced an extensive range of bladder (53%, n=18), bowel (41%, n=14) and kidney (53%, n=18) problems, as well as a high burden of urine infections (76%, n=26).(289) Participants voiced embarrassment and feeling uncomfortable about speaking publicly about these issues and a reluctance to disclose these issues to health professionals.

Face-to-face surveys with 66 'Gypsies, Travellers, Showmen and Boaters' as part of the Bath and North East Somerset Health Authority Needs Assessment in 2012 and 2013 found injuries associated with residence on sites and in boats (e.g. saws, axes, muscular-skeletal pain, arthritis) were "somewhat over-represented".(52)

2.5.7.8 Multi-Morbidity

Multi-morbidity refers to living with at least two of more long-term health conditions.

A study of five waves of GPPS data (2014 to 2017) of 1,100,071 people aged 55 years or older (including 164 people of 'White Gypsy or Irish Traveller' ethnicity), found people of 'White Gypsy or Irish Traveller' ethnicity developed more long-term conditions (men: incident rate ratio (IRR) 1.34, 95% CI: 1.16 to 1.59, p<0.001; women: IRR 1.49, 95% CI: 1.25 to 1.79; p<0.001) than 'White British/Northern Irish' people.(42)

Another analysis of English GP data, from 2015 to 2017 found 'Gypsy and Irish Travellers' aged between 25 and 74 years of age had the highest odds of having two or more long-term conditions across all ethnic groups (aged 18 to 24: OR 1.4 (95% CI: 0.4 to 4.7); aged 25 to 34: OR 3.4 (95% CI: 1.8 to 6.5); aged 35 to 44: OR 2.8 (95% CI: 1.6 to 5.0); age 45 to 54: OR 2.6 (95% CI: 1.7 to 4.0), aged 55 to 64: OR 2.0 (95% CI: 1.2 to 3.1), aged 65 to 74: OR 2.1 (95% CI: 1.1 to 3.8)).(193)

Multi-morbidity data was also collected in the EVEN Survey.(194) Compared with people of 'White British' ethnicity in Britain, 'Gypsy/Traveller' men (OR 12.4, 95% CI: 4.98 to 30.9) and 'Roma' men (OR 5.08, 95% CI: 1.75–14.8) had higher odds of having physical multimorbidity in 2021.

2.5.8 Living with a Disability

The definition of disability used in the 2021 Census is consistent with the definition of disability in the 2010 Equality Act.(111) A person is considered disabled if they "self-report having a physical or mental health condition or illness that has lasted or is expected to last 12 months or more, and that this reduces their ability to carry out day-to-day activities".

In England and Wales in 2021, people identifying as 'White Gypsy or Irish Traveller' had the highest proportion of disabled people of any ethnicity (**Appendix Table 27, Annex 1**);(3, 253) nearly one in six (16%) of those who identified as 'White Gypsy or Irish Traveller' reported being disabled and limited a lot in their daily activities by a long-term physical or mental health condition, with a further 11% reporting being disabled but only limited a little. This is twice the rate of the White British population of England and Wales, where one in 12 (8.5%) people reported being limited a lot in their daily activities by a long-term health condition; a further 11% reported being disabled but only limited a little. Only 3.3% and 3.5% people identifying as 'White Roma' reported being disabled and limited a lot or a little in their daily activities respectively.

In contrast, **Figure 28** (**Appendix Table 27, Annex 1**) shows self-reported disability in 2021 among residents of Birmingham.(3) People of 'White Gypsy or Irish Traveller' or White British ethnicity had similar self-reported levels of disability, with 11% of both groups reporting being disabled, and their daily activities limited a lot. Similar to in England and Wales, 'White Roma' reported low levels of disability.

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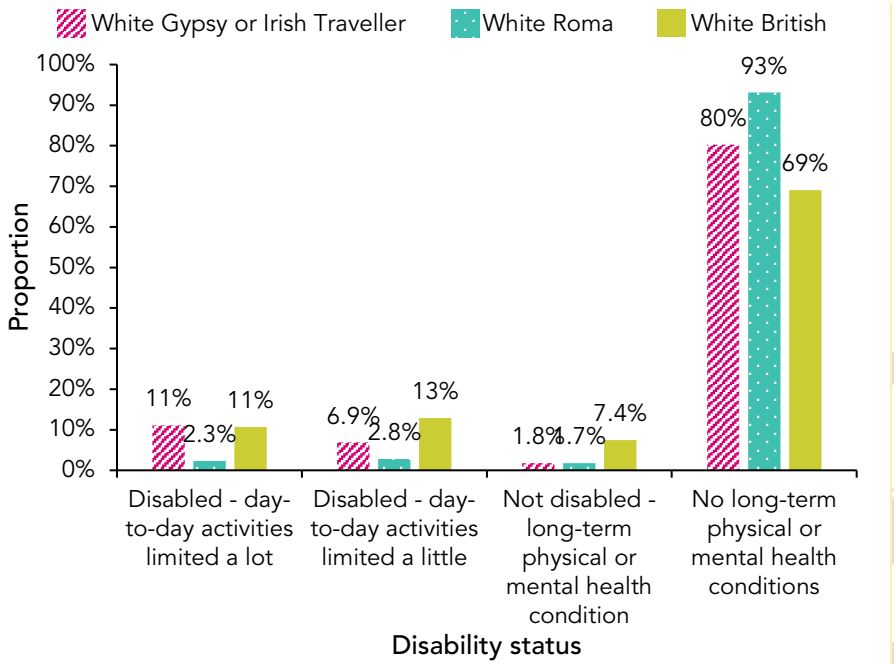
Figure 28: Self-reported disability status among people identifying as 'White Gypsy or Irish Traveller', 'White Roma' or White British: Birmingham, 2021



Source: ONS (3)

The GPPS provides more information as to the types of physical disability people may be living with. In 2022, there was no difference in rates of blindness or partial sight between people of White British ethnicity (1.5%, n=7,049) and those of 'White Gypsy or Irish Traveller' (2.4%, n=9; p=0.163) and 'White Roma' ethnicity (0.82%, n=6; p=0.135).(26) There was also no significant difference in rates of deafness or hearing loss between people of White British ethnicity (7.2%, n=34,065) and those of 'White Gypsy or Irish Traveller' ethnicity (6.0%, n=23; p=0.371); a lower proportion of 'White Roma' reported deafness or hearing loss (2.2%, n=16; p<0.001).

A study of five waves of GPPS data (2014 to 2017) of 1,100,071 people aged 55 years or older (including 164 people of 'White Gypsy or Irish Traveller' ethnicity), found no difference in blindness or severe visual impairment among older men (OR 0.41, 95% CI: 0.06 to 3.01) and older women (OR 2.45, 95% CI: 0.52 to 11.63) of 'White Gypsy or Irish Traveller' ethnicity compared with older people of 'White British/Northern Irish' ethnicity,(42) as well as no difference in deafness or severe hearing impairment (older men: OR 0.36, 95% CI: 0.13 to 1.06; older women: OR 1.04, 95% CI: 0.38 to 2.86).

2.5.9 Neurodivergence

Neurodivergence is a term that is used to refer to cognitive functioning which is not considered to be "typical".(290) Neurodivergent conditions include ASD, dyslexia and attention deficit hyperactivity disorder, among others.

Self-reported data from people aged 16 and over participating in the GPPS indicates the prevalence of neurodivergent conditions in England is low.(26) In 2022, 0.78% (n=3) of people of 'White Gypsy or Irish Traveller' ethnicity and 0.55% (n=4) of 'White Roma' ethnicity reported having autism or an autism spectrum condition, compared with 1.6% (n=7,622) of those of White British ethnicity. A significantly higher proportion of 'White Gypsy or Irish Traveller' respondents (3.9%; n=15) reported having a learning disability, compared with White British respondents (2.0%; n=9,334) (p=0.006). Two and a half percent (n=18) of 'White Roma' respondents reported having a learning disability. Focus groups with Gypsy and Traveller

communities show awareness of learning disabilities and additional needs is widespread.(291)

A study analysing Spring School Census data, including all English children, adolescents, and young adults aged two to 21 years in state-funded education (n=7,047,238), found the standardized prevalence of ASD was 1.76% (95% CI: 1.75% to 1.77%) in 2017.(292) Standardized prevalence was lowest in 'Roma/Irish Travellers' (overall: 0.85% (95% CI: 0.67% to 1.03%), male: 1.25% (95% CI: 0.95% to 1.56%), female: 0.44% (95% CI: 0.25% to 0.62%)). Pupils from a 'Roma/Irish Traveller' background were almost 60% less likely to be recorded with ASD compared with White pupils (adjusted prevalence ratio 0.42 (95% CI: 0.36 to 0.48)). One limitation of this study is that there is some evidence that pupils of 'Roma/Irish Traveller' background leave school prematurely, which may have resulted in an underestimate of ASD prevalence for this community as whole. Furthermore, there is potential that diagnostic recognition of ASD symptoms (e.g. communication and/or repetitive behaviours) in the English education system may adversely affects Roma/Irish Traveller pupils as diagnostic criteria may not be culturally appropriate.

2.5.10 Quality of Life

The World Health Organization (WHO) defines quality of life as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns".(293) Health-related quality of life (HRQoL) focuses on the impact of health on a person's wellbeing and their ability to live a fulfilling life.(294) The EQ-5D, is a validated patient-reported outcome measure of HRQoL, assessing five dimensions of health including mobility, self-care, anxiety and/or depression, ability to carry out usual activities and pain and/or discomfort.(295)

Previous studies have shown that 'Gypsy and Irish Traveller' groups have a particularly poor HRQoL.(10, 14, 127) A study of five waves of GPPS data (2014-2017) described HRQoL among 1,100,071 people aged 55 years or older (including 164 people of 'White Gypsy or Irish Traveller' ethnicity).(42) The age-standardised mean EQ-5D scores for older people of 'White British/Northern Irish' men and women were 0.767 (95% CI: 0.767 to 0.768) and 0.749 (95% CI: 0.749 to 0.750) respectively; these scores were significantly higher than EQ-5D scores for older 'White Gypsy or Irish Traveller' men (0.535, 95% CI: 0.400 to 0.670) and women (0.481, 95% CI: 0.398 to 0.565), indicating a better HRQoL.

The same study also looked at the HRQoL by EQ-5D dimension across ethnic groups (**Table** *14*). Older men and women of 'White Gypsy or Irish Traveller' ethnicity had significantly higher odds of difficulties across all dimensions compared with people of White British ethnicity.

