

# Health Needs Analysis Gypsy, Roma, Traveller, and Showpeople in Bristol 2024



Public Health

Bristol City Council

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## Acknowledgements

- Anna Balcerak, Project Worker / Gypsy Roma Traveller Development Officer SARI
- David Thomas, Senior Public Health Specialist
- Ian Bowen, Gypsy Roma and Traveller Coordinator, Bristol City Council • Liz Fairnell
- Lucy Parchment, Clinical lead Midwife, North Bristol Trust
- Magda Szapiel, Senior Public Health Specialist
- Miranda Thrift ( She/her) Sirona Care and Health Wellbeing Lead and Bank Specialist Health Visitor for Gypsy, Roma, Travellers, and Vehicle Dwellers
- Sue Lomax, Vendor Sales and Support worker at the Big Issue
- Tracey Kildea, Designated Safeguarding Lead, May Park Primary School

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Public Health – Inclusion: Katie Porter

**With thanks to interview participants, without whom this report  
would not have been possible.**

# Executive Summary

## Data

Census data from 2021 recorded a total of 1,265 people in Bristol who identified as Gypsy and Irish Traveller, Roma or Other Traveller whilst professional estimates are far higher. Because community members do not always feel safe to disclose their identity, and there is poor recording of ethnicity data by professionals, it is thought that data does not reflect the true size of populations nor the associated health and other concerns.

## Access

Several barriers were identified which prevent Gypsy, Roma, Traveller and Showpeople from accessing healthcare. These include:

- Discrimination towards communities.
- Lack of trust.
- Differences in cultural norms around parenting and fear of having children removed.
- Written communication and physical letters to postal addresses.

## Areas of health

### Maternal Health, childbirth, children and young people.

- The Gypsy and Irish Traveller population report a far higher percentage of children aged 0-15 than in those identifying as 'White British' (26% vs 16%).
- Marrying young and not using contraception may result in back-to-back pregnancies with an increased risk of anaemia, preterm labour, low birth weight and adverse maternal outcomes.
- Some communities would traditionally have a lot of children, but some are now choosing to use contraception.
- When on the move, contraception may be accessed via walk-in centres but it may be more difficult to access care during pregnancy.
- A lower level of breastfeeding has been observed in some communities.
- Strong family networks and communal parenting may mean children are allowed more freedom than current mainstream cultural norms. Negative reactions to parenting style from those outside the community may lead to criticism and fuel fear of having children removed.
- Traditionally, children would finish school at a young age and for those on the move it can still be hard to access schooling. However, there was perceived to be a motivation to prioritise education, particularly amongst younger parents.
- Participants mentioned they had witnessed vaping amongst young children.

## Dental Health

- Poor dental health was raised as a concern for children and adults. As well as difficulties registering with an NHS dentist, probable causes include high levels of sweets and sweet drink consumption and discrimination from local dental surgeries.
- Some accessed care in emergencies from the dental hospital whilst others with financial means were able to access dental services abroad.

## Cancer prevention and screening

- Cancer was described as a taboo disease not spoken about outside of the family.
- For breast, bowel and cervical screening, there may be embarrassment about the parts of the body.
- For people who are nomadic or touring, they may be away from a postal address (if they have one) and so invitations to screening may be picked up after the appointment date. Even when post is received, there may also be difficulties reading the information.

## Domestic abuse and harmful practices

- 'Honour' was thought to be disproportionately held by women and girls, and arranged marriage, forced marriage and being 'promised' to someone was also described. Although media portrayals of these were felt to be misrepresentative.
- There may be an acceptance of abuse as 'normal', and several participants cited anti-LGTQIA+ beliefs as a contributory factor in some cases. **Infectious disease**

- Communities have well considered systems of waste disposal and thorough cleaning practices to reduce the spread of infectious disease.
- Communities are largely supportive of immunisation programmes.
- When vaccinations are refused this is often for religious or cultural reasons or due to a lack of trust in a new vaccine and/or unfamiliar professionals delivering them. **Life expectancy, ageing, end of life and bereavement**

- 'White Gypsy or Irish Travellers' had the highest proportion of Disabled people of all ethnic groups in Bristol and the highest percentage saying their health was bad or very bad. These differences are not explained by age as only 3% were over the age of 65 at the time of the census.
- 16% of 'White Gypsy or Irish Traveller' respondents to the 2021 Census reported that they provide unpaid care, a much higher proportion than any other ethnic group and double the Bristol average.
- Cumulative negative impact on health over the life course from harsh outdoor living, stops on unsanitary land and manual work.
- Accelerated ageing and the negative health impacts in older age were recognised.
- Strong family networks and care of older people and those who were dying.

## **Mental health and suicide**

- Higher rates of suicide in England and Wales amongst those who identify as White Gypsy or Irish Traveller.
- Increased risk of suicide following bereavement, prison, moving from a site and into housing for the first time, and poor employment prospects.
- Causes of stress include discrimination, accommodation, and site provision.
- Difficulties accessing mental health services for adults and children.

## Recommendations

	Recommendation	Actions
1	Address inequality and intersectionality – including Ethnicity (including ‘Roma’ and ‘Gypsy or Irish Traveller’), Disability, Age, Sexuality and Religion and Belief	<ul style="list-style-type: none"> <li>➤ The Integrated Care Board (ICB) and NHS England to examine NHS collection of ethnicity categories and consider updating to include ‘Roma’ and ‘Gypsy or Irish Traveller’.</li> <li>➤ Health and social care providers could consider whether their workforce reflects the ethnicity profile of their patients and clients (including ‘Roma’ and ‘Gypsy or Irish Traveller’)</li> <li>➤ Develop trusted relationships between immunisation teams and Gypsy, Roma, Traveller and Showpeople communities to improve uptake</li> <li>➤ The needs of Disabled people, carers and signs of early aging, within Gypsy and Traveller communities should be considered in service planning and delivery.</li> </ul>
2	Improve outcomes for maternity and child health	<ul style="list-style-type: none"> <li>➤ Maternity services could consider developing accessible communication with the local Roma community to include NHS charges.</li> <li>➤ Perinatal mental health, and baby loss and bereavement services could work with the community to ensure they are accessible and culturally appropriate for Gypsy, Roma, Traveller and Showpeople parents.</li> <li>➤ Family hubs, children's centres and breastfeeding services could ensure that they are culturally sensitive, accessible and welcoming of Gypsy, Roma, Traveller and Showpeople</li> </ul>
3	Develop effective communication	<ul style="list-style-type: none"> <li>➤ Health and care organisations including NHS England Vaccination and Screening Team (VAST) should consider use of text as well as letters for screening appointments.</li> <li>➤ Healthcare providers should consider providing alternative delivery methods such as drop-in clinics.</li> </ul>



		<ul style="list-style-type: none"> <li>➤ Health and care providers should work with the communities to improve effective methods of communication.</li> </ul>
4	Build trusted relationships between health and care service providers and the communities	<ul style="list-style-type: none"> <li>➤ Health and care employers could explore opportunities to employ Gypsy, Roma, Traveller and Showpeople in patient or community facing roles.</li> <li>➤ Everyone working with these communities should utilise Asset Based Community Development Approaches to support engagement and break down barriers between services and Irish Travellers, Romani Gypsies, Showpeople and Roma communities in Bristol.</li> <li>➤ Cultural awareness training and experiences for professionals could be considered by healthcare and other employers.</li> </ul>
5	Improve access to GPs and Primary Care Services	<ul style="list-style-type: none"> <li>➤ GP surgeries can act proactively to remove barriers to registration such as proof of address or immigration status.</li> <li>➤ Bristol, North Somerset, and South Gloucestershire (BNSSG) GP Collaborative Board to consider supporting the take up of the Safer Surgeries scheme in their area (Doctors of the World, 2024).</li> <li>➤ Safe Surgeries training and resources should be adopted by primary care providers.</li> </ul>
6	Take action to address mental health needs and reduce levels of suicide among Gypsy, Roma, Traveller and Showpeople	<ul style="list-style-type: none"> <li>➤ Ensure that the needs of Gypsy, Roma, Traveller and Showpeople communities are included in suicide prevention work.</li> <li>➤ Include the needs of Gypsy Traveller and show people in the delivery of the Integrated Care Mental Health Strategy.</li> <li>➤ All partners should address the mental and emotional health needs of children and families.</li> </ul>
7	Develop co-production approaches to research,	<ul style="list-style-type: none"> <li>➤ 'A Charter for Co-production Through an Anti-Racist Lens' (Monzon, 2024) can be used to guide academic research and</li> </ul>

	evaluation and knowledge development	<p>coproduction activities with Gypsy, Roma, Traveller and Showpeople as equal partners.</p> <ul style="list-style-type: none"> <li>➤ Bristol Health Partners could consider the charter and commend it to research partners.</li> <li>➤ Research bodies undertaking research with Gypsy, Roma, Traveller and Showpeople could consider using the charter to inform research design.</li> </ul>
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## Introduction

This analysis is intended to enhance understanding of the health needs of Gypsy, Roma, Traveller and Showpeople in Bristol for professionals by providing an exploration of the current evidence base, available data and local perspective. This will inform the development of current and future services.

The focus of this report is people with heritage and/or identity which aligns with Romany Gypsy, Irish Traveller, Roma or travelling Showpeople.

Gypsies, Roma and Travellers are often categorised together under the acronym “GRT” and these communities and other nomadic groups, such as Scottish Travellers, English Romany, Show People and New Travellers, share several characteristics in common (The Traveller Movement, 2023). However, Traveller and Roma communities may have different customs, religion, language, and ethnicity.

The majority of Roma people have a migrant background (Friends Families and Travellers, 2024).

An analysis of people living in vehicles in Bristol was published in 2023 (Bristol City Council, 2023).

To address differing perspectives on whether Roma people should be included in the main analysis, a separate report on Roma health is available in appendix 2. This is in addition to the population being part of the main report.

# Historical context

One of the most popular objects at Bristol Museum is a Romany vardo (wagon), first acquired in 1953. Some of the first people to live in the wagon were Noah and Annie O’Connor and many people related to them still visit regularly. This has included the grandchild of Annie O’Conner who was born in the wagon in 1934 when it was in Lock’s Yard, Bedminster (Bristol Museums, 2024) .

Table 1 is adapted from one published by Friends, Families and Travellers and details the population in scope for this report as well as information on ethnicity, language, accommodation type and arrival.

Further historical context is available in appendix 1.

Table 1 (*Friends, Families and Travellers, 2020*)

	<b>Romany Gypsies</b>	<b>Irish Travellers</b>	<b>Roma People</b>	<b>Travelling Showpeople</b>
<b>Ethnicity</b>	Historically originated in Northern India, Romany Gypsies have been in the UK for many generations.	Irish Travellers originated in Ireland as a distinct and separate ethnic group from the general Irish population recorded since the 12th century	Historically originated in Northern India and settled in Europe (including Romania, Slovakia, Czech Republic and Poland) before migrating to the UK more recently.	Anyone who travels to hold shows, circuses and fairs can be a Showperson. Many families have led this way of life for generations and many have Romany heritage.
<b>Arrival in England</b>	Before the 16th Century - fulfilling a need for nomadic seasonal agricultural labour and selling.	Recorded from the 18th Century but probably earlier. Horse trading and then post-war construction work.	Small numbers since 1945, with a number of Roma seeking asylum in the 1990s and early 2000s, then a growth in population following EU expansion in 2004 and 2007.	According to the National Fairground Archive the first recorded charter was granted to King's Lynn in 1204.
<b>Language</b>	Romany Gypsies speak English and many Romany Gypsies also speak a Romani dialect to varying levels of fluency.	Irish Travellers speak English and some speak Gaelic/Irish. Many Irish Travellers also speak Gaelic derived Gammon or Cant.	The majority of Roma speak their European origin country's language(s). Many Roma also speak a Romani dialect, as well as English to varying levels of fluency	Showpeople primarily speak English.
<b>Accommodation type</b>	Around ¾ live in housing and ¼ on Traveller sites in caravans or chalets. A small proportion live roadside or in public spaces.	Around ¾ live in housing and ¼ on Traveller sites in caravans or chalets. Of these, a small proportion live roadside or in public spaces.	The vast majority of Roma people live in housing, although there are disproportionate levels of homelessness and overcrowding.	Most Showpeople live on yards in the winter months and travel during the summer months

## Literature review

To gain an initial understanding of the health needs of Gypsy, Roma, Traveller and Showpeople, a literature review was conducted to identify research and other documented knowledge published between 2019 and 2024 in the UK.

### Access to healthcare

Although some members of Romany Gypsy and Irish Traveller communities report good access to healthcare (Millan M, 2019), challenges in registering with a GP surgery without a fixed address has been identified (Office for National Statistics , 2022). 74 out of 100 UK GP surgeries failed to register a mystery shopper who identified as Romany and had no fixed address (Friends, Families and Travellers, 2021).

