Norfolk Gypsy, Roma Traveller Health Inequalities Assessment

Background information

It is estimated that there are around 4000+ Gypsies and Travellers residing in Norfolk on Traveller sites, in housing and unauthorised encampments. This number fluctuates throughout the year, particularly during the summer months, when families become more mobile and travel (Norfolk and Suffolk Gypsy, Roma and Traveller Service, 2021).

The Department for Communities and Local Government (2015: p.9) defines Gypsies, Roma and Travellers (GRT) as:

'Persons of nomadic habit of life whatever their race or origin, including such persons who on grounds only of their own or their family's or dependants' educational or health needs or old age have ceased to travel temporarily or permanently, but excluding members of an organised group of travelling showpeople or circus people travelling together as such.'

Travelling Showpeople are defined as:

'Members of a group organised for the purposes of holding fairs, circuses or shows (whether or not travelling together as such). This includes such persons who on the grounds of their own or their family's or dependants' more localised pattern of trading, educational or health needs or old age have ceased to travel temporarily or permanently, but excludes Gypsies and Travellers as defined above.'

It is widely acknowledged that members of the GRT community have poor health across a range of indicators and experience significant health inequalities (PHE, 2018) (Traveller movement, 2022).
These include:
- Low life expectancy (10-25 years below the average)
- Poor mental health
- Poor maternal and neonatal outcomes (miscarriage, still births, neo-natal deaths)
- Low birth weight, high child accident rate, low immunisation rate
- High child mortality
- High prevalence of chronic illness (cardiovascular diseases and diabetes) and late presentation
- High prevalence of infectious diseases
- Substance misuse (Burrows, Green, Speed, & Thompson, 2021) ((Norfolk and Suffolk Gypsy, Roma and Traveller Service, 2021) (Parliament, 2019) (EHRC, 2017) (Parry, et al., 2007)

Literature review identifies several barriers to service provision. These can be categorised into service provider factors and community factors:
Service provider factors:
- Poor communication and understanding

- Limited cultural competency
- Limited skills in ensuring patients understand messages
- Digital exclusion (missed invitations to health checks, immunisations, and outpatient appointments)
- Difficulty in getting registered

<u>Community factors:</u>
- Poor health literacy
- Low literacy
- Strong gender norms
- Taboos regarding anatomy, prenatal, maternity, gynaecological and mental health
- Sense of fear and distrust in the system (Friends, Families and Travellers, 2020)

Current Context

Creating a framework for action for improving health outcomes and tackle disparities faced by the GRT community in Norfolk, requires understanding specific issues such as access to healthcare services, education, housing, and employment.

To create a better understanding of the health status and outcomes of the GRT community in Norfolk, stakeholder involvement is required to answer questions and identify actions. There are two potential projects (Caring Together and Access to Health Care for Travelling Communities in the East of England) within Norfolk and Waveney area that aim to engage with the GRT community to learn about barriers faced by this community and to co-produce interventions.

Three of the strategic priorities within the Norfolk County Council (NCC) Better Together strategy 2021-2025 are better opportunities for children and young people; healthy, fulfilling, and independent lives; strong, engaged and inclusive communities (NCC, 2019).
The Norfolk and Waveney Integrated Care System (ICS) has an overarching purpose to help people lead longer, healthier and happier lives. Two of the clinical objectives from the System Clinical Strategy for 2022-2027, are to improve health outcomes in population health and healthcare and to tackle inequalities in outcomes, experience and access (ICS, 2022).

Based on ICS and NCC strategic priorities the priority areas of interest relating to GRT inequalities, therefore are:
- Healthcare
- Education
- Housing
- Employment

These areas are interconnected and dependent on each other. The health outcomes of a population depend on the level and quality of education, living in an adequate house and being able to work. These are part of the wider social and economic circumstances that can determine an individual's health throughout their life.

The same factors have significant effects on health inequalities (Marmot, 2010).

The pillars of actions to reducing inequalities are multifaceted and require a system-wide approach to improve educational attainment, employment status and living standards of individuals and communities.

The tables below show identified priority areas with findings related to inequalities in the national level, Norfolk provision data, and potential barriers.