Table 14: EQ-5D dimensions among older people (aged ≥55 years) of 'White Gypsy or Irish Traveller' ethnicity compared with those of White British ethnicity: England, 2014 to 2017

EQ-5D dimensions	Men (OR)	Men (95% CI)	Women (OR)	Women (95% CI)
Mobility	2.18	1.20 to 3.96*	4.35	2.30 to 8.24†
Self-care	3.85	2.04 to 7.25†	4.10	2.38 to 7.07†
Usual activities	2.98	1.75 to 5.09†	4.46	2.25 to 8.84†
Pain and discomfort	2.30	1.22 to 4.33*	4.80	2.73 to 8.42†
Anxiety and depression	2.37	1.23 to 4.56**	3.25	1.70 to 6.21†

Footnotes:
*p<0.05; **p<0.01; †p<0.001

Source: GPPS data – Watkinson *et al.* (42)

Inequalities in HRQoL were found to be widest for people of 'White Gypsy or Irish Traveller' ethnic group (linear regression coefficient men: -0.192, 95% CI: -0.318 to -0.066; women: -0.264, 95% CI: -0.354 to -0.173). These analyses suggest that individuals belonging to the 'White Gypsy or Irish Traveller' ethnic group experience significant disparities in HRQoL compared to the broader population, with the impact on their HRQoL being comparable to or even worse than the decline associated with ageing by 20 years.

More recent GPPS data from 2022 indicates that among people with a long-term condition(s), 82% (n=220) of those identifying as 'White Gypsy or Irish Traveller' and 57% (n=145) of those identifying as 'White Roma' reported that this condition reduced their ability to carry out day-to-day activities a little or a lot, compared with 59% (n=161,347) of people of White British ethnicity (p<0.001 and p=0.596 respectively).(26)

2.5.11 Access to Health and Social Care Services

There is a broad range of information on access to health and social care services among Gypsy, Roma and Traveller communities in the UK from a variety of sources. These communities have some of the poorest access to care of any ethnicity in the UK, with difficulties accessing GP, immunisation, maternity services, mental health support, dental care and secondary care services.(4, 43) Data from the 2021 EVEN Survey indicates that access to health and social care services in Britain was poorer for 'Roma' people compared with the White British group (OR 2.45, 95% CI: 1.31 to 4.58).(194) As such, some people from Gypsy, Roma or Traveller groups resort to relying on Accident and Emergency (A&E) services, especially those who are mobile and/or homeless, and many present late.(28, 40, 43, 47, 49, 54, 57)

2.5.11.1 Experiences of Service Registration

Gypsy, Roma and Traveller communities often report difficulties registering for primary care, with some GPs declining to register those with no fixed address or no proof of address and/or identity.(4, 40, 43, 46, 49, 54, 57, 58, 61-65) This is despite the NHS England Patient Registration Standard Operating Principles for Primary Medical Care being clear that when applying to become a patient, "there is no regulatory requirement to prove identity, address,

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immigration status or the provision of an NHS number in order to register".(296)

In late 2018, early 2019, FFT carried out a GP mystery shopper exercise in which 50 GPs across England were contacted by a person of 'Romany' ethnicity with no proof of identity or fixed address requesting to register.(65) Only half (n=26) agreed to register the individual. Of those GPs that refused registration, all were rated "good" or "outstanding" by the Care Quality Commission (CQC) for their work with "people whose circumstances may make them vulnerable".

This exercise was repeated in 2021, but this time 100 GPs across England were contacted.(63) The individual of 'Romany' ethnicity with no proof of identity or fixed address was refused registration by 74 GP surgeries because they were unable to provide proof of identity, proof of fixed address, register online or another reason. Seventeen GP surgeries did not answer the phone despite receiving phone calls on three different occasions. Two GP surgeries refused to give help with form filling despite agreeing to register the individual. Overall, only six in 100 GPs allowed registration.

A mystery shopper exercise was also carried out in Birmingham in 2016.(62) Three 'Gypsy, Roma or Traveller' families with no post code or proof of address attended a random selection of 25 local GPs to register. Only 40% of attempted permanent registrations were successful. Although those who were able to register felt they were treated fairly and in a non-discriminatory way, some individuals experienced negative attitudes at some of the GPs they visited.

A 2019 online survey of 356 'Liveaboard Boaters' living in the UK found that at the time of participation, 88% were registered with a GP, 52% were registered with a dentist and 37% had tried but had previously been unable to register with a doctor or dentist.(101) Of 66 'Gypsies, Travellers, Showmen and Boaters' surveyed as part of the Bath and North East Somerset Health Authority Needs Assessment in 2012 and 2013, only 39% of respondents (39%) were registered with an optician and 64% were registered with an NHS dentist.(52)

2.5.11.2 Service Use

The EU FRA survey of 875 'English Romany Gypsies and Irish Travellers' in the UK estimated 87% had used health services in the past five years in 2018 and 2019.(35) Unmet need for medical examination or treatment in past 12 months was 3.0%.

Face-to-face surveys with 66 'Gypsies, Travellers, Showmen and Boaters' as part of the Bath and North East Somerset Health Authority Needs Assessment in 2012 and 2013 captured information on service use.(52) Two-thirds (67%) of respondents reported their family attended a GP at least annually, while only 47% reported seeing a dentist at least annually. Almost a third (30%) of respondents said they would only visit a doctor or hospital as a last resort if seriously ill or injured. A high proportion of respondents reported using alternative medicine (67%), including all but one 'New Traveller' and 87% of 'Boaters'. Few accessed screening services or pharmacists. Overall, 17% reported not having access to family planning services, 7.5% no access to substance misuse services and 4.5% no access to sexual health services.

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2.5.11.3 Satisfaction with Health Services

The evidence on Gypsy, Roma and Traveller communities' satisfaction with the healthcare they receive once registered with services is inconsistent and may vary depending on local provision.

The 2022 GPPS investigated the primary care experiences of people aged 16 and older from different ethnic groups; the results are summarised in Table *15*.(26) Across all indicators but one, GP satisfaction was significantly lower among people of 'White Gypsy or Irish Traveller' and 'Roma' ethnicity, compared with people of White British ethnicity. Overall, 60% of people of 'White Gypsy or Irish Traveller' and 67% of 'White Roma' ethnicity reported a fairly good or very good experience of their GP in 2022, compared with 75% of White British people. There was no difference in avoidance of GP among people of 'Roma' and White British ethnicity.

Table 15: Satisfaction with primary care services among people identifying as (a) 'White Gypsy or Irish Traveller', (b) 'White Roma' or (c) 'White British': England, 2022

(a)

Measures of GP satisfaction	White Gypsy or Irish Traveller (n)	White Gypsy or Irish Traveller (%)
Felt there was enough time at last GP appointment (good or very good)	283	75*
Felt listened to at last GP appointment (good or very good)	284	77*
Felt treated with care and concern at last GP appointment (good or very good)	264	75*
Felt appropriately involved in decisions about care and treatment at last GP appointment (yes to some extent or yes definitely)	274	75***
Felt confidence and trust in the healthcare professional seen at last GP appointment (yes to some extent or yes definitely)	310	84*
Felt needs met at last GP appointment (yes to some extent or yes definitely)	303	80*
Overall experience of GP practice? (fairly good or very good)	247	60*
Avoided making a GP appointment for any reason in last 12 months (yes)	312	75*

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(b)

Measures of GP satisfaction	White Roma (n)	White Roma (%)
Felt there was enough time at last GP appointment (good or very good)	528	78%*
Felt listened to at last GP appointment (good or very good)	538	80%*
Felt treated with care and concern at last GP appointment (good or very good)	527	80%**
Felt appropriately involved in decisions about care and treatment at last GP appointment (yes to some extent or yes definitely)	461	69%*
Felt confidence and trust in the healthcare professional seen at last GP appointment (yes to some extent or yes definitely)	524	78%*
Felt needs met at last GP appointment (yes to some extent or yes definitely)	504	75%*
Overall experience of GP practice? (fairly good or very good)	538	67%*
Avoided making a GP appointment for any reason in last 12 months (yes)	473	58%†

(c)

Measures of GP satisfaction	White British (n)	White British (%)
Felt there was enough time at last GP appointment (good or very good)	408,549	84%
Felt listened to at last GP appointment (good or very good)	408,184	84%
Felt treated with care and concern at last GP appointment (good or very good)	399,332	84%
Felt appropriately involved in decisions about care and treatment at last GP appointment (yes to some extent or yes definitely)	389,348	80%
Felt confidence and trust in the healthcare professional seen at last GP appointment (yes to some extent or yes definitely)	445,089	92%
Felt needs met at last GP appointment (yes to some extent or yes definitely)	438,417	91%
Overall experience of GP practice? (fairly good or very good)	379,378	74%
Avoided making a GP appointment for any reason in last 12 months (yes)	310,133	61%

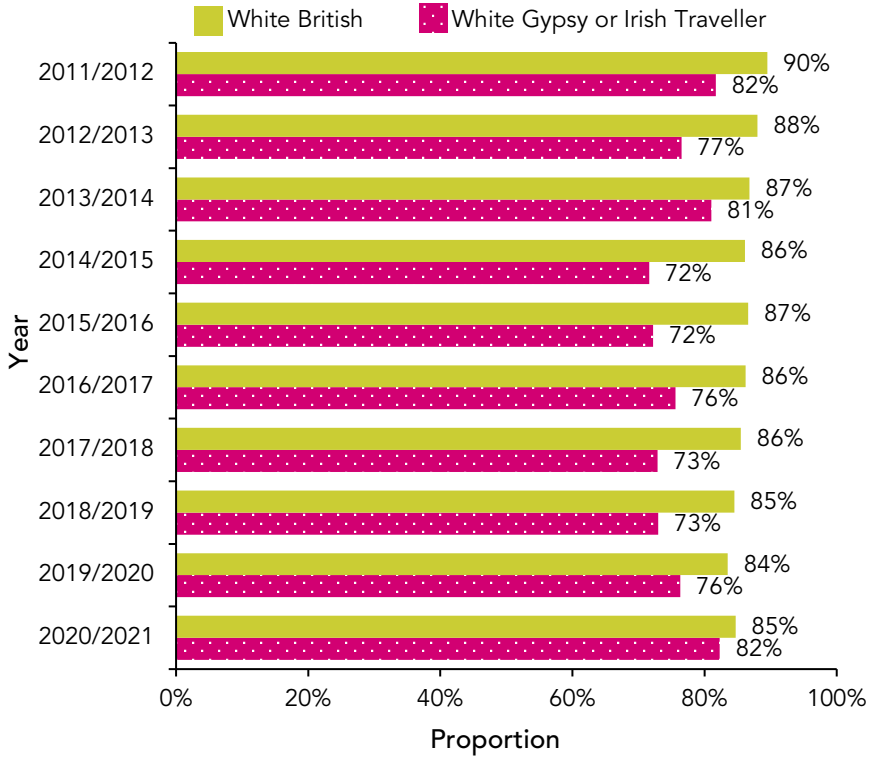
Footnotes:
*p<0.001; **p=0.002; ***p=0.023; †p=0.164

Source: GPPS (26)

Figure 29 (**Appendix Table 28, Annex 1**) shows changes in self-reported positive experience of GP services among people of 'White Gypsy or Irish Traveller' or White British ethnicity over ten years.(297) Across all years, a higher proportion of White British people

reported a positive experience of GP services than 'White Gypsies or Irish Travellers'. In 2020 to 2021, 82% (n=of people of 'White Gypsy or Irish Traveller' ethnicity reported a positive experience of GP services, compared with 85% of White British people.