Travelling showpeople are usually registered with a GP but are away from their 'yard' from around February to November leaving little time to catch up on medical appointments (Greenfields, 2023). This also has a negative impact on the ability to collect prescriptions from a nominated pharmacy.

Additional barriers dependent on gender were identified (Office for National Statistics , 2022). Men were less likely to seek healthcare and women may require treatment from female professionals only.

Difficulties with access to primary care services means that there may be increased reliance on emergency services (Office for National Statistics , 2022). However, additional barriers to emergency services have been identified whereby an ambulance may attend a site only with a police escort.

Lack of access increases the risk of delayed diagnoses and treatment with potential negative health consequences (Office for National Statistics , 2022). Added to this, experiences of perceived discrimination and attitudes of healthcare providers further undermine access. Gypsy and Traveller people voice concerns about the likelihood of receiving help and fear facing negative judgement.

### Pregnancy, childbirth, children and young people.

Showpeople report a considerably more even balance of gender roles, employment practices and ownership of assets amongst Showpeople than in many other travelling communities (Greenfields, 2023). However, women's lives will also often include pregnancy. Generally, pregnancy is treated as a condition to be taken in their stride although if there have been complications in labour or childbirth, the community will support the woman and baby until the mother is back on her feet.

High rates of Caesarean birth, miscarriage, pregnancy loss and/or child loss are reported by Gypsy, Roma and Traveller people and health professionals (Friends, Families & Travellers, 2023).

The mental health of young people from Gypsy and Traveller communities in Wales was found to be worse than that of local people of the same age (Rees S, 2023).

Parents fear negative judgement and children being taken into care which may prevent them seeking healthcare for their children when needed (Office for National Statistics , 2022). The fear of children being taken into care may be well founded as Gypsy, Roma and Traveller children appear to be overrepresented in

child welfare services (Allen, 2022). This was especially true for children of Irish Traveller ethnicity as one child in every five was referred compared to one in fifteen in 'all other' ethnic groups in 2018.

## Mental Health

Although mental health challenges have been identified, the topic is not widely spoken about within communities (Office for National Statistics, 2022). Difficulties accessing mental healthcare were also identified, partly because of apprehension about seeking help and feeling misunderstood or treated unsympathetically because of their ethnicity.

Just under two thirds of showpeople involved in a study (Greenfields, 2023) reported they or a family member experience 'nerves', a term commonly used to describe various mental health experiences, including anxiety, stress, and depression. 'Nerves' were identified as particularly bad on 'going away days' (packing up to move to another site). Despite the high incidence of 'nerves' it may be hard to openly discuss this due to stigma and fear of being gossiped about in close-knit communities.

A connection has been identified between an increase in the numbers of housed Travellers and the loss of community and extended family structures leading to poorer mental health (Millan M, 2019). Whilst having a permanent place to live is valued and understood to be good for health, this is viewed as being based around a nuclear family and makes community support less accessible than living on a site.

Several themes were identified which contribute to poorer mental health, including powerlessness, loss of identity, experience of discrimination, and stigma of mental illness (McKey, 2020).

There are higher numbers of children from the communities in state care which further contributes to trauma for children and their families (NHS Race and Health Observatory, 2023). Communities live with the fear of having children removed if they disclose poor mental health. This combined with the stigma attached to mental health often means they do not seek help. This fear was also identified within the Showpeople community (Greenfields, 2023).

Amongst Showpeople stigma and fears of being institutionalised may prevent people experiencing poor mental health from seeking help (Greenfields, 2023).

Other barriers to accessing information and services include lower levels of literacy in the population and a lack of cultural awareness training for staff (NHS Race and Health Observatory, 2023).

Although a study of data in England and Wales (Knipe, 2024) found that almost all minority ethnic groups had a lower rate of suicide than the White British majority, White Gypsy or Irish Travellers were an exception. Amongst females, rates were more than double in White Gypsy or Irish Travellers compared to White British.

Differences have been found in patterns of suicidal behaviors between Irish Travellers and the general population in Ireland (Tanner, 2021). Irish Travellers were overrepresented in local hospital attendance data amongst those who presented at a hospital with Self Harm and/or suicidal ideation. They were also more likely to have attempted suicide via hanging (as a method) and more likely to be transferred for psychiatric treatment.

More positively, people of Gypsy/Traveller, and of Roma ethnicity were less likely to report they experienced loneliness during the pandemic than a White British group (Taylor, 2023).

## Substance use (alcohol and other drugs)

In a recent qualitative study (Condon L, 2024) Roma, Gypsy and Travellers described alcohol being part of communal celebration such as for family, religious and seasonal events. Traditions of men drinking more than women and strict rules governing drinking behaviour were identified. This was described as partly due to Gypsy and Traveller men finding work through spending time at the local pub which would usually involve drinking. Women drinking heavily was generally described as frowned upon, especially for younger single women. Stigma and shame were found to be attached to problematic drinking as a sign that someone is not 'strong minded' which may lead to people hiding their drinking and not seeking help. Along with this shame, the fear of being judged extends to health care providers. Difficulties in accessing health services for dependent drinking were described, even if feelings of shame could be overcome.

Amongst those presenting at a tertiary hospital in Ireland with self-harm and/or suicidal ideation, Irish Travellers were more likely than the general Irish population to receive a diagnosis of substance use or addiction (Tanner, 2021).

Alcohol and substance use services were not found to be tailored to the specific needs of Irish Travellers and nor was stigma within the community considered in the development of treatment plans (Darragh, 2020)

## Domestic abuse and harmful practices

'Harmful practices' come from values and beliefs held by members of a family or community which have been present for generations (Savera UK, 2020). Whilst many cultural practices are beneficial to all members, others are harmful. Such practices are related to women's sexuality and an underlying subcontext of male domination. These include 'Honour' based violence, early or forced marriage, bride price and preventing women from controlling their own fertility.

Although there is little quantitative data on the extent of domestic abuse amongst Gypsy, Roma and Traveller communities, agencies and individuals report that this is a serious and long-standing problem (Women and Equalities Committee, 2019).

Barriers to support for sexual and/or domestic abuse may include discrimination and mistrust, exclusion and isolation, culture and moral codes, education, literacy and language, risks and repercussions (Lime Culture, 2022).

## Life expectancy, ageing, end of life and grief

Some sources (The Traveller Movement, 2023) suggest that life expectancy in Gypsy and Traveller communities is 10 -12 years less for people in Gypsy and Traveller communities. However, estimates of life expectancy in the UK by ethnicity are still at an experimental stage, and methodology at present does not allow the production of estimates for smaller ethnic groups, including 'Gypsy and Irish Traveller' or 'Roma' (Office For National Statistics, 2021).



As well as potential inequalities in life expectancy, men and women of Gypsy or Irish Traveller ethnicity have been found to experience the worst quality of life in older age when compared to those with White British Ethnicity in England (Watkinson, 2021).

Whilst there is nostalgia when recalling memories and experiences of living on the road, Romany and Irish Travellers aged 40 and over identified the negative health impacts in older age of having lived nomadically when they were younger (Millan M, 2019). Many who have previously lived in caravans on the road felt that they had missed out on healthcare and education. Along with often harsh outdoor living conditions and frequent stops on unsanitary land, work in traditional trades such as working on farms and in scrap metal there was believed to be a cumulative negative impact on health.

Strong family and community values have been identified (Dixon KC, 2021) including a preference for healthcare to be provided from within the community when people are dying. Cultural practices include showing respect by attending the bedside and there are distinct health beliefs regarding illness, personal care, death rituals and bereavement. Travelling Showpeople also often have close-knit, intergenerational families and place a high importance on taking care of their own (Greenfields, 2023).

Often tied to touring and a physically demanding way of life, Travelling Showpeople face unique challenges as they get older, which can impact their health, financial stability, and overall well-being (Greenfields, 2023). Joint pain, back problems, and mobility limitations may make continuing to work in physically demanding roles difficult. Repetitive strain injuries and carpal tunnel syndrome can arise from operating rides or games or making candyfloss. However, staying engaged in work and social interactions within the community support mental well-being and reduces the risk of isolation and depression.

Decision making around death and dying often involve families who may prefer their loved ones not to know their diagnosis, with the dying individual themselves believing that this will cause a loss of hope which will hasten death (Dixon KC, 2021). Feelings of shame are associated with being terminally ill, with death and dying considered taboo subjects which are unacceptable to discuss. This was sometimes found to extend to not wanting to accept care from non-Traveller or non- Roma people and not wanting to use hospice care. Grief was also found to be a private matter and not discussed or shared.

Irish Travellers involved in the Pavee Point Irish Traveller and Roma Centre in Dublin reported loss, particularly the death of men (especially young men) through suicide to be a factor in the stress they experience (Darragh, 2020).

## Health Conditions

Romany Gypsy and Irish Traveller communities may believe that the health and wellbeing of their communities is worse than the settled population (Millan M, 2019).

A range of health difficulties have been identified including chronic obstructive pulmonary disease (COPD), asthma, diabetes, bladder problems, cancer, and mental health difficulties (Office for National Statistics, 2022). Environmental factors, such as site locations and living conditions as well as occupational hazards, are believed by Gypsy and Traveller people to be linked to the health conditions they experience.

A higher risk of physical multimorbidity has been identified among Gypsy/Traveller and Roma men, compared with their White British counterparts (Taylor, 2023).

## Cancer Prevention and Screening

Showpeople find it difficult to engage with screening programmes given that they are away from their yard (fixed address) for most of the year (Greenfields, 2023).

Gypsy, Roma and Travellers people in Wales and Southwest England were interviewed to establish their knowledge of cancer prevention and screening (Condon, 2021). Although there was found to be an understanding of lifestyle factors, such as healthy diet, stopping smoking and drinking less alcohol to reduce cancer risk, there was a lack of confidence in the effectiveness of these measures, particularly in relation to smoking. Cancer was described as a taboo disease not spoken about outside of the family. Most women reported that they engage with cervical and breast screening, but few Gypsy/Traveller men would engage with bowel screening due to a conflict with ideals of stoical masculinity.

Some Roma women may be reluctant to discuss gynaecological problems or screening with their GP, particularly a male doctor. (Roma Support Group, 2022)

Superstitions have been identified around cancer which include a fear of discussing or saying the word and that treatments for cancer themselves may cause further growth (Dixon KC, 2021).

## Immunisation and infectious disease.

Despite being largely supportive of immunisation programmes, several barriers have been identified for Gypsy, Roma and Traveller communities (Mytton, 2020). In communities with predominantly oral traditions, low levels of literacy are found. Additionally, spoken English may not be understood by some Roma, this issue is compounded by a lack of available interpreters. Some communities reject the HPV vaccine due to perception that this may be seen as endorsing sexual activity before marriage. Recall and reminder systems work for some but are not universally effective e.g. if a family is not registered with a GP. Roma families are also less familiar with UK Primary healthcare systems if they are more recently arrived. The absence of data describing family ethnic group is a barrier to monitoring inequalities in uptake and the impact of interventions.

A recent study which asked participants if they had ever had a positive COVID-19 test found that the highest proportion reported was from the Gypsy/Traveller group (Taylor, 2023).

## Racial Discrimination

Historically, Romani people were enslaved by Europeans including in Britain dating from the beginning of the 1500s (Hockensmith, 2006). During this time in Britain, Romani people were branded and forced into enslavement for two years which could be extended for life if they tried to escape (McGarry, 2017). Alongside this, being found to be compassionate or friendly towards a 'gypsy' was an offense punishable by death. Although the enslavement and murder of gypsies in Britain subsided in the 1800s, stigma and discrimination continued.

Romany gypsies, Irish Travellers, Roma and Scottish and Welsh Travellers are recognised as ethnic groups under the Equalities act. The National Barometer of Prejudice and Discrimination found Gypsies, Roma and Travellers

to be the ethnic group towards which people hold the highest level of prejudice in Britain (Abrams, 2018) (Friends, Families & Travellers, 2023).

Racism and discrimination have been found to negatively impact a variety of health outcomes across all ages (Sujitha Selvarajah, 2022). They shape the environment a person grows up and lives in, and the opportunities for better or worse health they experience. Discrimination impacts where an individual can live and as a result, how likely they are to experience air pollution, community violence and access to affordable healthy food. The stress caused by discrimination can also trigger a harmful internal biological response.

Experiences of discrimination from healthcare providers has led to communities feeling worried that they will face negative judgement if they try to access services (Office for National Statistics , 2022).