Priority area – Education
Evidence base
National: • Higher absence rate than national average • Far less likely to stay in education after the age of 16 than pupils in any other ethnic group. • Substantially greater proportion of children requiring SEN support, and requiring deprivation pupil premium • Lowest attainment of all ethnic groups throughout schooling
Barriers
• Cultural barriers including mobility; language and system knowledge; norms, aspirations and expectations; and cultural identity.   • Material barriers including poverty; inadequate housing and homelessness; and access to healthcare and special educational needs support.   • Prejudice and discrimination including discriminatory attitudes and media prejudice; schools' response to discrimination; and self-exclusion from mainstream education because of discrimination.
Potential gaps in services
• Data collection • No direct support for parents that home educate • No ContactPoint database to allow schools to support children who move between councils and ensure the continuity of their education (Inclusion and Opportunity Service work with other local authorities when the next GRT destination is known)

Priority areas – Health care
Evidence base
National: • Poor access to health care services • Lower uptake of screening and immunisation interventions • Higher rates of stillbirth, infant mortality, and maternal death • A greater prevalence of long-term conditions • Considerably higher numbers of smokers in the Gypsy Traveller population • Higher levels of stress, anxiety, and depression than other groups • Reduced uptake of dental services and worse oral health outcomes • The poorest self-reported health

Potential gaps in services
• Issues with registering with a GP • Issues with registering with a dentist • Low uptake of Antenatal Services • Use of mailing to invite community for screening/immunisation purposes (no permanent address/or sharing same letter box while having the same name and surname) • Capturing data
Barriers
• Difficulty understanding and navigating the system • Past experiences of being turned away from services or being badly treated • Language barriers (do not speak the language or unable to read or write) • Afraid of punitive action after accessing services • Communication barriers when using letters as a way of communication for screening purposes or immunisation.

Priority areas – Housing
Evidence base
National: • National shortage of Traveller site pitches • Increase in the number of Traveller caravans from January 1979 to July 2018 in the UK • Most traveller caravans in England are on private sites (location, sanitation, fire safety) • Poor and inadequate environmental conditions on some Traveller sites
Barriers
• Invisibility, discrimination • Distrust of public authorities • Low levels of literacy • Isolation from family support networks • Neighbourhood tensions
Potential gaps in services
• Consistent housing services across local councils

Priority areas – Employment
Evidence base
National: • Lowest employment rates • Highest levels of economic inactivity • Highest unemployment rate • Least likely to be working in Professional Occupations • Least likely to be part of an apprenticeship or training scheme • More likely to be self-employed and less likely to be an employee
Barriers
• Poor literacy skills • Lack of qualifications, and softer skills (confidence and motivation) • Fear of possible discrimination and lack of sensitivity to their culture

• Mobility	

Potential gaps in services
• Data capturing
• Specific training programmes/apprenticeships schemes offered to the GRT community

Strategic Theme – Improving systems
Evidence base
Norfolk: As part of the NCC's equality, diversity, and inclusion objectives for 2020/23, the Council conducted a whole-Council review to identify whether there is any unconscious or structural bias in the system (NCC, 2021).   **1) Adults with protected characteristics in Norfolk and lifelong outcomes**   There is an under-representation of adults from Gypsy, Roma and Traveller backgrounds receiving short and long-term care support in comparison to adults from white British backgrounds and Norfolk population estimates. Direct national data is not available for comparison, but it is believed that this trend is similar for other rural county areas.   **2) Council's engagement with all communities, and taking steps to seek out the views of people who are seldom heard**   • Whilst there is excellent practice in some areas – for example, engagement specifically targeted at young disabled people – the young people participation groups are underrepresented by children from Gypsy, Roma and Traveller (GRT) backgrounds.   • Participation forums for adults – again, whilst there is excellent practice in some areas – for example, engagement specifically targeted at people with learning disabilities and people who are on the autism spectrum –participation groups are underrepresented by adults from Gypsy, Roma and Traveller backgrounds.
Barriers
• Sense of fear and distrust in the system
• Digital exclusion
• System cultural operating model
Potential gaps in services
• Alignments of activities and synergetic work

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