Figure 29: Positive experience of GP services among people of 'White Gypsy or Irish Traveller' and 'White British' ethnicities: England, between 2011 to 2012 and 2020 to 2021



Source: NHS Digital (297)

A study of five waves of England GPPS data (2014 to 2017) of 1,100,071 people aged 55 years or older (including 164 people of 'White Gypsy or Irish Traveller' ethnicity), found older men (OR 1.20, 95% CI: 0.52 to 2.74) and older women (OR 1.22, 95% CI: 0.45 to 3.31) of 'White Gypsy or Irish Traveller' ethnicity had similar odds of poor experiences of primary care as people of 'White British/Northern Irish' ethnicity.(42)

In a survey of 109 'Romany Gypsies and Irish Travellers' in 2018, 85% of respondents in Ealing and 96% in South Buckinghamshire reported that they felt they had the same un-prejudiced access to healthcare services as non-'Gypsy Travellers'.(31) Furthermore, the majority of respondents in Ealing (62%) and South Buckinghamshire (92%) did not feel discriminated against when accessing healthcare.

In Birmingham, 36% of 14 Gypsy, Roma or Traveller community members surveyed in 2016 reported negative GP experiences, while only 14% reported positive experiences.(58)

2.5.11.4 Satisfaction with Dental Services

Information on patient experiences of NHS dental services in England is included in the NHS Outcomes Framework.(298) In 2021, a significantly lower proportion of people of 'Gypsy or Irish Traveller' ethnicity (72%, n=126, p=0.021) reported a "very good" or "fairly good" experience, compared with White British people (79%, n=268,122). Similarly, a significantly lower proportion of people of 'Gypsy or Irish Traveller' ethnicity (65%, n=108, p<0.001) reported they were able to successfully obtain an NHS appointment in the last two years, compared with White British people (78%, n=255,766).

In contrast, a similar proportion of 'Roma' and White British people reported a "very good" or "fairly good" experience (76% (n=204) vs. 79% (n=268,122); p=0.299) and a similar proportion reported they were able to successfully obtain an NHS appointment in the last two years (73% (n=173) vs. 78% (n=255,766); p=0.157).(298)

2.5.11.5 Awareness of Services

In Birmingham, 14 Gypsy, Roma or Traveller community members were surveyed in 2016 by the British Red Cross and asked about awareness of different health services locally.(58) Eighty percent of female participants knew where to go if they were pregnant and 83% said they would make contact with maternity services in less than eight weeks of pregnancy. However, almost three-quarters (71%) of participants did not know how to access sexual health services.

Face-to-face surveys with 66 'Gypsies, Travellers, Showmen and Boaters' as part of the Bath and North East Somerset Health Authority Needs Assessment in 2012 and 2013 revealed 80% were aware they could register with a GP as a temporary resident.(52)

2.5.11.6 Barriers to Accessing Services

Key barriers to access to and engagement with health and social care services for Gypsies, Roma and Travellers, include:

Health service issues

- Difficulties registering with health services, especially for primary care, with some services declining to register those with no fixed address, proof of address or identity (4, 40, 43-49, 53, 54, 56-58, 61-65)
- Distance to reach services, with traveller sites often located in remote locations without public transport links (40, 61, 66)
- Inflexibility in approaches to service provision (61)
- Difficulty making and/or confirming appointments (53, 58, 61, 64, 101)
- Waiting times (53, 61)
- Bureaucratic processes of the health system (61)
- Reluctance of some GPs to accept patients perceived as mobile, resource intensive or difficult (229)
- Differing expectations over how appointments should be used (229)
- Concerns relating to quality of care including professional dismissiveness and service inefficiency (61, 67, 109)
- Lack of alignment between health service procedures and cultural modes of health communication (109)
- Health service personnel and ambulances refusing or being reluctant to visit sites or camps (52, 61)
- Cost of some health services (30, 61, 69)
- Lack of data on population size, health needs and service usage to inform provision (61)

Discrimination and attitudes of health service personnel

- Past experiences and/or fear of stigma and discrimination (4, 28, 43, 45-47, 49-51, 56, 57, 59, 61, 64, 65, 69)
- Past experiences of discrimination and rudeness of the public also attending health services (53, 66)

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- Negative attitudes of healthcare staff based on negative stereotypes (43, 53, 61, 62, 67, 68, 299)
- Poor communication – feelings of not being listened to, not being taken seriously or staff not taking the time to explain diagnoses and treatments (61, 109)
- Social exclusion leading to lack of trust, stoicism and self-reliance (28)
- Institutional racism (56, 64, 109)

Cultural and language barriers

- Lack of cultural competency and/or sensitivity of staff (45-47, 49, 52, 57, 61, 64, 65, 68, 69)
- Tension over the number of family members accompanying or visiting relatives receiving healthcare (61, 65, 229)
- Lack of understanding of the importance of same gender healthcare professionals, especially sexual and reproductive healthcare (59, 61)
- Lack of understanding that some healthcare topics, such as mental health and substance misuse, may be considered taboo topics and thus need to be handled with privacy and confidentiality (45, 61)
- Lack of understanding of sensitivities around end-of-life/palliative care and cancer (61)
- Language barriers and a lack of access to interpreters (45, 48-50, 56, 58, 60-62, 69)
- Stigma and shame associated with the use of health services for sensitive topics (40, 61, 300)
- Mobile lifestyle exacerbating difficulties in accessing health services, developing relationships with staff and achieving continuity and follow-up care (46, 54, 61, 86)
- Preference to be cared for at home by family (59)

Health literacy

- Lack of understanding of medical jargon (61)
- Lack of knowing how to access and navigate health systems, particularly among Roma migrants (4, 40, 44, 45, 48-50, 56, 61, 67)
- Lack of knowledge about medical conditions, prevention of ill-health and related health matters (28, 49, 61, 67, 69, 70)
- Poor functional literacy - not being able to read written medication instructions, appointments or health promotion information (28, 40, 44, 45, 47, 49, 55-57, 60, 61, 63, 64, 66, 67, 70)
- Digital exclusion - difficulty using information technology, such as making or checking-in for appointments (45, 49, 55, 61, 63, 66)

Service-user attributes

- Lack of autonomy among women to make decisions about health, often needing to be accompanied to appointments (30, 60, 61, 66)
- Men feeling uncomfortable talking about health and delaying seeking care (59, 61, 300)
- Fear of diagnosis, illness and treatment (61)
- Fear of removal of children by social services (61)

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- Fear of ethnicity or lack of literacy skills being disclosed in the waiting room (54)
- Distrust of health professionals based on previous poor experiences or based on previous poor experiences of others (28, 44, 46, 49-51, 59, 61, 65, 70, 229)
- Lack of consistent postal address to deliver medical correspondence (55)
- Hesitancy to speak of some health issues, especially across generations (e.g. mental health) (50, 66)
- Reluctance to seek medical attention until condition serious (4, 59)
- Normalisation of ill-health and non-compliant health behaviours (59)
- Insecure and/or poor quality housing (56)
- Immigration status (45)

2.5.11.7 Interventions to Improve Access to Services

There are several studies which explore preferences of health service provision and a wealth of published information on interventions to improve access among Gypsies, Roma and Travellers in the UK. A good practice guide to support the needs of the Roma community was released by OHID in 2022 (49) and FFT released a briefing note for health practitioners on working with 'Gypsies and Travellers'.(40) Roma Support Group produced a comprehensive Roma Health Guide in 2022, with information about inequalities, barriers and actions to improve services and build relationships.(45)

Strategies for health service providers to facilitate access and engagement among Gypsies, Roma and Travellers include:

- Practising open, clear and jargon-free communication (43, 49, 50, 301)
- Offering telephone or face to face consultations as an alternative if patients have trouble accessing video appointments (49)
- Considering the use of verbal methods for appointment reminders, health information and other communications (40, 45, 49, 70, 97)
- Providing visual materials to convey health information and instructions (49, 229)
- Producing culturally relevant health promotion resources in accessible formats for information, including via face-to-face outreach services, diagrams, videos, storytelling with role models in community languages, wordless picture stories or web accessibility tools such as text-to-speech software (45, 49, 302)
- Ensuring patients are aware of their entitlements to access primary care services (45, 49)
- Offering access to an interpreter, if possible matched by age and gender (49)
- Providing an outreach mobile health team to deliver services on site, with visitors accompanied by someone known and trusted (40, 49, 56, 61, 99, 229, 303)
- Working with local community connectors or champions (49, 61, 300, 303)
- Delivering cultural competency training to service providers (44, 45, 49, 54, 56, 61, 67-69, 99, 301-303)
- Enhancing engagement through specialist staff, health visitors and/or community health advocates (45, 56, 61, 67, 69, 99, 229, 302, 303)