## LGBTQIA+

Whilst there is no quantitative data on the number of people within Gypsy, Roma and Traveller communities who identify as Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex, Asexual or other minoritised sexual or gender identity or orientation (LGBTQIA+), there are examples of members of the LGBTQIA+ community who are 'out', some of whom featured in a spoken history archive (Romani Cultural & Arts Company, 2021).

Focused work in 2017-2018 with the GRT LGBTQ+ community (The Traveller Movement , 2019) was undertaken to discuss homophobia, raise awareness and create online resources. Workshops and interviews were held in which difficulties with family relationships were raised. Being ostracised by both family and wider GRT community networks was common and often religious beliefs were given as an explanation. Gay GRT had also experienced discrimination from the wider LGBTQ+ community because of their ethnicity. Many stories of self-harm and suspected related suicides were relayed.

In recent years opportunities for the community to meet, network and build links have formed (Traveller Pride, 2019) however, similar to other communities, homophobia continues (The Traveller movement , 2019). Where shame and guilt may mean that some live their lives in denial, negative impacts on health are more likely.

# Analysis of local data

## Population size

The official census record is very likely to be an underestimate of the true size of the Gypsy, Roma, and Traveller population due to the trust gap between the state/public services and people from Gypsy, Roma, and Traveller backgrounds (The Traveller Movement , 2022). This is thought to lead to many Gypsy, Roma, and Traveller people not identifying as such in data gathering due to fear of further discrimination.

The 2021 census included a new response option of “Roma” within the “White” ethnic group. In Bristol, 966 people (0.2%) identified this way, the same percentage as in England and Wales. 273 Bristol respondents identified as “Gypsy and Irish Traveller”, an option first available in 2011 when 359 people selected this. In addition, 26 people identified as “White: Other Traveller” in 2021. Combined, these groups total 1,265, approximately 0.3% of the total population of the city (Bristol City Council, 2023). This information is also shown in Table 2.

Table 2

Ethnic category	Census data
Gypsy and Irish Traveller	273 people
Roma	966 people
Other Traveller	26 people
Total numbers	1,265
Percentage of total population in Bristol census 2021 (472,500 people)	0.3%

Local professionals estimate the true to size of the Gypsy and Irish Traveller population and the Roma population to be far higher in Bristol than these figures suggest.

## Living situation

As shown in figure 2, a small minority (8%) of census respondents who identified as ‘White Gypsy or Irish Traveller’ reported living in a caravan or other mobile or temporary structure. 57% reported living in houses and 35% in flats.

## Census 2021, percentage of each accommodation type reported by 'White Gypsy or Irish Traveller' respondents

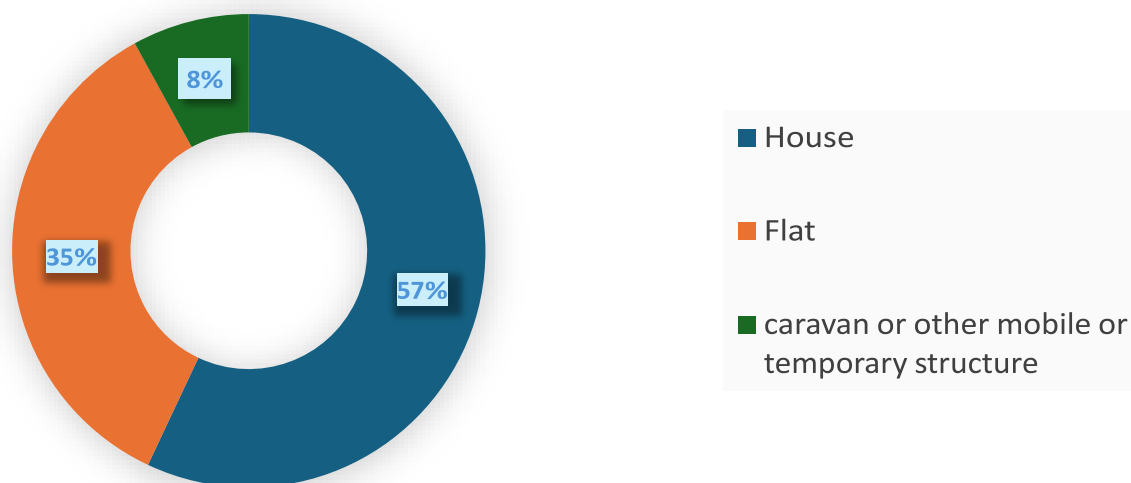


Figure 2

Around 19% of the population in Bristol live in social rented housing and this was more commonly reported by respondents who identified as 'White Gypsy or Irish Traveller' ethnic group (48%). Across the city, 27% of people live in a privately rented property or live rent free. Among people identifying as 'White Roma', 4 out of 5 (82%) privately rented or lived rent free, the highest of any ethnic group.

Bristol City Council owns a permanent Traveller site with 12 pitches as well as a transit site with 20 pitches. The transit site is used by the Gypsy and Traveller community moving to and from Bristol for work and residents may stay for up to three months. Bristol also has one privately owned Showpeople site with 12 plots.

### Health

'White Gypsy or Irish Traveller' census 2021 respondents to the 2021 Census were the most likely ethnic group to report that their health was bad or very bad at 13% (compared to a Bristol average of 5%). White Roma respondents were far more likely to report good or very good health at 93% compared to the average for the total population of 84% (Bristol City Council, 2023).

### Age

In 2021, the average age for the overall population of Bristol was 34 years (England and Wales 40 years). The average age of people who identified as gypsy/Irish traveller was 28 and for Roma was 30, suggesting a younger age profile for people from these ethnic groups than the overall population of Bristol. The Gypsy and

Irish traveller population report a far higher percentage of children aged 0-15 than in those identifying as 'White British' (26% vs 16%).

Only 14% of the Gypsy and Irish Traveller population reported ages of 50 and over compared to an average of 33% for all British born respondents. Only 1% of Roma and 3% of Gypsy/Irish Traveller respondents were over the age of 65 compared to an average of 16% for British born respondents in Bristol. This may be due to lower life expectancy and/or migration patterns of different age groups (Bristol City Council, 2023).

## Disabled people

People identifying as 'Gypsy or Irish Traveller' reported the highest proportion of Disabled people of all ethnic groups in Bristol in the 2021 Census. Disability is self-reported on the census people are considered Disabled if they reported being limited 'a little' or 'a lot' in their day-to-day activities by a longterm physical or mental health condition or illness. In Bristol, more than a quarter (27%) of those who identified as 'White Gypsy or Irish Traveller' said they had a long-term physical or mental health issue or disability that affected their daily lives. This is 10 percentage points more than the average for the population of Bristol at 17% (Bristol City Council, 2023).

## Carers

Almost 1 in 20 people identifying as 'Gypsy or Irish Traveller' provided unpaid care. People in ethnic groups with higher rates of disability and poorer health typically also provided more unpaid care. Among those who identified as 'White Gypsy or Irish Traveller', 16% of people provided unpaid care, a much higher proportion than any other ethnic group and double the Bristol average (Bristol City Council, 2023).

## NHS data – hospitals and GPs

NHS England collects ethnic category data using the values set by the Office for National Statistics as per the 2001 census which means neither 'White Gypsy or Irish Traveller' or 'White Roma' categories are available to use. The quality of ethnicity data in health-related administrative sources in England was compared to ethnicity recorded in Census 2021 in England. The ethnic category with the lowest agreement across the Ethnic Category Information Asset (ECIA) and General Practice Extraction Service (GPES) Data for Pandemic Planning and Research (GDPPR) datasets was the 'Gypsy or Irish Traveller' category (less than 7%). This category was not available in the Hospital Episode Statistics (HES) or Talking Therapies (TT) datasets. (Office for National Statistics, 2024).

## 'White Irish' Ethnic category

Acting on local intelligence, the ethnic category of 'White – Irish' was explored as a possible proxy population for Irish Travellers. However, the population of interest here are likely to represent a small proportion of the total cohort identified as 'White Irish' in health administrative datasets. The 'White Irish' population of Bristol, that is not in scope for this analysis, will considerably outnumber those within scope and therefore the outcomes for the combined cohort of 'White Irish' people will be heavily skewed towards those outside of the group of interest here.

Statistics collated from the 2021 Census (where the population groups of interest here and the 'White Irish' cohorts can be differentiated) show that for many health outcomes and determinants, the population groups in scope here and those identified as 'White Irish' differ markedly. In addition, mapping where in Bristol the population groups of interest here and the 'White Irish' population live, shows that the 'White Irish' are far more likely to be living in areas of more affluence within the north and west of the city, than those identifying as either Gypsy/Irish traveller or Roma. Combined, these observations suggest that there are likely to be limited similarities between the groups of interest here and the 'white Irish' population in Bristol.

## Local experience

Semi-structured interviews were conducted with ten individuals via video conferencing software and transcribed. Each interview was carried out by the author and lasted around 60 minutes. Several interview participants had discovered Romani ancestry or are of Romani ethnicity and one had worked with contemporary touring circuses. Others were professionals who work closely with one or more of the populations. In several cases, participants both work with the population(s) and have relevant lived experience, heritage or ethnicity. Further details are shown in Table 3. [Table 3](#)

Participant number	Sector	Works/has worked with	Relevant heritage and/or lived experience
1	Supporting the community around accessing services	Gypsy, Roma and Traveller communities	
2	Supporting community members to earn money and help with getting IDs, bank accounts, passports, driving licenses etc.	Roma community	
3	Works with Gypsy and Traveller communities in Bristol with a focus on education, health and welfare.	Gypsy and Traveller communities.	Foster parent to a Roma child.
4	Health of children and families.	Gypsy and Traveller families in Bristol.	Sinti Romany heritage a few generations back.
5	Supporting integration at a primary school.	More than 30 children from Gypsy, Roma and Traveller communities.	
6	Contemporary Circus.	Contemporary Circus community.	Worked with contemporary touring circuses. Peers that have toured with circuses.
7	Gypsy, Roma and Traveller Coordinator.	Gypsy, Roma and Traveller communities	
8	Criminal justice and law enforcement.	General population.	Of Romany heritage and lived experience of nomadic habit of life. Now settled.
9	Housing officer who supports a permanent site in Bristol.	Irish Traveller community in South Bristol.	Romany heritage a few generations back.
10	Care and support during pregnancy, labour and during the period after a baby's birth.	Irish Traveller community in South Bristol and the Roma community in East Bristol.	



A systematic approach was used for thematic analysis. This used a well recognised six-stage, non- linear framework via colour coding and sorting cells in a spreadsheet.

1. Become familiar with the data
2. Generate initial codes
3. Search for themes
4. Review themes
5. Define themes
6. Write-up

(Braun, 2006) (Bree R, 2016).

The following pages show themes that were identified along with a selection of quotes from participants relating to each.

## Living Situation

For some Roma families settled in Bristol, overcrowding and precarious housing was mentioned.

“...you do get multi-generational houses as well. ....friends or family... they'll stay for a while until they find somewhere else to live. So you will have houses with overcrowding. I'd say it's precarious housing. Definitely.”

Participant 2

“A lot of the Roma families that we used to go and see would live in shared houses, so that would be like a 3-bedroom house and there'd be three families living in there sometimes.”

Participant 10

Various current and previous living situations were described by participants which included memories of more traditional ways of living including nomadic habit of life.

“I have experience of living on sites as a child. I'm settled now. Historically my travelling area would have been between just above Bristol up to Worcester, up and down the side of the Severn. You did travel to agricultural work the usual trades that you did see with the English Romani.”

Participant 8

“...she described her life when she was a child growing up as wonderful. It was in the old wagon and there was plenty of land they were doing, like the fruit picking. She had a lovely upbringing, and it was so lush to like, to listen to her story. But now they're trying to keep their traditions going.”

Participant 4

Occasionally, health concerns were raised about living conditions.

“The caravans, especially the ones that are transient, sometimes they're quite damp, you know, and the conditions of the caravan that all depend on all sorts of factors, but obviously that bit of land, the freedom isn't there anymore because there's no land for anybody.”

Participant 4

A prominent theme identified through interviews was very high levels of cleanliness in homes.

“You could eat off a floor of an Irish gypsy caravan it's so clean.”

Participant 10

“The very first thing I was told was never put your handbag on the table you know, because everything is so clean.”

Participant 9

Strict systems of cleanliness were described as having been developed by communities to ensure the risk of infectious disease is kept to an absolute minimum.

“Different buckets for different parts of the house, floors will be cleaned with a different bucket to countertops and cabinets and sinks are used with totally different buckets and different buckets for different parts of the body, especially if you're in a caravan or if you're travelling and loos in a caravan are never used.”

Participant 3

“If you're out in the field everything's dug and buried. You've got a specific ways of dealing with it built up over hundreds of years. If you leave it filthy, if you go back to it next year, the bacteria are still going to be there, and you and it'll kill you.”

Participant 8

Several participants described a fear of being seen as 'dirty' resulting in practices being taken beyond what might be needed to reduce the spread of infection.

“I many times have been in the caravan during the cleaning time and have watched mums use diluted bleach in washing down their kids and they're like that school can't say my kids are dirty.”

Participant 3

“When my grandmother got herself a council house, when I was little, she lived in in one room the size of a caravan, and she had a lounge that everything was covered in polythene, and everything was

obviously Immaculate. If we went in there, she used to tell us off. She'd be worried about because she didn't want to be, you know she was no 'dirty gypsy'."

Participant 8

## Discrimination

As well as the fear of being seen as 'dirty', racism and discrimination were recognised via a variety of experiences and related harms.

"There is a lot of racism directed against Travellers. Some people think that they are able to say horrible things against Travellers that they would never dream of saying about any other group. It seems to be deemed as 'the acceptable face of racism'."

Participant 7

"It gets you in the feels because you're just thinking, oh, surely this can't be still happening. But sadly it is. Like even within professionals I get some emails come through. It's quite soul destroying really. I just think, oh gosh, nothing's changed."

Participant 4

It was recognised that Roma people have experienced discrimination and persecution to such an extent that they may deny that incidents impact them.

"Within Romania, the Roma community are treated as a second-class citizens, definitely. I think that when they come here and they experience a similar thing from people, it's almost how they expect to be treated. You know, we might get a phone call from a shop or a member of the public saying I'm really worried because your vendors just had somebody shouting at them or, you know, doing whatever and spitting at them and all sorts. And they'll say, oh, don't worry, it's OK. It's fine."

Participant 2

In addition to oppression Roma have experienced in Romania, the risk of conflating the two communities was identified. This may show up in the use of Romanian interpreters who may themselves carry prejudice due to their own social and cultural norms.

"Roma may come over from Eastern Europe but I'm constantly telling people don't say Romanian! Actually, they're absolutely horrendously oppressed by the Eastern European state, denied access to schooling, denied access to decent housing, denied access to any support. They're no more Romanian than they're Albanian."

Participant 8

"We may use Romanian interpreters and sometimes I've thought 'that's not what was said' because the bias is awful."

Participant 8

There were reports of Irish Travellers changing the way they speak to sounds 'more English' to avoid discrimination.

"In terms of like Irish travelling community, people share with me that very often they have to change the way they speak in order to receive a certain service. They put on English accents. And that's particularly heartbreaking."

Participant 1

Those not from ethnic Traveller backgrounds, may still experience discrimination when touring and living in a vehicle.

"When I lived in a vehicle as a showperson I did experience Romaphobia and a lot of it stems from people seeing caravan people assuming gypsy ....it wasn't directly because I was circus because I was showperson. It was because I was mistaken as gypsy, Roma or traveller. There is definitely stigma there. It's very hard to gauge how much of that stigma is directed towards the show people community. Because there's a lot of misunderstanding from people outside of the community of just how many transient communities there are."

Participant 6

Because community members do not always feel safe to disclose their identity, it is not thought that data reflects the true size of populations nor associated health and other concerns.

"I have worked with people who basically specifically asked me .....they have told us that they identify as in the GRT community and then they have requested that we remove the ethnicity category because they don't want to be labelled. We don't have the right stats., across the system because people fear discrimination."

Participant 1

"...we have all the skewed data. Our families haven't participated in the census. The census has been used to target and eradicate Gypsy Roma, Traveller populations more than once throughout history, in fact, repeatedly, and so you'd be a dummy if you were to put your hand up and say we live here and yeah, we're Irish Traveller."

Participant 3

## Accessing healthcare

Unfair treatment and discrimination was also raised as a barrier to GP access.

"When they are refused the registration at the GP surgery, people have been initially asked for a visa."

Participant1 (referring to a Roma family)

"They don't like the local GPs there in (area of Bristol). They feel like they're discriminated against."

Participant 10 Alongside this, being on the move also presents a barrier to access.

“if you're touring, you're not going to be next to your registered GP.”

Participant 6 Several participants reported good access and positive relationships with GPs.

“For me, I did have access to a GP when needed, I didn't really need much. We've had thousand years travelling around in different communities and realising how well we can access what benefits us.”

Participant 8

“I think the consensus was most of them, I've got access to the GP. I think they've built up that relationship with the GPs, which is really good.”

Participant 9

A range of barriers were described in relation to accessing health services more broadly including difficulties with written communication and not being able to tell the time.

“Not only the reading, reading and writing the literacy side, but also the not getting post on site, the understanding of medical terminology.”

Participant 4

“They can't tell the time..... so they either come really early and sit there for like, an hour and a half waiting for their appointment, or they'd miss it because they'd arrive late and we'd have to kind of squeeze them in somewhere. We used to run a separate drop-in clinic.”

Participant 10

The importance of trust in healthcare services was identified as important.

“You know, because they've built that trust up with the GP. They tend to like to stick to one specific GP once they get used to them.”

Participant 9

“I think there is a lot of fear that people won't be treated fairly and equitably within health services. There is a fear, amongst Travellers, of how they will be thought of, judged and spoken about by healthcare providers.”

Participant 7

## Maternal health, children, and young people

The number of children in families, how children are cared for and their education varies across cultures and ages and this was reflected in participant perspectives.

Not all communities have cultural or religious barriers to contraception and for those who are touring, access can be via walk-in centres.

“I would say in terms of like contraception, having the walk-in centres makes contraception more accessible and easier to access. From my experience, there is no stigma around contraception.”

Participant 6

Although some communities such as Roma would traditionally have been expected to have a lot of children, some are now choosing to use contraception, even if they do this in a way that means other people do not know.

“One of our mums has openly. So, she openly told me that she was going to the GP in her words, to get the tablet because she didn't she didn't want to be like a mum with lots of children.”

Participant 5

“I'm thinking of a couple of younger vendors who've had an implant put in. Which is quite interesting. Cause, I think they don't want to be seen to be using contraception, so they don't want to be using the pill or condoms or anything like that because that's more obvious.”

Participant 2

Religious beliefs regarding impact decisions around contraception, number of pregnancies and the acceptance of sex before marriage.

“We used to look after two different women that were from the Roma community and they had severe cardiac conditions one woman had had four children in the UK alone and had two in Romania, and with three of the four children that she'd had in England, she'd ended up in ITU postnatally because she had a cardiac condition. But she wouldn't stop getting pregnant, if she was meant to live and that baby was meant to live God would make that happen.”

Participant 10

“... tend to marry quite young, especially if they're strong in their faith about no sex before marriage. Then it's especially the Catholicism then there's no contraception. So, this is when you get large families.”

Participant 9

Marrying young and not using contraception may result in back-to-back pregnancies with an increased risk of anemia.

“We saw lots of women symptomatic of anemia which wouldn't be hard to understand .....their bodies are never really recovering from one pregnancy before they're pregnant again.”

Participant 10

For people who are newly arrived in the country they may initially be charged for care whilst pregnant which can mean they are reluctant to see a midwife again.

“...been in the country not very long. But she's pregnant. And of course, she immediately got a letter saying you need to pay all this money for your health visit and absolutely panicked and was like, well, I'm not going to the midwife again.”

Participant 2

For those who are nomadic or touring, it may be difficult to access care during pregnancy.

“Is always a worry for me because if the families are travelling through. They're gonna be missing out on their appointments.”

Participant 4

For those involved in circus performance, their good general level of health and fitness may mean they continue to work during pregnancy.

“One of my friends recently performed at 36 weeks pregnant, doing handstand hand balancing. Someone else I knew performed at Glastonbury, visibly pregnant. It's husband and wife, and he counterweights her. And that's a very common thing. It's husband and wife doing acts together where one of them is the base. One of them is the flyer. One of them is the rigger or counterweight or the other one is the aerialist.”

Participant 6

There was thought to be lower levels of breastfeeding in some communities including Irish Travellers and Roma.

“There's a real high rate of formula fed babies in the Roma community. Yeah. And I don't know if, especially in the Roma community, I don't know if there's, like, this association that like, because you have to pay for bottle like milk and it's expensive, like, there's this misunderstanding. It is better for your baby.”

Participant 10

Strong family networks and communal parenting was a common theme in several communities. “There's often a creche and everyone is, regardless of relation to the child is hands on in that childcare and it's beautiful in that regard.”

Participant 6

“We see a lot of people who get a lot of support from their family networks. They are very, very strong communities. You know, support each other as much as much as they can.”

Participant 1

“there's a very long history of communal parenting. That's just a cultural norm.”

Participant 3

Children may be allowed more freedom than current mainstream cultural norms. These may present to people outside the community as more or less positive.

“You know the children play; they play outside. You know they're not kept inside. They play the old traditional games, which is lovely to see. You know, they're up and down on their bikes.”

Participant 9

“Older children 10 and 11 year olds are looking after the 1, 2, 3 year olds and they're going to the Community centre for somewhere to go, but not having any adults with them.”

Participant 2

These differences may lead professionals and community members to have a different perspective of what constitutes “good parenting”.

“Do you have a bank account? No, because we don't believe in your system. And so, oh, you know, can't manage finances. How could they support children? You know, these sort of thing quite quickly find us in a bad position.”

Participant 3

This may partly explain the fear of having children removed, alongside living memory of this being a reality.

“They tried to take me off my mother when I was a child and that was not going to happen. That turned out to be very, very positive because, you know, it's strengthened the bond between me and my brother and my mother.”

Participant 8 The experience of children was likened to others living in poverty.

“Just like any children that are living in poverty, really. I suppose a similar sort of thing. So we do a lot of support from the baby bank for young children up to five, so they can get free whatever they need, clothes, cots, whatever. with the nine or ten children and they're all in their coats in the house because it was absolutely freezing cold.”

Participant 2 Traditionally, children in the communities would finish school at a young age.

“I was going out laying bricks. It was a great thing to go out and do and I could earn money plastering by age of 13.”

Participant 8

Even now, for those who are not living in one place, it may be hard for children to access schooling.

“When they get a bit older into more schooling age they're home schooled because the modern schooling system can't fit around the touring lifestyle.”



For some parents in their 20s, there was perceived to be a change in attitude towards education.

“....in their early mid 20s now finish school when they were 14/15 maximum, mainly, they just got married and started a family. The feeling I get is that they don't want their children to have to do what they've had to do. They want them to get a job like, you know, a good paid job. And I think they're realising that going to school is the pathway to do that.”

Participant 2

## Healthy Lifestyle

### Healthy eating

The ability to eat healthily was thought to be influenced by several factors including cultural and economic.

“I think day-to-day that just the cost is and it's gone up so much, hasn't it that it's becoming more difficult to get fresh food. I think there's a lot of batch cooking and as a community they will help one another out.”

Participant 2

“Foods that are kind of adapted based on availability. So food bank cuisine.”

Participant 3

“Cooking involves a lot of large, single pot meals when cooking in a caravan and takeaways seem common. There is also a great deal of pride taken in appearance and young people especially would not wish to be perceived as looking unfit, so people do try and look after themselves.”

Participant 7

“When I was growing up, there was still one pot meals, and my grandmother could make a meal out of any roadside. Garlic and goodness knows what else and the mushrooms are amazing, if you know, if you know what you're doing.”

Participant 8

### Smoking and vaping

A range of perspectives were given on how prevalent smoking is in communities.

“The Irish men smoke a lot. I never came across hardly any women that smoked in either of these communities (Irish Traveller and Roma).”

Participant 10

“I very rarely see any of my residents smoking. So I don't think smoking's a big part of the culture.”

Participant 9

"If you're talking about for smoking, used to smoke loads, yeah, but I think most families did. Can't think of any of my family members that still smoke."

Participant 8

"You know, I can't even think of a Roma woman that smokes. We've got a few of the older men who smoke, very strong cigarettes, who've got, like, heart problems."

Participant 2

"I think a lot of people smoke. I think it's also a good way of dealing with stress and it's an acceptable addiction. It's more acceptable publicly to like smoke as a man, but a woman would do it in the privacy of her own home or in her car."

Participant 3

Although smoking by children was not mentioned, a couple of participants mentioned vaping, including in very young children.

"Two different incidences of two-year-olds walking around the site vaping and when we spoke to other residents about that they were like, that's very normal for those kids. We see it all the time." Participant 3

"A little while ago we did have concerns with the older boys vaping. They were bringing vapes into school alleged that they found them on the way to school. I think they understood that it wasn't good for them."

Participant 5

## Exercise

For people involved in circus work (of all genders) there is a need to maintain a healthy body to continue to work and earn money.