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- Using named and consistent staff to deliver services to build trust (40, 46, 49, 50, 69, 97)
- Developing services with communities in partnership, to ensure culture and beliefs are reflected and respected in service delivery (45, 46, 49, 61, 67, 68)
- Implementing tailored or flexible appointment systems, while supporting and engaging with individuals to access services if they miss appointments (40, 49, 69, 70)
- Considering booking longer appointments if patients have complex needs or language barriers (40, 45, 49)
- Considering the offer of a crèche facility to help women with childcare responsibilities attend their appointments (40)
- Increasing health literacy and awareness of services in the community, potentially through question-and-answer sessions or a "one stop shop" model (45, 49, 61, 68, 70)
- Maintaining patient confidentiality (40)
- Being discreet when carrying out site visits (40)
- Addressing concerns and listening (97)
- Involving the family in treatment and care decision-making as appropriate (40, 49)
- Communicating that health services can complement family care (40)
- Providing clear instructions around medication (40)
- Setting up drop-in sessions to see a GP at convenient times with no appointment needed, where possible (49)
- Asking patients about gender preferences of staff and providing health professionals of the same sex, where possible (40, 45, 49)
- Considering the use of a discreet card to notify clerking staff of limited literacy and/or having no fixed abode (54)
- Asking patients discreetly about whether they need help filling out forms or understanding letters (44)
- Highlighting "cosmetic" benefits of adhering to dental treatment plans (70)
- Forming an integrated local Gypsy, Roma and Traveller health team in partnership with GPs, community groups, school nurses and other health professionals (49, 302)
- Ensuring appropriate arrangements are made to ensure appointment invitations and health information reach patients who travel (44)
- Offering advice to EU citizens on costs for some healthcare services if they have not yet applied to the EU Settlement Scheme and do not have alternative valid immigration permission (49)
- Including the Gypsy, Roma and Traveller ethnic groups and Romanes language for the purposes of local monitoring for ethnicity and language (49)
- Exploring the possibility of providing community members with hand-held health records to increase continuity of care (61)

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2.6 Protect and Detect

Key Findings

- There are no routine data on screening, vaccination, sexual health, infectious diseases or oral health among Gypsy, Roma and Traveller communities.
- Barriers to screening and vaccination uptake among Gypsy, Roma and Traveller communities identified through qualitative research include: services having no way to identify eligible people within these groups to encourage uptake, language and literacy limiting understanding of information on these programmes, challenges accessing healthcare services that offer screening and/or vaccination, experiences of discrimination in health services and a subsequent mistrust of health professionals.
- A systematic review of global evidence found higher rates of influenza, acute bronchitis, intestinal infections, otitis media, pneumonia, and viral diseases among 'Roma', including English Romani Gypsies, Irish Travellers, and Roma from Central and Eastern Europe, compared with non-'Roma'.
- In 2021, compared with people of 'White British' ethnicity in Britain, people identifying as 'Gypsy/Traveller' had higher odds of reporting having a positive test for COVID-19 (OR 2.82, 95% CI: 1.31 to 6.07) while 'Roma' in had similar odds (OR 1.98, no CI reported).
- A drop in MMR vaccination uptake over time has resulted in measles outbreaks across the UK, including clusters of cases in Gypsy, Roma and Traveller communities across the UK.
- There was an outbreak of hepatitis A in some Irish Traveller communities in England in 2021, linked to poor sanitation.
- A research study found prevalence of current hepatitis B infection was higher among 'Slovak Roma' patients in Sheffield between 2007 and 2013 at 9.4%, than among non-'Slovak Roma' adults at 3.0%.

2.6.1 Screening Programmes

In England, there are four main NHS screening programmes (304) for adults:

i. Abdominal aortic aneurysm screening for men aged 65 only once
ii. Breast cancer screening for women aged 50 to 70 every three years

iii. Cervical screening for HPV for women and people with a cervix aged 25 to 64 every three to five years
iv. Bowel cancer screening for those aged 60 to 74 every two years

As people of Gypsy, Roma or Traveller ethnicity are not captured in NHS datasets, there is no routine data on screening among these communities.(4-7) Furthermore, only one study reported quantitative data. A 2020 audit of cervical smear screening among those registered at four Sheffield GPs with more than 1,000 Roma Slovak patients found uptake to be between 40% to 53%, below the local average of 74%.(305)

A 2019 online survey of 356 'Liveaboard Boaters' living in the UK found that only 64% reported having received an invitation to cervical screening when they should have, 64% reported having received an invitation for routine breast screening when they should have and 52% reported having received an invitation for bowel cancer screening when they should have.(101)

There are a number of barriers to Gypsies, Roma or Travellers participating in screening programmes. Firstly, services have no way to identify eligible people within these groups to encourage uptake.(306) People from these communities who travel may not have regular access to screening invitations sent by post.(306) A 2019 Health Needs Assessment of 'Gypsies, Travellers and Roma' in Leeds found screening was perceived by community members as unpleasant (e.g. cervical smear test) and caused worry by "looking for illness you haven't got".(30) Some single 'Gypsy Travellers' women can be offended at being offered a cervical smear as sex before marriage is considered taboo.(28)

Semi-structured interviews with 'Roma' women in Yorkshire found poor educational attainment, language discordance and passivity in receiving care influenced smear uptake.(305) Qualitative research from the South West of England exploring the knowledge and experience of cancer prevention and screening in 2018 and 2019 also documented language barriers being faced by 'Roma' women, as well as a confusion between eligibility and frequency between UK and Slovakian screening programmes.(301) While most 'Gypsy/Traveller' women interviewed reported engaging in breast and cervical screening, few men reported participating in bowel screening, as it conflicted with "community ideals of stoical masculinity".

2.6.2 Vaccination Programmes

There is no routine data on the uptake of vaccinations among Gypsy, Roma and Traveller communities in the UK; ethnicity is not routinely captured on healthcare records.(4-7, 158) However, these groups are thought to be at risk of lower or more variable uptake than the general population (14, 77, 307-310). A small qualitative study from 2017 recruited 174 people of a Gypsy, Roma or Traveller background from across the UK and found that 54% reported being full vaccinated as required and 64% (n=70) reported being at least partially vaccinated.(72)

Qualitative research indicates Gypsy, Roma and Travellers communities broadly accept the protective benefits of vaccination and there has been a shift in beliefs and acceptance between generations.(72, 73) However, there are a number of barriers that have been reported across these communities by community

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members, as well as service providers, similar to those reported for childhood vaccinations (74) (section 2.1.5):

- Language and literacy limiting understanding of vaccine information (71-73, 75, 76)
- Poverty (72, 77)
- Poor or changing housing conditions (72, 77)
- Access to public and/or private transport as often transit sites are in remote locations (75)
- Difficulty receiving mail and thus vaccine reminders and recall messaging (76)
- Concerns about the safety of some vaccines (e.g. MMR and HPV) (72, 73)
- Limited understanding of the UK recommended vaccine schedule (71, 73)
- Lack of understanding of vaccine effectiveness among some Romanian Roma (73)
- Challenges accessing healthcare services that offer vaccinations (e.g. registering with GP, booking appointments, etc.) (71, 75-77)
- Lack of healthcare staff understanding of cultural norms resulting in a lack of trust in health professionals (71, 158)
- Discrimination in health services leading to a lack of trust in health professionals (72, 77)
- Lack of funding for vaccination services, including staff (e.g. specialist health visitors), translation and interpretation (75, 76, 158, 311)
- Lack of funding to carry out work with Gypsy, Roma and Traveller communities to promote vaccine uptake (75, 158, 311)
- Travelling lifestyle resulting in difficulty building and maintaining community-health professional relationships (75)

This research also explored interventions across communities and service providers that might improve vaccination rates among Gypsies, Roma and Travellers. These include:

- Continuity of care and services to build positive relationships (72, 158, 311)
- Face-to-face engagement to support the development of trusting relationships (72, 158)
- Cultural competence training for health professionals and frontline staff (77, 312, 313)
- Identification of Gypsies, Roma and Travellers in health records to tailor support and monitor vaccination uptake (77, 312, 313)
- Provision of a named frontline person in primary care to provide respectful and supportive vaccine services (77, 312, 313)
- Provision of protected funding for health visitors specialising in Gypsy, Roma and Traveller health, including vaccination (77, 312, 313)
- Flexible and diverse systems for appointments, recall and reminders (75-77, 158, 312, 313)
- Provision of verbal information on vaccination and/or simple written information with pictures (73, 76)
- Community vaccination clinics for people who find it difficult to attend GP, live in remote locations or lack transport (75)

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- Home visits and/or outreach services for people who find it difficult to attend mainstream services or have access issues (e.g. elderly) (75)
- Opportunistic vaccinations at A&E, other non-vaccination clinics and during other appointments at GP (75)
- Longer GP opening hours with increased numbers of vaccination clinics (75)

In 2023, the behavioural science team at Birmingham City Council engaged with the Roma community to inform an intervention on improving MMR vaccine uptake. Twelve participants were recruited for a focus group via The Big Issue, a community organisation for whom many Roma people act as magazine vendors. Barriers to vaccine uptake reported by participants included poor health literacy, false information on social media, distrust of healthcare professionals, stigma within the community and divine providence.

2.6.2.1 COVID-19 Vaccination

From when the COVID-19 vaccination programme began in December 2020 to mid-July 2023, there were 149,398,324 doses administered in England, with 70% coverage of the spring booster for those aged 75 and older.(314) There is limited information on uptake of COVID-19 vaccination among Gypsy, Roma and Traveller communities. Many of the same barriers and facilitators to uptake in section 2.6.2, above, are relevant.

In-depth interviews with 45 individuals from Gypsy, Roma, and Traveller communities in 2020 and 2021 in England revealed that their COVID-19 vaccination decisions were impacted by distrust of health services and the government, fuelled by previous experiences of discrimination and challenges accessing healthcare, both of which persisted or worsened during the lockdowns.(315) Most participants reported receiving at least one dose of vaccine to protect themselves and others, but some felt coerced into vaccination by medical professionals, employers, and government messaging. Participants felt that their safety concerns, particularly the potential impact of the COVID-19 vaccine on fertility, were not adequately addressed or were dismissed by health professionals.

Concerns about vaccine safety, efficacy and unknown side effects were also raised in other qualitative studies,(316, 317) with people wanting more accessible information to make decisions on uptake.(318) In online focus groups of ethnic minorities, (including Gypsies, Roma and Travellers) in 2020 prior to vaccine approval, the greatest potential barrier to acceptability of a COVID-19 vaccine was a mistrust in government advice and recommendations.(317)

The Maximising Uptake Programme, run from February to August 2021 in Bristol, North Somerset and South Gloucestershire, is a good example of effective engagement to improve COVID-19 vaccine uptake.(316) The programme of 162 outreach activities led to the vaccination of nearly 8,000 people at high risk of severe illness from COVID-19 and/or who may have not accessed vaccination through mass vaccination centres and GPs, including 132 'Gypsies, Roma, Travellers and boat people'.