"The body is the commodity. Therefore, we have to maintain that good health. Everyone needs to be putting the tent up, taking the tent down, performing in the show. If you're not performing in the show, you're doing the popcorn out front. It's very, very hands on. It's very physically demanding. But there is very much the show must go on mentality and the sort of thing. You get through this tour and then you've got your off season, you'll be resting anyway."

Participant 6

In other communities, it was generally considered to be men who would take on paid work which involved manual labour meaning they were often physically active.

"Male members of the household are often involved in jobs requiring manual labour which involves a lot of physical exertion and exercise."

Participant 7

However, in some countries and historically, safety measures have not been prioritised at work. Although manual work may have contributed to a lifestyle which was active, unsafe practices in construction work were thought to have had a lasting negative impact on the health of some men.

“.....worked in construction and there was no health and safety. So they now are suffering terribly with back problems, with arthritis. One’s just got a mobility scooter. One’s walking with an Aframe and it's the effect of carrying heavy loads on a building site.”

Participant 2

Outside of manual work, boxing was an activity which several participants referenced.

“Boxing's a massive part of my heritage bare knuckle and traditional.”

Participant 8

“I've referred a couple of them to empire fighting chance, and I know that they attend so that they enjoy going to the boxing club.”

Participant 5

## Dental Health

Poor dental health was raised as a concern both for children and adults in communities.

“...they had stumps. They're black. I mean, serious stuff.”

Participant 4

“we've had a few Roma women in real pain.”

Participant 2

“The majority of our Roma children have problems with their teeth. They often complain of pain. And when you look at their mouths and look at their teeth, you can see the decayed teeth.”

Participant 5 Some possible explanations for this include discrimination from local dentists.

“I am aware of a Bristol based dentist who refuses to take Travellers, saying that ‘they never turn up for appointment and when they do, they cause problems’.”

Participant 7 Levels of sweets and sweet drink intake may also contribute.

“it's not uncommon to see a kid with those extra tall monster drinks which is nothing but sugar and carbonation, which makes your teeth way susceptible to those cavities.”

Participant 3

“I know that they drink a lot of sugary drinks and a lot of sweets and things.”

Participant 5 For some, this resulted in using the dental hospital.

“People basically have to have to wait until it gets really bad and then they will be seen at the emergency department in Bristol Hospital Dental Hospital.”

Participant 1 Others were able to access dental services abroad.

“... off to Turkey to have their teeth done. So there's a lot of very white smiles. You'll speak to somebody one day and then all of a sudden you just get a bright, dazzling effect on you.”

Participant 9 There were examples of good practice such as supervised teeth brushing at school.

“We have daily toothbrushing, we're trying with the Roma children. Across the school, we do it with different children for different reasons.”

Participant 5

## Immunisation

Professionals may believe that communities do not want immunisations.

“I think there's assumptions that within the Gypsy Roma Traveller community that they don't approve of immunisations.”

Participant 4

However, the picture is more nuanced and attitudes are likely linked to a need for trust to be built up, which may take time.

“as long as it's not something new..”

Participant 9

“I think they're quite good when they're babies 'cause, they get the red book, don't they? That gets filled in and they've got a health visitor that supports them.”

Participant 2

For some fear and mistrust may lead to outright refusal to have a vaccination or immunisation.

“We had some immunisations here a little while ago and all the Roma families opted out. They didn't like the thought of it. They just said they didn't want foreign things put in their children's bodies, you know, they were just, they were just fearful of it. They didn't really know what it was. And we tried to talk to them about it. We tried to explain. We tried to help, but they know they didn't want it.”

Participant 5

“I've gone out with the COVID vaccination team and no one took it up, you know. They'll just say no and you can't question.”

Participant 9 Some vaccinations may be refused for religious or cultural reasons.

“HPV vaccinations are when you talk about it or very often when it's spoken about, it's for girls that are sexually active because it, you know it and those girls are not meant to be sexually active because they're only sexually active with their husband when they get married.”

Participant 10

However, there is an understanding of the risk of infectious disease and family stories relating to experiences of how dangerous these can be.

“I also saw the terror that there was for people who were in, in vans of that thing because, you know, an epidemic can sweep through a site and wipe a site out historically. And it's quite a terrifying thing. I must have been told by elders when I was a kid. It must have been, yeah, there's the fear of people bringing in a disease that's going to go through the site.”

Participant 8

## Cancer and screening

Several participants related personal and community experiences of cancer.

“cancer's has been brutal to my family on both sides.”

Participant 8

“...she died. Poor screening and then poor care. Things could have been done. Because she was on a transit site with no permanent address, she wasn't offered the support she should have been offered. The family tried to prosecute.”

Participant 3

For people who are nomadic or touring, they may be away from a postal address (if they have one) and so invitations to screening may be picked up after the appointment date.

“the notifications for the screening comes in through the post. You might not get it for months.”

Participant 6 People may also not be able to read written information.

“all these things that the bowel cancer screening and things all get sent out in English. Which they'll probably just throw in the bin. Sometimes they'll bring letters to us and then we can translate. Even if it's sent out in Romanian, it doesn't always mean that they can access it.”

Participant 2 Cancer can be something that people want to keep private.

“I've had somebody that had cancer and has been given the all clear. But it was hush, hush. even when I was speaking to him, they'd whisper to me. Do you know what I mean? And his partner, his wife came

up to me the day she said. She said he's had the all clear. He hasn't got it. And I'm like, whoa, thankfully for that, you know. But they didn't want the other people in the community to know."

Participant 9

In the case of breast, bowel and cervical screening, there may be embarrassment about the parts of the body.

"We don't check our own breasts because it's seen as weird. We don't touch our breasts."

Participant 4

"Anything that relates to cancer 'private parts' people don't share"

Participant 1

As a result of engagement with communities, a local healthcare service has started awareness raising sessions.

"I've started this cancer screening awareness session, which started from one of the travelling ladies, saying her sister has been discriminated against."

Participant 4

## Alcohol and other drugs

There were varied perspectives around the use of alcohol and other drugs in communities.

"I've never seen any evidence of any alcohol in community bins and anything like that.."

Participant 9

"I know of one person who has been using spice and very openly admit this, which I really appreciate them and respect them for that. Another person, I think they might have developed some substance abuse problems, especially around alcohol. Yeah. So, it happens."

Participant 1

"No more than any other community, or less than any other community."

Participant 6

For those involved in circus performance there may be additional risks associated with the use of alcohol or other drugs.

"If I'm working with someone, say my acro partner and I noticed that they start smelling like alcohol a lot, I'm putting my life in their hands, so I'm going to address that possibly sooner than someone outside of the community would. Yeah, it's just not tolerated because of the risk."

Participant 6 There is an understanding that substances may be used to self-medicate.

"I would say my family have self-medicated through alcohol and I'd say that's gone back and that goes back a long way. If your life is relatively short and brutal and physical, then you pick up pick up knocks along the way and alcohol is definitely self-medication. Probably when things get brutal pain, I'd say physical pain."

Participant 8 Alcohol may also be used as part of socialising.

"It's alcohol is the main thing with the Roma community, mainly for men on their own. It's just a social thing, hanging around with friends in the town centre having a drink."

Participant 2

## Mental health

As well as for physical pain, alcohol may also be used to self-medicate for mental health.

"My dad and uncles, it was alcohol. You can probably blot things out for a night and put off thinking about it."

Participant 8

There were thought to be differences for different generations and communities in how acceptable it is to talk about mental health.

"It's a closed subject. Not so much with the younger generation, but the older generation."

"Didn't get spoke about in the Irish travelling community. It's a little bit more in the Roma community where the girls would say they feel a bit sad."

Participant 10

"Mental health was a little bit of an embarrassment to talk about. But that's changing."

Participant 8

Although not generally talked about, participants had found ways to support members of communities around their mental health.

"It's a closed subject in the community, mental health. I've told them I'm always available if they want a general chat around the mental health. I don't say around 'mental health'. If they have any concerns or they're feeling a little bit low, do they want to come and talk about it."

Participant 9

"People just drop into the office, and we'll have a quick chat. They do sometimes open up a bit, a lot of it is around the stress of living in poverty, you know, I've not paid my rent the last few months. I can't afford gas and electric. I need school shoes for my children. The stress of having a big family to look after and run a house and trying to work. Same as a lot of other people, really, but not knowing how the system works as well."

Participant 2 Engagement and access to mental health services can be difficult.

“Engaging with mental health services generally is challenging because there is a fear of being judged, either individually or as a whole family. We definitely see a reluctance to access services, or people do not know how to get help around mental ill health. Engaging with CAHMs for young people has proved very, very challenging”

Participant 7

However, for some, opportunities for better access had been identified through the use of video calls.

“I think COVID being a big help is we talk about the fact we go to therapy and that we have therapists. And having a lot of therapists sort of forced to do therapy on zoom and online has then made it much more accessible for people that are touring because they can build the rapport in person during the off season and then have those online sessions whilst around on tour.”

Participant 6 Men in their 20s-40s in the communities were thought to be at particular risk of suicide.

“We also see a lot of, and I've been told of lots of male suicides. I've had a conversation with a couple of families where it's impacted in their local church and it seems to be younger men. So when I say younger men, I think they said under 40.”

Participant 4

“I hear quite a lot about suicides completed by young males under the age of 20-25.”

Participant 1

“Suicide rates are at 8 times higher for men at that pivotal age where they're starting to grow their families and find a career. A career like they would normally get their traditional trade from their father. But you have to apply for licences or be able to take tests well with the illiteracy, that's a real problem. And they're heavily policed because they're Travellers, so people want to check what they're up to. So in their mid 20s to 30s, that's when we see really increased suicide rates 'cause that's when they're growing their families and realising I can't sustain a life with this family. And that's a lot of pressure and shame for a man.”

Participant 3

## LGBTQIA+

There were varied perspectives of attitudes and acceptance towards Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex, Asexual and other sexual orientations (LGBTQIA+) within communities.

In some families and communities, individuals with LGBTQIA+ identities were able to be open and accepted.

“Never, occurred to us that they weren't gay. It's never been an issue in my family.”

Participant 8



“In Bristol, in the contemporary circus community, there’s quite a lot of representation for LGBTQIA plus people.”

Participant 6

Some were accepted and supported by close family, but this did not always apply to their extended family or wider community.

“I can give you an example of a young man, he's gay. He came out to his family and his family were very, very supportive to him. However, he couldn't completely come out, you know, in Ireland. That was something that impacted his well-being hugely, you know. Just the lack of kind of, feeling they can be themselves and being open around the extended family members.”

Participant 1

“I've had a couple instances where there was zero tolerance and then I've had ones where the family are like you either accept us as a package or we're going. And so the family, the immediate family unit or maybe a little bit of the extended will say we're standing behind this child. And if you don't, then we're out as a collective.”

Participant 3

Some families have informed participants that they do not want their children learning about LGBTQIA+ identities in school.

“I know that some of the families have said to me they don't want their children learning about that in school.”

Participant 4

However, the existence of same sex marriage in the UK alongside inclusive environments in (some) schools has meant that children may have an opportunity to encounter teachers who feel safe to be open about their own identity and experience.

“One of their teachers had a same sex marriage quite recently. I think she showed them a photograph of the wedding day, you know, and there was no negative response to it. The boys come down to me and they said, miss got married, you know, she married a lady? We talked together a little bit about it. I think culturally it's not something that's been spoken about. There wasn't anything about wanting to withdraw their children from that class, nothing like that from the parents.”

Participant 5 Several participants explained anti-LGBTQIA+ beliefs have led to abuse.

“I've worked with a couple of cases where people have been quite badly abused for coming out as gay.”

Participant 7

“Have had people suffer domestic abuse because they've been found out. Once that happens, they are taken out of the community completely. But that doesn't just extend to the site, that will go across the country.”

## DVA and harmful practices

As well as sexual orientation, other breaches of 'honour' were referenced by participants with links to tolerance of Domestic Abuse.

"If somebody was an adulteress even, no matter what happens, they are ousted. You know they are supposed to partner for life. This is why people stay in domestic abuse, because if they leave the partner or the husband, then it doesn't matter whether they're in domestic abuse, they're classed as outcasts within that community."

Participant 9

"We had a lady and her husband was a very heavy drinker. We had a lady who worked with us then who could translate what was being said. She said he's just been vile to her, verbally abusive to her on the telephone. We tried to talk to her about it, but she was just like, 'oh, no, I'm fine' There is a huge taboo. Just stay with somebody once you're married because you know you don't get divorced or separated. Or if you do then you are shunned by everybody."

Participant 2

However, this does not mean that abuse should be tolerated based on someone coming from a particular community.

"I've had people say to me, well, it's accepted in our communities, the police have just got to accept that it's different and I'll challenged that because it's wrong. You wouldn't accept that in any other culture. There's that unconscious bias. Maybe not as bad as in the past, but I think that's still something that we need to challenge."