2.6.3 Sexual Health

The WHO states that "sexual health-related issues are wide-ranging, and encompass sexual expression, relationships and pleasure. They

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also include negative conditions such as sexually transmitted infections".(319) There is no data on sexual health among Gypsy, Roma or Traveller communities, from either routine sources or research studies. A lack of research is not surprising as in some communities discussions of a sexual nature are not considered to be appropriate, particularly across genders and generations.(143)

2.6.4 Infectious Diseases

Individuals from Gypsy, Roma, Traveller communities are often under-vaccinated and at greater risk of infectious diseases due to poor access to sanitation amenities and overcrowding.(14, 96, 310) A systematic review of the global evidence from 2003 to 2012 on the health and healthcare disparities among 'Roma', including English Romani Gypsies, Irish Travellers, and Roma from Central and Eastern Europe, found higher rates of influenza, acute bronchitis, intestinal infections, otitis media, pneumonia, and viral diseases among 'Roma' compared with non-'Roma'.(14) The ability to fully understand the burden of infectious diseases among Gypsy, Roma and Traveller populations, in terms of cases and outcomes, is limited by the fact that these ethnicities are not captured in health records.(4-7)

2.6.4.1 COVID-19

COVID-19, a respiratory disease, is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which was first detected in the UK in early 2020.(314) Since the beginning of the epidemic in the UK, there have been nearly 20 million people diagnosed with COVID-19 and 193,349 people with COVID-19 on their death certificate (up to mid-July 2023).

During the first wave of the pandemic, certain ethnic groups had disproportionately higher mortality rates for deaths involving COVID-19.(320) Between March and May 2020, there were only 16 deaths among the 0.1% of people identifying as 'Gypsy or Irish Traveller', compared with 32,160 deaths among the 81% of people of White British ethnicity, accounting for less than 1% and 85% of COVID-19 deaths respectively. Data from research studies provides information on experiences of COVID-19 within these communities.(141, 194, 321-323)

Data on self-reported COVID-19 infection was collected in the EVEN Survey.(194) In 2021, compared with people of 'White British' ethnicity in Britain, people identifying as 'Gypsy/Traveller' had higher odds of reporting having a positive test for COVID-19 (OR 2.82, 95% CI: 1.31 to 6.07). People identifying as 'Roma' in the survey had a similar likelihood of reporting having had a positive COVID-19 test (OR 1.98, no CI reported but lack of statistically significant difference evident on graph from source report).

Some studies have highlighted the unique difficulties faced by mobile Gypsy, Roma and Traveller communities during the pandemic.(141, 321-323) Limited access to water, public toilets and wash basins, made it challenging to comply with hand washing and cleaning guidance. Living conditions, such as small trailers, made it impossible for some to comply with physical distancing measures and self-isolation.(321, 322) Individuals from Gypsy, Roma and Traveller communities reported being unaware of up-to-date government guidelines due to limited literacy and language barriers,

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as well as an inability to access the internet to search for the relevant rules and regulations which changed frequently.(322) Fear and mistrust deterred people experiencing COVID-19 symptoms from accessing health services.(322)

English GPPS data indicates the prevalence of long-COVID-19 in 2022 was higher among people of 'White Gypsy or Irish Traveller' ethnicity (8.0%, n=32, p<0.001), compared with people of White British ethnicity (4.4%, n=30,267).(26) 'Roma' reported a similar rate of long-COVID-19 as White British people (4.5%, n=36, p=0.851). The GPPS defined long-COVID as "experiencing symptoms more than 12 weeks after first having COVID-19, not explained by something else".

2.6.4.2 Measles

Measles is a highly communicable viral infection that is vaccine-preventable;(79) it associated with rates of hospitalisation and severe complications including pneumonia and encephalitis. A drop in MMR vaccination uptake over time has resulted in measles outbreaks across the UK, including clusters of cases in Gypsy, Roma and Traveller communities across the UK.(78-80)

Semi-structured in-depth qualitative interviews (n=33) were conducted with providers involved in MMR vaccination delivery and outbreak management in Birmingham, Leeds and Liverpool following measles outbreaks in 2017 and 2018 affecting 'Romanian Roma'.(324) The effectiveness of the response to these outbreaks was influenced by a number of factors: i) the ability to identify community members, who may not be registered at a GP or in school, ii) provider knowledge and understanding of their local 'Roma' communities, iii) attempts to meaningful engage with these communities (e.g. interpreters available, sending communication in the appropriate language, etc.) and iv) having appropriate resources to dedicate to engagement. In Birmingham, there were 116 confirmed and 20 probable measles cases associated with 2017 to 2018 outbreak. Outbreak response approaches included door-to-door vaccination of known cases and contacts, media communication, a GP incentivisation scheme, extra GP sessions and school-based vaccination.

2.6.4.3 Hepatitis A

Hepatitis A is a vaccine-preventable infection transmitted through consuming contaminated food or drink or through faecal-oral routes.(325) Prevalence of acute hepatitis A in England is low and was estimated to be 0.60% of all people tested in 2019.(326) Despite there being no published data on the total number of cases, there was reportedly an outbreak in Irish Traveller communities in England in 2021 (no case numbers published), linked to poor sanitation and an outbreak of 61 cases occurring between December 2020 and November 2021 in Ireland.(327, 328)

2.6.4.4 Hepatitis B

Hepatitis B is also a vaccine-preventable infection, but transmitted through blood and other bodily fluids, which damages the liver.(329) Chronic infection can cause liver cancer and cirrhosis. Prevalence of hepatitis B in England is low and was estimated to be 0.45% in 2021. More than 95% of people newly diagnosed with chronic hepatitis B infection in the UK are migrants.

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A study of hepatitis B prevalence among newly registered GP patients in Sheffield between 2007 and 2013 provides some insight.(330) The study found the prevalence of current hepatitis B infection (indicated by presence of hepatitis B surface antigen) among 'Slovak Roma' patients was 9.4% (n=41) compared with 3.0% (n=27) among 'non-Slovak Roma' adults. The prevalence of cleared past hepatitis B infection (indicated by hepatitis B core antibody and no surface antigen) was also higher among 'Slovak Roma' patients (28% (n=124) vs. 3.1% (n=28)).

A qualitative study published in 2015 aimed to explore knowledge, perceptions and folk models of hepatitis B and C in a number of high-risk immigrant communities in the UK, including Eastern European 'Roma' in East London.(331) Key informants and GPs described limited knowledge and understanding of hepatitis B and C within these communities. This was reflected in focus groups (including 15 'Roma' participants), where many participants voiced misconceptions about transmission and a lack of awareness of the asymptomatic nature of these infections. 'Roma' talked specifically about knowing people who had been infected through surgery or blood transfusions.

2.6.5 Oral Health

There was no data on the prevalence of poor oral health of Gypsy, Roma and Traveller communities.

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2.7 Ageing and Dying Well

Key Findings

- Life expectancy for 'Gypsies and Travellers' in the UK is between 10 to 12 years less than the general population and for 'Roma' in the UK between two and 10 years lower.
- In Birmingham in 2021, only 5.4% of the 'White Gypsy or Irish Traveller' and 2.3% of the 'White Roma' populations were aged 65 and over, compared with 21% of the White British population.
- Similar levels of dementia have been documented among 'White Gypsy or Irish Traveller', 'White Roma' and White British communities in England.
- In England in 2022, a significantly higher proportion of people of 'White Gypsy or Irish Traveller' (23%) and 'White Roma' (16%) ethnicity reported having two or more falls that needed medical attention, compared with 2.0% of those of White British ethnicity (both $p<0.001$).
- A systematic review of global evidence found higher mortality risk and excess mortality among 'Roma', including English Romani Gypsies, Irish Travellers, and Roma from Central and Eastern Europe, compared with non-'Roma'.
- Research suggests deaths among Gypsy, Roma and Travellers in the UK are often in traumatic circumstances, occurring as a result of suicide or road traffic accidents. Not speaking about bereavement is common in these communities, which may potentially exacerbate symptoms of grief and contribute to poor mental health.
- Higher levels of COVID-related bereavement were seen in almost all ethnic minority groups in Britain in 2021, including 'Gypsy/Travellers' (OR 2.75; $p<0.05$) but excluding 'Roma' who reported similar levels of bereavement to 'White British' people (OR 0.53; $p\geq0.05$).

2.7.1 Life Expectancy and Healthy Life Expectancy

Life expectancy for 'Gypsies and Travellers' in the UK is between 10 to 12 years less than the general population.(11, 28, 30, 47, 53, 57, 81, 82) The life expectancy for 'Roma' in Europe is estimated to be between five and 20 years lower, and for 'Roma' in the UK between two and 10 years lower.(83-85) There is no data on healthy life expectancy for Gypsies, Roma or Travellers in the UK.

The 2021 census allows for an assessment of longevity of different ethnic groups by analysing the proportion aged 65 and over. In England and Wales in 2021, 22% of the White British population was aged 65 and over, compared with only 7.3% of the 'White Gypsy or Irish Traveller' and 3.1% of the 'White Roma' populations (). In Birmingham, equivalent figures were lower at 21%, 5.4% and 2.3% respectively (**Appendix Table 29, Annex 1**). The low proportion of

'White Roma' aged 65 or over is likely due to the fact the majority were born outside of the UK and migrants are often younger than people in their country of origin.(332)

2.7.2 Dementia

Dementia is a condition associated with an ongoing decline of brain functioning and memory loss, usually in those aged older than 65.(333) Alzheimer's disease and vascular dementia are two of the most common types of dementia. Dementia is a leading cause of death in the general population in the UK, accounting for 13% of all deaths between 2017 and 2019.(334) The ability to understand the prevalence of dementia among Gypsy, Roma and Traveller communities is severely limited by the fact that this group is not captured in NHS datasets.(1-3)

Self-reported data from people aged 16 and over participating in the 2022 GPPS in England shows that 0.52% (n=2) of people of 'White Gypsy or Irish Traveller' ethnicity and 0.41% (n=3) of 'White Roma' ethnicity reported having Alzheimer's disease or other cause of dementia, compared with 0.63% (n=2,959) of those of White British ethnicity.(26)

A study of five waves of GPPS data (2014 to 2017) of 1,100,071 people aged 55 years or older (including 164 people of 'White Gypsy or Irish Traveller' ethnicity), found no difference in the prevalence of Alzheimer's disease or dementia among older men (OR 1.51, 95% CI: 0.21 to 10.9; $p<0.05$) and older women (OR 0.45, 95% CI: 0.062 to 3.32; $p<0.001$) of 'White Gypsy or Irish Traveller' ethnicity compared with older people of 'White British/Northern Irish' ethnicity.(42)

There is evidence that prevalence of dementia among Gypsy, Roma and Travellers may be underestimated due to underdiagnosis, a lack of awareness of dementia, a lower life expectancy and/or the belief that memory loss is a normal part of ageing.(108) Furthermore, people with dementia, regardless of ethnicity, are less likely to participate in surveys due to cognitive decline.