Participant 8 Honour was considered to be held by women and girls.

"There is a disproportionate amount of honour placed on a woman and if there is rumour that she was somewhere of a certain age without a chaperone, that brings shame to the entire family, which rests on her. They can out her and she could be ostracised with no prospect of marriage, no education. A kid starts, preparing for this at a very young age, you know, primary school age. She is preparing and she's often aware of who she's promised to."

Participant 3

"I've worked with more than one family where the women have told me that they can't do certain things because they will be abused because of it. People have also told me that domestic abuse and honour based violence are normal in their family."

Participant 7

Arranged marriage, forced marriage and being 'promised' to someone was also described.

"I think it would be known for them that they would marry a Roma boy or a Roma girl. They might not be promised to someone specific that they'd know of."

Participant 5

"We work with people who have been subjected to forced marriages. They would say that they have been subjected to grooming, The age difference between both parties can make it happen, in an easier way."

Participant 1

However, the way these arrangements have been portrayed via television programmes was thought to be misrepresentative.

"Ever since that stupid Gypsy wedding. Rubbish that that was. The 'grabbing' when you know young men going out and 'grabbing' girls. I've never heard of that. Never seen it. It was never part of my history."

Participant 8 There are also practical considerations for the police when intervening.

"I think in a house you can put one person in one room, one person another and you can't in a caravan, everything's intense. You take them out into the cold or to a car or out into another caravan and then you're going to move them back into that intense little petri dish again."

Participant 8

## End of Life and Bereavement

A description of withdrawing from touring life as people age was described for Circus performers which may also resonate for other communities.

"I would say generally as people are getting older they tend to transition from those hands on roles into more of the like the box office or like driving the trucks or less physically active. In terms of then retiring completely from touring it, it tends to be quite a slow step away and often quite a hard process because that touring lifestyle you've done that for your whole adult life for many decades then be in a fixed place and not as physically active and not mentally stimulated in that way. And a lot of your friends and colleagues are super busy off touring, it can be quite isolating and lonely and a big shift in lifestyle."

Participant 6 Accelerated ageing was mentioned by several participants.

"Some people look older than their age. We have to consider their backgrounds and life stories. One person I'm thinking about, they were born in Romania and grew up in one of those infamous orphanages where children have not been treated very well. They have to start work, physical labour at the age of 8. They were subjected to several forms of abuse."

Participant 1

"I would say, you know, we do see compounded health issues with parents in their 30s because that is middle-aged. You start to see these more acute end health issues that you would probably see in your 60s. Accelerated ageing because we have all of these environmental conditions creating the perfect storm."

Participant 3

"My brother died at 41, my grandfather died in his 50s, but he got hit by a drunk driver. He was at work. My Uncle heart attack. But he did smoke and smoked heavily. So it was attributable to external factors that have made the male side of my family so short lived. But the women in the family tend to get into their 80s."

Participant 8 Care of the elderly is thought of as the responsibility of families.

"You wouldn't hear of a Traveller going into a care or respite, you know, people try to take care of their own. The younger generation are responsible for the older generation, you know and needs are met by family."

Participant 9

As previously mentioned, suicide is a concern and there may be additional risk following a bereavement if there is no way of processing feelings.

"How are they going to process all those feelings of bereavement? Because sometimes ending their life in that way is unresolved grief."

Participant 4

Participants reported that they show respect and support the bereavement process as best they can.

"Something that unfortunately we see a lot when we speak to our clients that they are either busy going away to a funeral or they might be just coming back from a funeral. We are respectful and we cannot, you know, try and engage with someone when they are going through bereavement process."

Participant 1

"I've had a bereavement site recently, a young lassie that lost her mum. She's done nothing but cry on my shoulder constantly. She's got a big family; she needed somebody to be there for that was not family."

Participant 9 Sometimes a bereavement may present an opportunity to share family customs.

"Because of Gypsy and Traveller History Month, we were talking about traditions that you've held through the family. The young lassie talked about the grieving process. They dress black and won't watch TV or listen to music for a year. "

Participant 9

## Discussion and next steps

‘Core20PLUS5’ is an NHS England initiative to reduce healthcare inequality (NHS England, 2023). A strategy and a forward plan have been published for the local ICS covering Bristol and the surrounding areas (Bristol, North Somerset and South Gloucestershire Integrated Care System, 2023).

A national framework for NHS – action on inclusion health is available to plan, develop and improve health services for Inclusion Health populations (NHS England, 2023). This suggests using the follow:

### **Inclusion health framework principles**

1. Commit to action on inclusion health
2. Understand the characteristics and needs of people in inclusion health groups
3. Develop the workforce for inclusion health
4. Deliver integrated and accessible services for inclusion health
5. Demonstrate impact and improvement through action on inclusion health

## Equality and Inclusion

### **Principle 2. Understand the characteristics and needs of people in inclusion health groups**

Because community members do not always feel safe to disclose their identity, it is thought that data does not reflect the true size of populations nor associated health and other concerns. Although likely to underestimate the size of relevant populations, census data proved the most useful for this analysis as it includes White Gypsy or Irish Traveller and White Roma ethnicity categories.

Analysis of census 2021 data identified that ‘White Gypsy or Irish Travellers’ had the highest proportion of Disabled people of all ethnic groups in Bristol and the highest percentage saying their health was bad or very bad. These differences are not explained by age as only 14% of the Gypsy and Irish Traveller population reported ages of 50 and only 3% were over the age of 65 at the time of the census. 16% of ‘White Gypsy or Irish Traveller’ respondents to census 2021 reported that they provide unpaid care, a much higher proportion than any other ethnic group and double the Bristol average. The Gypsy and Irish Traveller population report a far higher percentage of children aged 0-15 than in those identifying as ‘White British’ (26% vs 16%).

Two relevant faith groups were identified through interviews which were Pentecostal Christian for Roma and Catholic for Irish Travellers. Attitudes, beliefs and social norms regarding marriage, pregnancy and contraception within these communities can be better understood through a faith lens.

Signs of early aging were identified which offers useful insight into why percentages of Disabled people and carers are higher in census data for ‘Gypsy or Irish Traveller’. People who identify as part of the LGBTQIA+ community may face additional health inequalities.

NHS England collects ethnic category data using the values set by the Office for National Statistics as per the 2001 census which means neither White Gypsy or Irish Traveller or White Roma categories are available to use (Office for National Statistics, 2024).

## Equality themes identified through interviews.

- Signs of early aging were described by interview participants. This may go some way to explaining findings from analysis of Census 2021 data which suggests that people identifying as 'Gypsy or Irish Traveller' are more likely to be Disabled, have a long-term health condition or be a carer even though there are fewer elderly people in these communities.
- Interview participants highlighted two relevant faith groups: Pentecostal Christian for Roma and Catholic for Irish Travellers.
- Local perspectives on LGBTQIA+ people within communities suggest higher risks of harm.
- Initial charging for maternity care for newly arrived people.

### **Recommendation 1: Address inequality and intersectionality – including Ethnicity (including 'Roma' and 'Gypsy or Irish Traveller'), Disability, Age, Sexuality and Religion and Belief**

- The Integrated Care Board (ICB) and NHS England to examine NHS collection of ethnicity categories and consider updating to include 'Roma' and 'Gypsy or Irish Traveller'.
- Health and social care providers could consider whether their workforce reflects the ethnicity profile of their patients and clients (including 'Roma' and 'Gypsy or Irish Traveller')
- Develop trusted relationships between immunisation teams and Gypsy, Roma, Traveller and Showpeople communities to improve uptake
- The needs of Disabled people, carers and signs of early aging, within Gypsy and Traveller communities should be considered in service planning and delivery.

### **Recommendation 2: Improve outcomes for maternity and child health**

- Maternity services could consider developing accessible communication with the local Roma community to include NHS charges.
- Perinatal mental health, and baby loss and bereavement services could work with the community to ensure they are accessible and culturally appropriate for Gypsy, Roma, Traveller and Showpeople parents.
- Family hubs, children's centres and breastfeeding services could ensure that they are culturally sensitive, accessible and welcoming of Gypsy, Roma, Traveller and Showpeople

## Discrimination, Access and Communication

**Principle 2: Understand the characteristics and needs of people in inclusion health groups Principle 3: Develop the workforce for inclusion health Principle 4: Deliver integrated and accessible services for inclusion health**

The negative impact on health of discrimination towards Gypsy, Roma, Traveller and Showpeople was identified. People in Britain have been found to hold high levels of prejudice towards Gypsies, Roma and Traveller people and the resulting discrimination is likely to partly explain the poor health outcomes they experience. This discrimination towards specific ethnic groups may also extend to those who are not ethnic Travellers but mistakenly believed to be. Access to healthcare is further undermined by the resulting fear of

negative judgment from healthcare providers. This fear may also result in cleaning practices which although based on inherited wisdom, may have become excessive due to fear of being seen as 'dirty'. In the absence of an accurate understanding of the long-term persecution of Roma in European countries, some professionals are known to conflate Roma people with Romanian nationals which undermines patients' confidence in them.

#### **Discrimination and health impact identified through literature review.**

- The National Barometer of Prejudice and Discrimination found Gypsies, Roma and Travellers to be the ethnic group towards which people hold the highest level of prejudice in Britain (Abrams, 2018) referenced in (Friends, Families & Travellers, 2023).
- Racism and discrimination have been found to negatively impact a variety of health outcomes across all ages (Sujitha Selvarajah, 2022).
- Experiences of discrimination from healthcare providers has led to Gypsy, Roma and Traveller communities feeling worried that they will face negative judgement if they try to access services (Office for National Statistics , 2022)

#### **Discrimination and health impact identified through interviews.**

- There is a fear of being seen as 'dirty'.
- Racism and discrimination were recognised via a variety of experiences and related harms.
- Roma people have experienced discrimination and persecution to such an extent that they may deny that incidents impact them.
- Professionals may conflate Roma and Romanian communities.
- There were reports of Irish Travellers changing the way they speak to sounds 'more English' to avoid discrimination.
- Those not from ethnic Traveller backgrounds, may still experience discrimination when touring and living in a vehicle.

Several barriers were identified which prevent Gypsy, Roma, Traveller and Showpeople from accessing healthcare. These included being told that GP registration requires proof of an address or that a visa is needed. For those who have successfully registered with a GP, they may be away for large parts of the year and unable to get back for appointments. Written communication may present barriers to access for people who cannot read and in addition postal invitations e.g. for screening appointments may not be received in time due to not being at a postal address for much of the time.

However, several participants reported good access and positive relationships with GPs and the importance of trust in healthcare services was identified.

### **Barriers to access identified through literature review.**

- An ambulance service may agree to attend a site only with a police escort (Office for National Statistics , 2022).
- Challenges in registering with a GP surgery without a fixed address have been identified (Office for National Statistics , 2022). 74 out of 100 UK GP surgeries failed to register a mystery shopper who identified as Romany and had no fixed address (Friends, Families and Travellers, 2021).
- Travelling showpeople are usually registered with a GP but away from their 'yard' for much of the year leaving little time to catch up on medical appointments (Greenfields, 2023).
- Difficulties with access to primary care services means that there may be increased reliance of emergency services (Office for National Statistics , 2022).

### **Barriers to access identified through interviews.**

- Unfair treatment and discrimination was raised as a barrier to GP access and examples were reported where Roma had been asked for a visa in order to register.
- Being on the move presents a barrier to access as the GP is not nearby.
- Difficulties with written communication and not being able to tell the time.
- The use of postal communication for e.g. cervical screening means may not receive invitations in time.

Familiarity with and the understanding of trusted health practitioners has been found to support engagement with healthcare (Office for National Statistics , 2022). A local service is available to support access to health services for those experiencing language and cultural barriers in Bristol (Sirona Care and Health , 2019). Health Links workers are employed by Sirona Care and Health to provide face-to-face, telephone and video call interpreting, as well as advocacy, signposting and referrals. Although Gypsy, Roma, Traveller and Showpeople are not a single linguistic minority, there may be opportunities to increase representation in the local healthcare workforce. **Recommendation 3: Develop effective communication**

- Health and care organisations including NHS England Vaccination and Screening Team (VAST) should consider use of text as well as letters for screening appointments.
- Healthcare providers should consider providing alternative delivery methods such as drop-in clinics.
- Health and care providers should work with the communities to improve effective methods of communication.

### **Recommendation 4: Build trusted relationships between health and care service providers and the communities**

- Health and care employers could explore opportunities to employ Gypsy, Roma, Traveller and Showpeople in patient or community facing roles.
- Everyone working with these communities should utilise Asset Based Community Development Approaches to support engagement and break down barriers between services and Irish Travellers, Romani Gypsies, Showpeople and Roma communities in Bristol.



- Cultural awareness training and experiences for professionals could be considered by healthcare and other employers.

#### **Recommendation 5: Improve access to GPs and Primary Care Services**

- GP surgeries can act proactively to remove barriers to registration such as proof of address or immigration status.
- Bristol, North Somerset, and South Gloucestershire (BNSSG) GP Collaborative Board to consider supporting the take up of the Safer Surgeries scheme in their area (Doctors of the World, 2024).
- Safe Surgeries training and resources should be adopted by primary care providers.

## **Mental Health and Suicide Prevention**

### **Principle 2: Understand the characteristics and needs of people in inclusion health groups**

Mental health challenges, often described as ‘nerves’ were thought to be prevalent amongst Gypsy, Roma, Traveller and Showpeople populations but may not be discussed. Self-harm and suicide are a concern, particularly for men in their 20s and 30s. Poor mental health may be a result of a loss of community and family support systems, stigma, and higher numbers of children in state care. The resulting fear of children being taken away or of being institutionalised themselves, is thought to contribute to being less likely to speak up about mental health difficulties or seek professional help. However, there are thought to be changes in attitudes towards seeking help among younger members of communities and some have found that online therapy is more accessible.

### **Risk to mental health and suicide identified via literature review.**

- Although mental health challenges have been identified, the topic is not widely spoken about within communities (Office for National Statistics , 2022).
- Just under two thirds of Showpeople involved in a study (Greenfields, 2023) reported they or a family member experience ‘nerves’, a term commonly used to describe various mental health experiences, including anxiety, stress, and depression.
- A connection has been identified between an increase in the numbers of housed Travellers and the loss of community and extended family structures leading to poorer mental health (Millan M, 2019).
- Powerlessness, loss of identity, experience of discrimination and stigma of mental illness are thought to contribute (McKey, 2020).
- There are higher numbers of children from the communities in state care which further contributes to trauma for children and their families (NHS Race and Health Observatory, 2023). Communities live with the fear of having children removed if they disclose poor mental health as well as shame and stigma meaning they do not seek help. This fear was also identified within the Showpeople/people community (Greenfields, 2023).
- Amongst Showpeople/people stigma and fears of being institutionalised may prevent people experiencing poor mental health from seeking help (Greenfields, 2023).
- Although a study of data in England and Wales (Knipe, 2024) found that almost all minority ethnic groups had a lower rate of suicide than the White British majority, White Gypsy or Irish Travellers were an exception. Amongst females, rates were more than double in White Gypsy or Irish Travellers compared to White British.
- Differences have been found in patterns of suicidal behaviors between Irish Travellers and the general population in Ireland (Tanner, 2021). Irish Travellers were overrepresented in local hospital attendance data amongst those who presented at a hospital with Self Harm and/or suicidal ideation. They were also more likely to have attempted suicide via hanging (as a method) and more likely to be transferred for psychiatric treatment.

### **Risk to mental health and suicide identified through interviews.**

- There are thought to be generational and community variations in how acceptable it is to talk about mental health.
- Participants had found ways to support members of communities around their mental health but engagement and access to mental health services can be difficult. However, for some, opportunities for better access had been identified using video calls.
- Suicide was raised as a concern, especially for men in their 20s and 30s.

## **Recommendation 6: Take action to address mental health needs and reduce levels of suicide among Gypsy, Roma, Traveller and Showpeople**

- Ensure that the needs of Gypsy, Roma, Traveller and Showpeople communities are included in suicide prevention work.
- Include the needs of Gypsy Traveller and show people in the delivery of the Integrated Care Mental Health Strategy.
- All partners should address the mental and emotional health needs of children and families.

## **Research**

### **Principle 2. Understand the characteristics and needs of people in inclusion health groups**

Several topics were identified which would benefit from further research which include stigma, effective communication methods, impacts on health of physically demanding lifestyles (such as for Showpeople), early aging, Disability, and carer health. As there is currently a lack of quantitate data, these may be best explored through qualitative methods. Such research could be explored through Antiracist co-production and peer models (Monzon, 2024) (Condon L, 2024).

### **Recommendation 7: Develop co-production approaches to research, evaluation and knowledge development**

- 'A Charter for Co-production Through an Anti-Racist Lens' (Monzon, 2024) can be used to guide academic research and coproduction activities with Gypsy, Roma, Traveller and Showpeople as equal partners.
- Bristol Health Partners could consider the charter and commend it to research partners.
- Research bodies undertaking research with Gypsy, Roma, Traveller and Showpeople could consider using the charter to inform research design.

The recommendations in this report may be used by partners to inform actions which improve the health of this vulnerable Inclusion Health population.

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# Appendix1History

## History of Irish Travellers

Irish Travellers are a traditionally nomadic indigenous ethno-cultural group originating in Ireland. They have a distinct identity, heritage, and culture separate from the general community in Ireland. Irish Travellers primarily speak English, but many also use Shelta, a language with mixed English and Irish origins. Genetic analysis shows that Irish Travellers are of Irish extraction and likely diverged from the settled Irish population in the 1600s, possibly during the Cromwellian conquest of Ireland. Despite being sometimes incorrectly referred to as “Gypsies,” Irish Travellers are not genetically related to the Romanes people, who have Indo-Aryan origins. The Irish Traveller community is recognised as an ethnic minority group under various legal acts, including the Race Relations Act (1976, amended 2000), the Human Rights Act (1998), and the Equality Act (2010). Traveller rights groups successfully advocated for ethnic status from the Irish government in 2017. Irish Traveller communities are found in Ireland, the United Kingdom, the United States, and Canada (The Traveller Movement, 2023).

## History of Roma and Romani people

Perhaps pressurised by conquerors in Northern India, Romani people are thought to have fled West around 950 AD. Leaving on foot or by horse drawn carriage, they reached the middle East and then spread to Europe. Europeans were able to distinguish Romani people from white indigenous people as they spoke a different language, had darker skin and different culture and customs. As time went on, Europeans enslaved Romani people and when the demand for slaves outstripped the number of people from this community, moved on to others. In this way, other enslaved people may have become part of the ‘gypsy’ community although not originally from the same ethnic group. The earliest records of British gypsies dates from the beginning of the 1500s. During this time, they were branded and forced into enslavement for two years which could be extended for life if they tried to escape. Alongside this, being found to be compassionate or friendly towards a gypsy was an offense punishable by death. Although the enslavement and murder of gypsies in Britain subsided in the 1800s (at least as a state sanctioned approach) stigma and discrimination had by this time been baked into the national culture. Since arriving in Europe in the fourteenth century, Roma have oscillated between settlement and mobility (Hockensmith, 2006) (McGarry, 2017).

## History of Fairground and Circus

The term “fair” is currently used to describe a gatherings of amusements, including mechanical rides and sideshows but some fairs trace their origins back to antiquity. For instance, the sheep fair at Weyhill in Hampshire dates back to the 1200s. Fairs played a central role in commerce in the UK long before the industrial revolution and many fairs can be linked to charters and privileges granted during medieval times. In the 13th century, royal charters facilitated the creation of fairs. The crown actively sought to establish new fairs and bring existing ones (like the Nottingham Goose Fair) under its jurisdiction. By the 14th century, England boasted a vast network of chartered and prescriptive fairs. The primary aim was to control trade revenue, with over fifteen hundred charters issued between 1199 and 1350, granting rights to hold markets or fairs. While commerce remained the focus, entertainment gradually became part of fairs. Early entertainment was basic by modern standards, featuring crude games and primitive riding devices. Booths offered curiosities, both human and animal, while strolling players added dramatic flair. Before rollercoasters, people in Russia enjoyed large

artificial ice slides in the 17th century. One of the earliest recorded rides in the UK was a steam-powered merry-go-round built in 1863. Electricity revolutionized fun fairs in the Victorian era, leading to more diverse and thrilling rides and today, rollercoasters, games, and candy floss continue to delight visitors (The fairground heritage trust, 2024) (Brodie, 2022).

The circus has a rich and fascinating history that spans centuries. In 1768, Philip Astley, a skilled equestrian, played a pivotal role in shaping the modern circus. He began by performing tricks atop horses before expanding to include acrobats, tightrope walkers, jugglers, and even a clown. Notably, Astley discovered that a circular arena allowed him to balance on a horse's back due to centrifugal and centripetal forces. He established a ring with a 42-foot diameter, which became the standard size for circus rings. Throughout its history, the circus evolved dramatically and in the 20th century, traditional circuses featuring wild animals declined in popularity. However, a new wave emerged: contemporary circus or 'cirque nouveau' which emphasised innovative human artistry, avoiding the use of animals. It gained prominence in the late 1970s and revitalized the circus tradition. The Bristol circus scene traces its roots to the alternative scenes of the 1970s, which emerged from protest movements in France, the UK, and the USA. The Bristol circus scene has a rich history, shaped by alternative movements and artistic innovation. Rather than relying on old circus traditions, the new circus drew inspiration from diverse sources: Commedia del Arte, Chinese Opera, and eccentric dance. In Bristol, Fool Time, founded by Richard Ward, opened its doors on April 1, 1986. It became Britain's first circus school, offering a degree in circus skills. Fool Time later transformed into Circomedia, making Bristol a hotbed for new circus talent and teachers (Circomedia, 2021).

## Appendix 2 Roma Health 2024

### **Author's note:**

From the outset and throughout the process of conducting analysis, there have been differing opinions about whether Roma people should be included as part of the main report or considered separately.

One perspective is that available research and data tends to use the term 'Gypsy, Roma and Traveller' (GRT) and it is not always possible to disaggregate one population from another. However, another perspective is that Roma people in Bristol are more likely to be migrants and less likely to practice a nomadic habit of life in the UK. Because of this, they are unlikely to have health needs similar to Romani or Irish Travellers or Showpeople. Moreover, the Roma population in Bristol is far larger than other 'GRT' populations and conflating them risks marginalising Roma health needs.

To address these differing perspectives, following the finalising of the main report, this appendix was prepared to review elements of the main report which were concerned with the Roma population only.

This report is purely the view of professionals working with the community.

History of Roma people

Perhaps pressurised by conquerors in Northern India, Romani people are thought to have fled West around 950 AD. Leaving on foot or by horse drawn carriage, they reached the middle East and then spread to Europe. Europeans were able to distinguish Romani people from white indigenous people as they spoke a different language, had darker skin and different culture and customs (Hockensmith, 2006)

Eastern European Roma migrants have been present in the UK in significant numbers since the 1980s (NHS Race and Health Observatory, 2023) and most Roma people in the country have a migrant background (Friends Families and Travellers, 2024). Many migrant Roma have not travelled for many centuries and do not see it as part of their identity in the UK (NHS Race and Health Observatory, 2023).

Table 1 is adapted from one published by Friends, Families and Travellers and details information on Roma ethnicity, language, accommodation type and arrive in the UK. Table 1 (Friends, Families and Travellers, 2020)

	Roma People
Ethnicity	Historically originated in Northern India and settled in Europe (including Romania, Slovakia, Czech Republic and Poland) before migrating to the UK more recently.
Arrival in England	Small numbers since 1945, with a number of Roma seeking asylum in the 1990s and early 2000s, then a growth in population following EU expansion in 2004 and 2007.
Language	The majority of Roma speak their European origin country’s language(s). Many Roma also speak a Romani dialect, as well as English to varying levels of fluency
Accommodation type	The vast majority of Roma people live in housing, although there are disproportionate levels of homelessness and overcrowding.

Literature review

While Roma people may experience some of the same inequalities as Gypsies and Travellers, their experience may have more in common with migrant groups and others are unique to Roma communities living in the UK (Women and Equalities Committee, 2019).

Barriers to accessing information and services include lower levels of literacy in the population and a lack of cultural awareness training for staff (NHS Race and Health Observatory, 2023).

High rates of Caesarean birth, miscarriage, pregnancy loss and/or child loss are reported by Roma people and health professionals (Friends, Families & Travellers, 2023). For some Roma women, there can be challenges in access to maternity care due to frequent changes in residence, often linked to poor housing or changes in employment.

More positively, people of Roma ethnicity were less likely to report they experienced loneliness during the pandemic than a White British group (Taylor, 2023).

In a recent qualitative study (Condon L, 2024) Roma participants described alcohol being part of communal celebration such as for family, religious and seasonal events. Participants described more moderate levels of alcohol use now they are in the UK, compared to the country they had migrated from.

Estimates of life expectancy in the UK by ethnicity are still at an experimental stage, and methodology at present does not allow the production of estimates for smaller ethnic groups, including 'Roma' (Office For National Statistics, 2021).

A higher risk of physical multimorbidity has been identified among Roma men, compared with their White British counterparts (Taylor, 2023).