Interviews with 20 'Gypsy/Traveller' individuals in 2018 aimed to better understand awareness of dementia in these communities in the UK.(335) Overall, 80% of participants knew someone in the 'Traveller' community who had been diagnosed with dementia. Only two-thirds (65%) were aware that changes in behaviour are a sign of dementia. Just over half (55%) did not know that eating a healthy diet or partaking in physical activity can help to reduce the risk of dementia. Due to concerns about not receiving culturally appropriate care from health professionals, only 80% of participants said they would see a doctor if they or a family member were showing symptoms of dementia and 35% said they would not make use of dementia services if they or a family member were diagnosed, preferring to provide community support.

Interviews with 'Gypsy or Traveller' carers living in caravans and housing in the East of England and Derbyshire in 2019 revealed that the older family members they were caring for were reluctant to talk about memory loss or be formally diagnosed with dementia due to stigma and a fear they might be moved into a care home.(336) Although, living in a caravan was not considered by participants to be a barrier to caring for a family member with dementia, not all carers had access to hot water or electricity and many reported they had to give up their nomadic life. The offer of external support was

frequently rejected as services were not deemed to be culturally appropriate; nursing care was often only sought during advanced stages of dementia when family carers were no longer able to manage.

In 2016, the community organisations Leeds Gate, Irish in Britain and Cuimhne produced a good practice guide for commissioner and providers of dementia services working with 'Gypsies and Travellers'.(108) Recommendations included using the term "memory loss" rather than "dementia" to reduce stigma, provide dementia information which does not rely on literacy (e.g. videos or drama) and provide specialist support for 'Gypsies and Travellers' to become lay trainers to raise awareness of dementia in their own communities and support family carers.

2.7.3 Frailty

Frailty occurs as a result of the ageing process, when the body "loses its in-built reserves", leaving older people vulnerable to adverse outcomes including falls, hospital admissions, disability and the need for long-term care.(337) In England, frailty among older adults aged 50 or more was estimated to be 8.1% (95% CI: 7.3% to 8.8%) in 2020.(338) The ability to understand frailty among Gypsy, Roma and Traveller communities is limited by the fact that this group is not captured in NHS datasets.(4-7)

Self-reported data from people aged 16 and over participating in the most recent GPPS in England allowed for assessment of one outcome of frailty, falls.(26) In 2022, a significantly higher proportion of people of 'White Gypsy or Irish Traveller' (23%, n=26, $p<0.001$) and 'White Roma' (16%, n=43, $p<0.001$) ethnicity reported having two or more falls that needed medical attention, compared with 2.0% (n=10,165) of those of White British ethnicity.

2.7.4 Care Homes and Domiciliary Care

As described in section 2.5.2.6, unpaid care is common among Gypsies, Roma and Travellers; it is rare for older 'Gypsy or Traveller' community members to be placed in care homes.(28)

From March 2022 to February 2023, there were an estimated 372,035 care home residents in England, data on care home residents by ethnic groups are not available.(339) However, data from the Adult Social Care Short and Long Term collection does provide an overview of the number of 'White Gypsy of Irish Traveller' adults receiving long term adult social care support.(340) In 2021, 265 'White Gypsy of Irish Traveller' adults were in receipt of long-term support (140 women and 125 men). Most were in community care or in prison (n=200), followed by residential care (n=45) and nursing care (n=25).

2.7.5 End-of-Life and Palliative Care

Palliative care, encompassing end-of-life care, is an approach that aims to provide optimal quality of life to people with life-limiting incurable diseases and their families.(341)

There is no routine data on number of people in end-of-life care in the UK. However, a global systematic review published in 2021 aimed to better understand the palliative and end of life care experiences, views, and needs of adults of 'Traveller, Gypsy, or Roma' ethnicity.(342) The review included only eight studies overall, with four from the UK. Three themes were identified regarding

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palliative and end of life care experiences: strong family and community values, distinct health beliefs and practical barriers to non-community healthcare provision. 'Travellers' reported often preferring to die at home, with care provided by family, particularly female members. Gathering around the bedside of a dying community member was said to be a mark of respect, involving up to 200 visitors. However, studies found 'Travellers' associate shame with being terminally ill or seeking support, due to the fear of social isolation. Talking about illness or dying was considered taboo and grief a private matter resulting in protracted bereavement. 'Travellers' reported limited knowledge of available palliative care services.

In 2016, the CQC published a report on the experiences, and barriers to good end of life care among 'Gypsy and Traveller' groups.(343) Most people interviewed reported being treated poorly when visiting someone dying in hospitals or hospices, reflecting a lack of cultural understanding from services. Staff failed to recognise the need in 'Traveller' culture for a quick release and burial of the body. The CQC report recommended commissioners and providers: take action to meet end of life care needs of 'Gypsies and Travellers', by providing cultural competency training to end of life care staff and supporting early identification of those who might need end of life care.

2.7.6 Death and Bereavement

A systematic review of the global evidence from 2003 to 2012 on the health and healthcare disparities among 'Roma', including English Romani Gypsies, Irish Travellers, and Roma from Central and Eastern Europe, found higher mortality risk and excess mortality among 'Roma' compared with non-'Roma'.(14)

Pre-mature mortality is also more common among 'Gypsies and Travellers' than in the general population, with early deaths resulting from undiagnosed cancers, uncontrolled diabetes, poor maternal or infant health and CVD.(11, 29, 46, 51) Furthermore, deaths are often in traumatic circumstances, occurring as a result of suicide or road traffic accidents.(11, 29)

Focus groups of 'Irish Travellers' (n=8) and 'English Romany Gypsies' (n=7) aimed to explore the impact of bereavement on members of these communities in 2016.(46, 86) Participants reported that "not speaking about" bereavement is common, which may potentially exacerbate symptoms of grief and contribute to poor mental health following significant loss. As such, in their paper, the authors highlight the need for specialist bereavement support services for 'Gypsy and Traveller' adults.(86)

The EVEN Survey collected data on experiences of COVID-19-related bereavement and bereavement of any kind since the start of the pandemic.(194) Higher levels of COVID-related bereavement were seen in almost all ethnic minority groups, including 'Gypsy/Traveller' (OR 2.75; $p<0.05$) but excluding 'Roma' who reported similar levels of bereavement to 'White British' people (OR 0.53; $p\geq0.05$). Bereavement of any kind was similar across 'Gypsy/Traveller' (OR 1.51; $p\geq0.05$), 'Roma' (OR 1.03; $p\geq0.05$) and White British groups. No specific proportions, CIs or p values were presented for these figures, but the statistical significance of the difference in bereavement experiences by ethnicity could was evident in the graphs from the source report.

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2.8 Contributing to a Green and Sustainable Future

Key Findings

- In Birmingham in 2021, people identifying as 'White Gypsy or Irish Traveller' or 'White Roma' tended to live in wards with higher mean index scores (average scores: 0.35 and 0.34 respectively), representing lower levels of environmental justice, compared with White British people (average score: 0.30).
- People from 'Gypsy/Traveller' (68%) and 'Roma' (54%) ethnicities in Great Britain had the lowest levels of access to outdoor space of all ethnic groups in 2021 (White British ~95%).
- Approximately 20% of the 'White Gypsy or Irish Traveller' and 23% of the 'White Roma' community lived in the 15 most polluted MSOAs in Birmingham in 2021, compared to only 5.4% of the White British population.
- The Gypsy, Roma and Traveller population in Birmingham is likely vulnerable to the Urban Heat Island effect due to high concentrations of the population who reported living in central areas of the city in 2021.

In this section, in the absence of much information on green and sustainable futures, ward-level environmental data has been used to make assumptions about the experiences of people living in that area; these findings should be interpreted with caution. Furthermore, information at ward level is likely to be less relevant to mobile Gypsy, Roma and Traveller communities.

2.8.1 Environmental Justice

Environmental justice is defined as "the fair treatment and meaningful involvement of all people regardless of race, colour, national origin, or income, with respect to the development, implementation and enforcement of environmental laws, regulations, and policies".(87) Birmingham was the first UK local authority to develop a measurement tool for environmental justice incorporating information on access to green space, flood risk, the urban heat island (UHI) effect, health inequalities through excess years of life lost and IMD. Environmental justice scores range from zero (most environmentally just) to one (least environmentally just). The wards in Birmingham vary from scores of 0.12 in Sutton Roughley to 0.43 in Balsall Heath West.

Table 16 shows the 10 wards with the largest 'White Gypsy or Traveller' and 'White Roma' populations in 2021 and the mean index values for those wards.(87) The largest 'White Gypsy or Irish Traveller' populations in Birmingham were found in Alum Rock (12%), Soho and Jewellery Quarter (6.9%), Holyhead (5.0%) and Heartlands (4.7%). The largest 'White Roma' populations in Birmingham were also found in Alum Rock (5.6%) and Soho and the Jewellery Quarter (4.6%), as well as Ladywood (11%) and Ward End (4.3%). People identifying as 'White Gypsy or Irish Traveller' or 'White Roma' tended to live in wards with higher mean index scores

(average scores: 0.35 and 0.34 respectively) and thus have lower levels of environmental justice, compared with White British people (average score: 0.30) (**Table 16**).

Table 16: Environmental justice among people identifying as (a) 'White Gypsy or Irish Traveller', (b) 'White Roma' and (c) 'White British' by top 10 wards of residence: Birmingham, 2021

(a)

Electoral wards and divisions	White Gypsy or Irish Traveller residents (n)	White Gypsy or Irish Traveller residents (%)	Mean index value
Alum Rock	81	12	0.39
Soho and Jewellery Quarter	47	6.9	0.36
Holyhead	34	5.0	0.34
Heartlands	32	4.7	0.39
Glebe Farm and Tile Cross	29	4.2	0.37
Acocks Green	28	4.1	0.32
Stockland Green	24	3.5	0.37
Ward End	24	3.5	0.38
North Edgbaston	23	3.4	0.32
Tyseley and Hay Mills	21	3.1	0.35

(b)

Electoral wards and divisions	White Roma residents (n)	White Roma residents (%)	Mean index value
Ladywood	197	11	0.33
Alum Rock	102	5.6	0.39
Soho and Jewellery Quarter	85	4.6	0.36
Ward End	79	4.3	0.38
Sparkbrook and Balsall Heath East	78	4.3	0.39
Stockland Green	62	3.4	0.37
North Edgbaston	61	3.3	0.32
Handsworth Wood	52	2.8	0.26
Heartlands	52	2.8	0.39
Edgbaston	48	2.6	0.21

(c)

Electoral wards and divisions	White British residents (n)	White British residents (%)	Mean index value
Longbridge and West Heath	17,063	3.5	0.30
Bartley Green	15,502	3.2	0.31
Sutton Vesey	14,973	3.0	0.15
Oscott	14,253	2.9	0.30
Weoley and Selly Oak	14,017	2.9	0.30
Bournville and Cotteridge	13,873	2.8	0.26
Sheldon	13,717	2.8	0.31
Kingstanding	13,563	2.8	0.37
Bournbrook and Selly Park	13,206	2.7	0.30
Sutton Walmley and Minworth	13,096	2.7	0.22

Source: Birmingham City Council (87)

2.8.2 Access to Green Spaces

Green spaces are defined as "any area of vegetated land, urban or rural [including] both public and private spaces".(344) Examples of green spaces include parks, gardens, playing fields, woods and other natural areas. Access to green spaces can contribute to a multitude of health and wellbeing benefits, reducing stress and loneliness, improving physical health and mitigating the harmful effects of air pollution, excessive noise, heat and flooding.

The EVEN Survey collected data on access to green spaces in Britain; respondents were asked whether they had access to a park or other open space within 15 minutes of their home.(88) People from 'Gypsy/Traveller' (68%) and 'Roma' (54%) ethnicities had the lowest levels of access to outdoor space of all ethnic groups in 2021, including 'White British' ethnicity (~95%).

Information on among Gypsy and Traveller children was also collected as part of a 2016 to 2019 cross-sectional survey of 15,641 children aged seven to 10 years in Bradford (n=190 'Gypsy/Irish Traveller' children).(160) A significantly higher proportion of 'Gypsy/Irish Traveller' children reported having no garden where they could play (18.1%, 95% CI: 14.7% to 22.1%) compared with 'White British' children (13.4%, 95% CI: 12.4% to 14.5%). There was no significant difference in the proportion of 'Gypsy/Irish Traveller' (31.5%, 95% CI: 27.2% to 36.1%) and 'White British' children (29.9%, 95% CI: 28.6% to 31.3%) who reported having no park near their home where they could play.

The environmental justice index defines access to green space as "within 1,000 metres and at least two hectares".(87) ONS data for 2020 provides insight into the average combined size of parks or public gardens and playing fields within 1,000 metres radius of residents by MSOA.(345) Encouragingly, all MSOAs in Birmingham have at least two hectares of combined green space within 1,000 metres; however, these two hectares may be split into smaller parks and playing fields.

2.8.3 Air Pollution

Air pollution is the largest environmental risk to the health of the public in the UK.(346) Long-term exposure to air pollution can reduce life expectancy and increase the risk of adverse health effects

such as heart disease, respiratory conditions and lung cancer. At present, there is no clear evidence of a safe level of exposure to pollutants below which there is no risk poor health outcomes. In 2021, 6.2% of deaths in Birmingham were attributable to particulate air pollution, compared with 5.5% in England.(347)

The IMD includes data on the concentration of four main air pollutants: nitrogen oxide, benzene, sulphur dioxide and particulate matter.(89) The overall air quality levels were calculated and given an associated score, with a higher score indicating poorer air quality. Air quality in the 15 MSOAs with the highest levels of air pollution in Birmingham can be seen in **Table 17**. Based on census residence data, an estimated 20% of the 'White Gypsy or Irish Traveller' and 23% of the 'White Roma' community in Birmingham live in the 15 most polluted MSOAs in Birmingham. This is in comparison to approximately 5.4% of the White British population in Birmingham.

Table 17: Air quality in the 15 MSOAs with the highest levels of air pollution: Birmingham, 2019

MSOA	Air quality indicator	White Gypsy or Irish Traveller (n)	White Roma (n)	White British (n)
Aston Park	1.48	0	8	534
Attwood Green and Park Central	1.41	6	50	2,308
Brookvale	1.47	7	38	2,751
Central	1.55	10	58	2,309
Digbeth	1.49	1	28	1,505
Five Ways North	1.46	4	55	1,971
Hockley and Jewellery Quarter	1.41	1	9	1,409
Ladywood – Summer Hill	1.45	10	38	2,824
Lozells East	1.42	5	7	476
Middlemore	1.45	19	44	627
Nechells	1.51	0	1	1,006
North Central and Dartmouth Circus	1.52	11	34	3,439
Perry Beeches East	1.41	5	9	4,023
Saltley West	1.41	2	18	634
Washwood Heath	1.45	54	29	686

Source: Ministry of Housing, Communities and Local Government (89)

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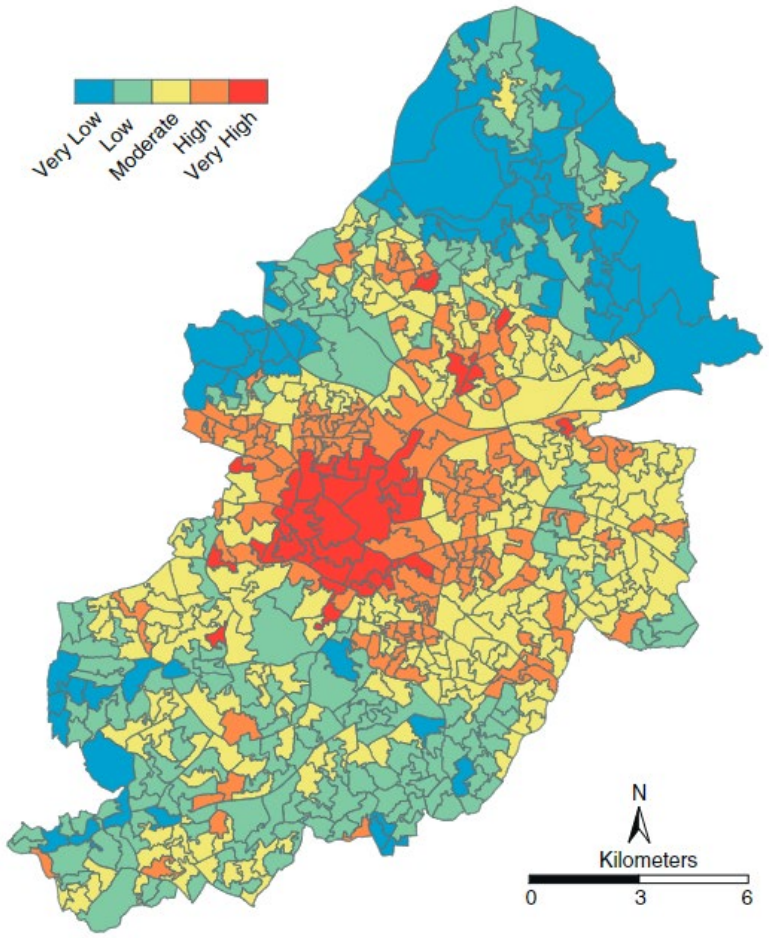
It is important to note that this data does not reflect the experiences of mobile Gypsy, Roma and Traveller populations. Transit sites for these communities are often in areas close to major roads and motorways or near industrial areas and exposed to higher levels of pollution, raising concerns about a higher incidence of health problems such as asthma.(66)

2.8.4 Urban Heat Island Effect

The UHI effect is a phenomenon whereby cities experience higher air temperatures than the surrounding areas, due to a higher density of man-made surfaces.(348) The UHI effect can have a significant adverse impact on health by intensifying heatwaves, causing heat stroke and heat exhaustion, as well as premature death.(348, 349)

A spatially assessed heat-health risk map for Birmingham can be seen in **Figure** *30*.(349, 350) By cross-referencing this map with census data on residence, it can be seen that 'White Gypsy or Irish Traveller' and 'White Roma' in 2021 tended to be disproportionally located in the "very high" risk central areas of Birmingham, making them more vulnerable to the UHI effect.

Figure 30: Spatially assessed heat-health risk: Birmingham, 2009



Source: Tomlinson et al. (350)

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3 Closing the Gaps

The population of Gypsies, Roma and Travellers in the UK is diverse and is made up of several distinct ethnic and cultural groups. The data sources in this profile have used a variety of terms inconsistently to describe these communities, limiting our ability to understand differences in their health and wellbeing. There is some data presented in this report from the GPPS and census that suggests that 'White Roma' experience fewer health inequalities than their 'White Gypsy or Irish Traveller' counterparts, for example, self-reporting better physical and mental health. However, differences should be interpreted with caution. Both groups experience significant stigma and discrimination, and some individuals may be hesitant to self-identify with their ethnicity or disclose certain health conditions.

Understanding the intersectionality of personal characteristics such as ethnicity, age, gender, sexual orientation and disability is important to be able to close the gaps and reduce health inequalities. People with multiple disadvantaged statuses often experience poorer health outcomes. There is currently limited information on the intersectional experiences of Gypsy, Roma and Traveller communities in the UK. In 2021, people identifying as Gypsy, Roma or Traveller were younger than their White British counterparts. However, they experienced a disproportionate disability burden. Research on sexual orientation within Gypsy, Roma and Traveller communities in the UK is scarce. Gypsies, Roma and Travellers who identify as lesbian, gay or bisexual risk stigma and isolation, and may be excluded from their families and communities.

4 Conclusions

This report highlights the stark health inequalities experienced by Gypsy, Roma and Traveller communities within the UK and across Birmingham. Suboptimal living conditions, low educational achievement, social exclusion and widespread prejudice and discrimination have led to these groups having poor physical and mental health outcomes and inadequate access to health services. Furthermore, the ability to understand the extent of these inequalities is limited by the fact these groups are invisible in most government and health datasets nationally and locally.

This Community Health Profile aims to support the council, communities, and partners to better understand health and wellbeing and the health inequalities affecting local Gypsy, Roma and Traveller communities. The multiple factors that have been identified by the report can inform the design and implementation of work to address inequalities and improve health and wellbeing across the city. There is currently an engagement and gap analysis project underway by the Neighbourhood Networks Scheme in Birmingham to better understand local health inequalities among Gypsy, Roma and Traveller communities, which is due in 2024.