Roma people in Wales and Southwest England were interviewed to establish their knowledge of cancer prevention and screening (Condon, 2021). Roma participants described language barriers to screening, with and confusion about differences in timing and eligibility between the UK and the country they had been born in which sometimes led to accessing screening abroad. Cancer was described as a taboo subject but the potential for early diagnosis and treatment to 'cure' it was understood.

Some Roma women may be reluctant to discuss gynaecological problems or screening with their GP, particularly a male doctor. (Roma Support Group, 2022)

Despite being largely supportive of immunisation programmes, several barriers have been identified for Roma communities (Mytton, 2020). Limited spoken English was identified as a barrier for Roma communities in Bristol and Glasgow, compounded by a lack of available interpreters. Roma families are also less familiar with UK Primary healthcare systems if they are more recently arrived. The absence of data describing family ethnic group is a barrier to monitoring inequalities in uptake and the impact of interventions.

The Roma Support Group in London has developed a guide to help health and care professionals to better understand the needs of the Roma community (Roma Support Group, 2022).

## **Population size**

The 2021 census included a new response option of "Roma" within the "White" ethnic group. In Bristol, 966 people (0.2%) identified this way, the same percentage as in England and Wales (Bristol City Council, 2023).

Local professionals estimate the true to size of the population to be up to 10,000 Roma people.

Across the city, 27% of people live in a privately rented property or live rent free. Among people identifying as 'White Roma', 4 out of 5 (82%) privately rented or lived rent free, the highest of any ethnic group.

White Roma respondents were far more likely to report good or very good health at 93% compared to the average for the total population of 84% (Bristol City Council, 2023).

In 2021, the average age for the overall population of Bristol was 34 years (England and Wales 40 years). The average age of people who identified Roma was 30 and only 1% of Roma respondents were over the age of 65



(compared to an average of 16% for British born respondents in Bristol). This may be due to lower life expectancy and/or migration patterns of different age groups (Bristol City Council, 2023).

### NHS data – hospitals and GPs

NHS England collects ethnic category data using the values set by the Office for National Statistics as per the 2001 census which means ‘White Roma’ categories are not available to use. **Local experience**

Participant number	Sector	Works/has worked with	Relevant heritage and/or lived experience
1	Supporting the community around accessing services	Gypsy, Roma and Traveller communities	
2	Supporting community members to earn money and help with getting IDs, bank accounts, passports, driving licenses etc.	Roma community	
5	Supporting integration at a primary school.	More than 30 children from Gypsy, Roma and Traveller communities.	
8	Criminal justice and law enforcement.	General population.	Of Romany heritage and lived experience of nomadic habit of life. Now settled.
10	Care and support during pregnancy, labour and during the period after a baby's birth.	Irish Traveller community in South Bristol and the Roma community in East Bristol.	

### Living Situation

For some Roma families settled in Bristol, overcrowding and precarious housing was mentioned.

“...you do get multi-generational houses as well. ....friends or family... they'll stay for a while until they find somewhere else to live. So you will have houses with overcrowding. I'd say it's precarious housing. Definitely.”

Participant 2

“A lot of the Roma families that we used to go and see would live in shared houses, so that would be like a 3-bedroom house and there'd be three families living in there sometimes.”

Participant 10

## **Discrimination**

It was recognised that Roma people have experienced discrimination and persecution to such an extent that they may deny that incidents impact them.

“Within Romania, the Roma community are treated as a second-class citizens, definitely. I think that when they come here and they experience a similar thing from people, it's almost how they expect to be treated. You know, we might get a phone call from a shop or a member of the public saying I'm really worried because your vendors just had somebody shouting at them or, you know, doing whatever and spitting at them and all sorts. And they'll say, oh, don't worry, it's OK. It's fine.”

Participant 2

In addition to oppression Roma have experienced in Romania, the risk of conflating the two communities was identified. This may show up in the use of Romanian interpreters who may themselves carry prejudice due to their own social and cultural norms.

“Roma may come over from Eastern Europe but I'm constantly telling people don't say Romanian! Actually, they're absolutely horrendously oppressed by the Eastern European state, denied access to schooling, denied access to decent housing, denied access to any support. They're no more Romanian than they're Albanian.”

“We may use Romanian interpreters and sometimes I've thought ‘that's not what was said’ because the bias is awful.”

Participant 8

## **Accessing healthcare**

Unfair treatment and discrimination was raised as a barrier to GP access.

“When they are refused the registration at the GP surgery, people have been initially asked for a visa.”

Participant1

Drop in clinics may provide a solution to difficulties with appointments.

“They can't tell the time..... so they either come really early and sit there for like, an hour and a half waiting for their appointment, or they'd miss it because they'd arrive late and we'd have to kind of squeeze them in somewhere. We used to run a separate drop-in clinic.”

Participant 10

## **Maternal health, children, and young people**

Although Roma might traditionally have been expected to have a lot of children, some are now choosing to use contraception, even if they do this in a way that means other people do not know.

“One of our mums has openly. So, she openly told me that she was going to the GP in her words, to get the tablet because she didn't she didn't want to be like a mum with lots of children.”

Participant 5

“I'm thinking of a couple of younger vendors who've had an implant put in. Which is quite interesting. Cause, I think they don't want to be seen to be using contraception, so they don't want to be using the pill or condoms or anything like that because that's more obvious.”

Participant 2

Religious beliefs regarding impact decisions around contraception, number of pregnancies and the acceptance of sex before marriage.

“We used to look after two different women that were from the Roma community and they had severe cardiac conditions one woman had had four children in the UK alone and had two in Romania, and with three of the four children that she'd had in England, she'd ended up in ITU postnatally because she had a cardiac condition. But she wouldn't stop getting pregnant, if she was meant to live and that baby was meant to live God would make that happen.”

“We saw lots of women symptomatic of anemia which wouldn't be hard to understand .....their bodies are never really recovering from one pregnancy before they're pregnant again.”

Participant 10

For people who are newly arrived in the country they may initially be charged for care whilst pregnant which can mean they are reluctant to see a midwife again.

“....been in the country not very long. But she's pregnant. And of course, she immediately got a letter saying you need to pay all this money for your health visit and absolutely panicked and was like, well, I'm not going to the midwife again.”

Participant 2 There was thought to be lower levels of breastfeeding in Roma communities.

“There's a real high rate of formula fed babies in the Roma community. Yeah. And I don't know if, especially in the Roma community, I don't know if there's, like, this association that like, because you have to pay for bottle like milk and it's expensive, like, there's this misunderstanding. It is better for your baby.”

Participant 10

Children may be allowed more freedom than current mainstream cultural norms which may be interpreted by people outside the community as less positive.

“Older children 10 and 11 year olds are looking after the 1, 2, 3 year olds and they're going to the Community centre for somewhere to go, but not having any adults with them.”

Participant 2 The experience of Roma children was likened to others living in poverty.

“Just like any children that are living in poverty, really. I suppose a similar sort of thing. So we do a lot of support from the baby bank for young children up to five, so they can get free whatever they need, clothes, cots, whatever. with the nine or ten children and they're all in their coats in the house because it was absolutely freezing cold.”

Participant 2

## Healthy Lifestyle

The ability to eat healthily was thought to be influenced by several factors including cultural and economic.

“I think day-to-day that just the cost is and it's gone up so much, hasn't it that it's becoming more difficult to get fresh food. I think there's a lot of batch cooking and as a community they will help one another out.”

Participant 2 There were thought to be gender differences in rates of smoking.

“You know, I can't even think of a Roma woman that smokes. We've got a few of the older men who smoke, very strong cigarettes, who've got, like, heart problems.”

Participant 2

Although smoking by children was not mentioned, a participant mentioned vaping in children.

“A little while ago we did have concerns with the older boys vaping. They were bringing vapes into school alleged that they found them on the way to school. I think they understood that it wasn't good for them.”

Participant 5

In some countries and historically, safety measures have not been prioritised at work. Although manual work may have contributed to a lifestyle which was active, unsafe practices in construction work were thought to have had a lasting negative impact on the health of some men.

“.....worked in construction and there was no health and safety. So they now are suffering terribly with back problems, with arthritis. One's just got a mobility scooter. One's walking with an Aframe and it's the effect of carrying heavy loads on a building site.”

Participant 2

## Dental Health

Poor dental health was raised as a concern both for children and adults.

“we've had a few Roma women in real pain.”

Participant 2

“The majority of our Roma children have problems with their teeth. They often complain of pain.

And when you look at their mouths and look at their teeth, you can see the decayed teeth.”

“I know that they drink a lot of sugary drinks and a lot of sweets and things.”

Participant 5 There were examples of good practice such as supervised teeth brushing at school.

“We have daily toothbrushing, we're trying with the Roma children. Across the school, we do it with different children for different reasons.”

Participant 5

## **Immunisation**

Some immunisations were thought to be acceptable in the Roma community.

“I think they're quite good when they're babies 'cause, they get the red book, don't they? That gets filled in and they've got a health visitor that supports them.”

Participant 2

For some fear and mistrust may lead to outright refusal to have a vaccination or immunisation.

“We had some immunisations here a little while ago and all the Roma families opted out. They didn't like the thought of it. They just said they didn't want foreign things put in their children's bodies, you know, they were just, they were just fearful of it. They didn't really know what it was. And we tried to talk to them about it. We tried to explain. We tried to help, but they know they didn't want it.”

Participant 5

Some vaccinations may be refused for religious or cultural reasons.

“HPV vaccinations are when you talk about it or very often when it's spoken about, it's for girls that are sexually active because it, you know it and those girls are not meant to be sexually active because they're only sexually active with their husband when they get married.”

Participant 10

## **Cancer and screening**

People may not be able to read written information.

“all these things that the bowel cancer screening and things all get sent out in English. Which they'll probably just throw in the bin. Sometimes they'll bring letters to us and then we can translate. Even if it's sent out in Romanian, it doesn't always mean that they can access it.”

Participant 2

## **Alcohol and other drugs**

Alcohol may be used as part of socialising.

“It's alcohol is the main thing with the Roma community, mainly for men on their own. It's just a social thing, hanging around with friends in the town centre having a drink.”

Participant 2

## **Mental health**

As with many communities, Roma may talk about mental health differently to professionals.

“It's a little bit more in the Roma community where the girls would say they feel a bit sad.”

Participant 10

Although not generally talked about, participants had found ways to support members of communities around their mental health.

“People just drop into the office, and we'll have a quick chat. They do sometimes open up a bit, a lot of it is around the stress of living in poverty, you know, I've not paid my rent the last few months. I can't afford gas and electric. I need school shoes for my children. The stress of having a big family to look after and run a house and trying to work. Same as a lot of other people, really, but not knowing how the system works as well.”

Participant 2

## **LGBTQIA+**

The existence of same sex marriage in the UK alongside inclusive environments in (some) schools has meant that children may have an opportunity to encounter teachers who feel safe to be open about their own identity and experience.

“One of their teachers had a same sex marriage quite recently. I think she showed them a photograph of the wedding day, you know, and there was no negative response to it. The boys come down to me and they said, miss got married, you know, she married a lady? We talked together a little bit about it. I think culturally it's not something that's been spoken about. There wasn't anything about wanting to withdraw their children from that class, nothing like that from the parents.”

Participant 5

## **DVA and harmful practices**

Being ‘promised’ to someone was described.

“I think it would be known for them that they would marry a Roma boy or a Roma girl. They might not be promised to someone specific that they'd know of.”

Participant 5

There is thought to be taboos about speaking about Domestic Violence and abuse, linked to the stigma of divorce or separation.

“ We had a lady and her husband was a very heavy drinker. We had a lady who worked with us then who could translate what was being said. She said he's just been vile to her, verbally abusive to her on the telephone. We tried to talk to her about it, but she was just like, ‘oh, no, I'm fine’ There is a huge taboo. Just stay with somebody once you're married because you know you don't get divorced or separated. Or if you do then you are shunned by everybody.”

Participant 2

## **Ageing**

Accelerated ageing was thought to be linked to life experiences.

“Some people look older than their age. We have to consider their backgrounds and life stories. One person I'm thinking about, they were born in Romania and grew up in one of those infamous orphanages where children have not been treated very well. They have to start work, physical labour at the age of 8. They were subjected to several forms of abuse.”

Participant 1

In summary, the perspective of professionals working with Roma communities in Bristol is that the population experience many of the same health inequalities as others living in poverty. This includes overcrowding and precarious housing, lack of access to healthy food, low levels of literacy, poor dental health and signs of accelerated aging. In addition, Roma people are thought to experience discrimination and a lack of understanding from professionals. This may present as the conflation of Roma people and Romanian nationals, being asked for a visa to register at a GP and initially being charged for healthcare. Coupled with discrimination in their country of birth, these experiences may lead to a lack of trust in healthcare in the UK including immunisation programmes.