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5 Appendices

5.1 Appendix 1: Search Strategy and PRISMA Flow Diagram

Table 18: Medline database search

Run: 12/12/2022

#	Search terms	Results
1	United Kingdom/	243,928
2	United Kingdom.ab,ti.	44,721
3	UK.ab,ti.	133,077
4	Britain.ab,ti.	16,581
5	England/	92,826
6	England.ab,ti.	57,972
7	West Midlands.ab,ti.	1,558
8	Birmingham.ab,ti.	5,788
9	Coventry.ab,ti.	511
10	Dudley.ab,ti.	428
11	Sandwell.ab,ti.	75
12	Solihull.ab,ti.	86
13	Walsall.ab,ti.	69
14	Wolverhampton.ab,ti.	177
15	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14	462,388
16	Roma/	1,034
17	Roma.ab,ti.	1,708
18	Romani.ab,ti.	186
19	gypsy.ab,ti.	2,326
20	gypsies.ab,ti.	383
21	"traveller*".ab,ti.	5,681
22	boater*.ab,ti.	96
23	show person.ab,ti.	4
24	showperson.ab,ti.	0
25	showpeople.ab,ti.	3
26	show people.ab,ti.	32
27	Sinti.ab,ti.	18
28	bargee*.ab,ti.	1
29	16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28	10,090
30	15 and 29	651
31	limit 30 to (English language and yr="2012 - Current")	288

Table 19: Embase database search

Run: 12/12/2022

#	Search terms	Results
1	United Kingdom/	404,014
2	United Kingdom.ab,ti.	58,277
3	UK.ab,ti.	271,606
4	Great Britain/	4,696
5	Britain.ab,ti.	23,770
6	England/	35,951
7	England.ab,ti.	76,786
8	West Midlands.ab,ti.	2,443
9	Birmingham.ab,ti.	9,442
10	Coventry.ab,ti.	825
11	Dudley.ab,ti.	626
12	Sandwell.ab,ti.	184
13	Solihull.ab,ti.	136
14	Walsall.ab,ti.	118
15	Wolverhampton.ab,ti.	352
16	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15	656,045
17	"Romani (people)"/	793
18	Roma.ab,ti.	2,749
19	Romani.ab,ti.	257
20	gypsy.ab,ti.	2,446
21	gypsies.ab,ti.	477
22	"traveller*".ab,ti.	7,094
23	boater*.ab,ti.	107
24	show person.ab,ti.	5
25	showperson.ab,ti.	0
26	show people.ab,ti.	55
27	showpeople.ab,ti.	4
28	Sinti.ab,ti.	25
29	bargee*.ab,ti.	1
30	17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29	12,683
31	16 and 30	851
32	limit 31 to (English language and yr="2012 - Current")	422

Table 20: PsychInfo database search

Run: 12/12/2022

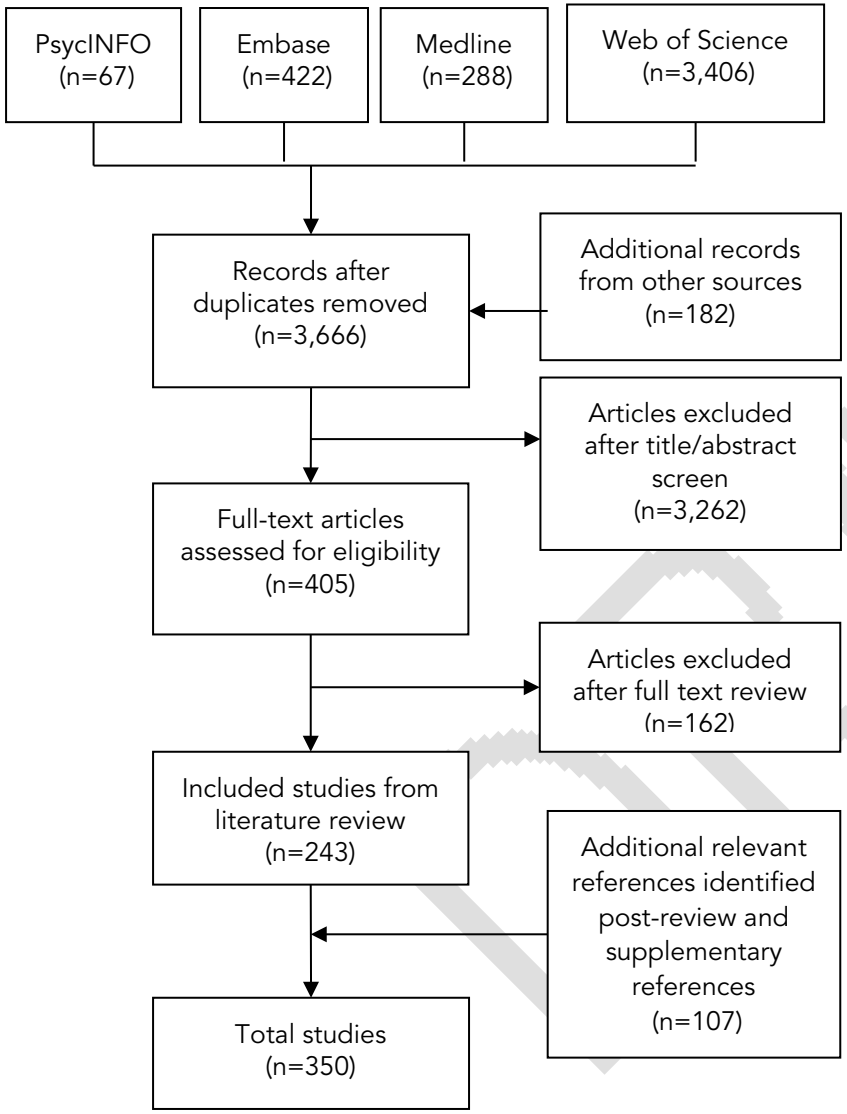
#	Search terms	Results
1	United Kingdom.ab,ti.	11,530
2	UK.ab,ti.	35,590
3	Britain.ab,ti.	4,596
4	England.ab,ti.	17,937
5	West Midlands.ab,ti.	279
6	Birmingham.ab,ti.	778
7	Coventry.ab,ti.	79
8	Sandwell.ab,ti.	15
9	Dudley.ab,ti.	91
10	Solihull.ab,ti.	23
11	Walsall.ab,ti.	7
12	Wolverhampton.ab,ti.	30
13	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12	63,915
14	exp Romanies/	315
15	Roma.ab,ti.	678
16	Romani.ab,ti.	127
17	gypsy.ab,ti.	194
18	gypsies.ab,ti.	166
19	"traveller*".ab,ti.	634
20	boater*.ab,ti.	42
21	show person.ab,ti.	1
22	showperson.ab,ti.	0
23	show people.ab,ti.	38
24	showpeople.ab,ti.	1
25	Sinti.ab,ti.	14
26	bargee*.ab,ti.	0
27	14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26	1,618
28	13 and 27	115
29	limit 28 to (English language and yr="2012 -Current")	67

Table 21: Web of Science database search

Run: 12/12/2022

#	Search terms	Results
1	(TS=(UK) OR TS=(United Kingdom) OR TS=(Britain) OR TS=(England) OR TS=(West Midlands) OR TS=(Birmingham) OR TS=(Coventry) OR TS=(Dudley) OR TS=(Sandwell) OR TS=(Solihull) OR TS=(Walsall) OR TS=(Wolverhampton))	588,144
2	TS=(Roma*) OR TS=(gypsy) OR TS=(gypsies) OR TS=(traveller*) OR TS=(boater*) OR TS=(showp*) OR TS=(Sinti) OR TS=(bargee*)	236,789
3	#2 AND #1	6,283
4	#2 AND #1 and 2023 or 2022 or 2021 or 2020 or 2019 or 2018 or 2017 or 2016 or 2015 or 2014 or 2013 or 2012 (Publication Years) and English (Languages)	3,406

Figure 31: PRISMA flow diagram



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5.2 Appendix 2: Contact Details of Organisations Working with Gypsy, Roma and Traveller Communities

Organisation name	Contact information
Birmingham Public Health Communities Team	communitiesteam@birmingham.gov.uk *Sign-up to our mailing list to get all the latest updates on community health profiles and engagement opportunities*
Birmingham Irish Association	info@birish.org.uk
Friends, Families and Travellers	fft@gypsy-traveller.org
The Traveller Movement	info@travellermovement.org.uk
Roma Support Group	info@romasupportgroup.org.uk
London Gypsies and Travellers	info@londongandt.org.uk
Leeds GATE	info@leedsgate.co.uk
National Bargee Travellers Association	secretariat@bargee-traveller.org.uk

A comprehensive service directory is available on the FFT website: https://www.gypsy-traveller.org/services-directory/

5.3 Appendix 3: Additional Resources

This section provides a list of additional resources on the inequalities in health and wellbeing experienced by Gypsy, Roma and Traveller communities in the UK, publicly available and published after 2012.

5.3.1 Health Needs Assessments

- West of England Gypsy and Travellers' health: assessment of health needs 2012 (198)
- Bath and North East Somerset Gypsy, Traveller, Boater, Showman and Roma Health Survey 2012-2013 (52)
- Health Needs Assessment for Gypsy, Traveller and Boater Populations Living in Wiltshire 2019 (81)
- Leeds Gypsy and Traveller Community Health Needs Assessment 2013 (53)
- Kent Gypsy, Roma and Traveller Populations JSNA Chapter Summary Update 2014/15 (67)
- Sutton Gypsy and Travellers Health Needs Assessment 2016 (351)
- Kingston Upon Thames Gypsy and Roma Travellers JSNA Needs Assessment 2016 (199)
- Health Needs Assessment of Gypsies, Travellers and Roma Groups in Leeds 2019 (30)

5.3.2 UK Government Reports

- Commission for Racial Equality – Common Ground Equality, good race relations and sites for Gypsies and Irish Travellers 2005 (128)
- Equality and Human Rights Commission:
  - Inequalities experienced by Gypsy and Traveller communities: a review 2009 (29)
  - How fair is Britain? Equality, Human Rights and Good Relations in 2010 – 2010 (123)
  - Human Rights Review 2012: How fair is Britain? An assessment of how well public authorities protect human rights (124)
  - England's most disadvantaged groups: Gypsies, Travellers and Roma - an "Is England Fairer?" review spotlight report (126)
  - Is Britain fairer? The state of equality and human rights 2018 (125)
- Department for Communities and Local Government - Progress report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers 2012 (47)
- Cabinet Office - Race Disparity Audit Summary Findings 2017 (127)
- House of Commons Women and Equalities Committee - Tackling inequalities faced by Gypsy, Roma and Traveller communities 2019 (4)
- House of Commons - Gypsies and Travellers Briefing Paper 2019 (122)
- Commission on Race and Ethnic Disparities - Commission on Race and Ethnic Disparities: The Report 2021 (129)

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6 Acknowledgments

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