

Summary of Health Needs Assessment (HNA) GRT

Background

GRT is an umbrella term for many recognised ethnic groups who share the cultural tradition of nomadism, even if no longer travelling. Many distinct groups are included within this terminology, including Irish Traveller, Scottish traveller, English Gypsy, Romany Gypsy, and Roma¹. The term can also include Showpeople, new age travellers and barges who travel for occupation. The grouping of GRT reflects their shared nomadic lifestyle and should not subtract from individual and diverse experiences of different ethnicities.

GRT are one of the most marginalised ethnic groups in Scotland² and there is significant evidence that GRT have poorer health outcomes. The Scottish Government published a Gypsy/Traveller Action Plan 2024-2026 which aims to tackle inequalities and one of the key areas is health³.

Aims

1. To understand the health needs of GRT communities living and visiting Grampian.
2. In line with outcome 13 of the Improving the Lives of Scotland's Gypsy/Traveller Action Plan 2024-2026³, we aim to assess the six agreed national priorities.
 - a. Vaccinations and Immunisations
 - b. Screening
 - c. Women's Health and menopause
 - d. Mental health including perinatal and men's mental health
 - e. Primary care and community health services
 - f. Long term conditions including diabetes (type 1 and 2)
3. Provide recommendations to address identified needs.

Methods

There is limited quantitative health data regarding ethnicity and especially for ethnicities such as GRT which is often included under the umbrella term 'white other'. Therefore this HNA focuses on three main pieces of evidence:

1. Published research: including a literature review and grey literature review of UK data
2. Quantitative data
 - a. Census
 - b. Vaccination
 - c. Education
3. Lived experience – we partnered with the charity MECOPP who work with people from minority ethnic backgrounds, including Gypsy/Travellers, to build trust within the community. We attended each local authority site three times with MECOPP to conduct informal chats with residents about concerns important to them. We also created a survey which was given to the Gypsy/Traveller Liaison Officers (GTLOs) in the local authority who kindly phoned Travellers living in houses, on private sites, or actively travelling to complete the survey with them.

Key Findings

Population of GRT in Grampian

The census estimates around 900 GRT live in Grampian, accounting for 0.15% of the population. The age distribution of Gypsy/Travellers, and to a lesser extent other GRT ethnicities, does not follow the ageing trajectory we see in the rest of the UK. Contrary to White Scottish ethnicity, the number of Gypsy/Travellers under 15 outnumbers those over 65, meaning the population is much younger⁴.

Wider Determinants

The wider determinants of health are the condition in which we grow and work, and are increasingly being recognised as having significant impact on health outcomes.

Accommodation

GRT prefer to live a culturally appropriate lifestyle, either on travelling sites or actively travelling. This has also been linked to better health outcomes, even when factoring that those with better health will be more able to travel. However most Gypsy/Travellers in Grampian are living more settled lives as seen in table 1⁴.

	Whole House or Bungalow	Flat, maisonette or apartment	Caravan or other mobile or temporary structure
Gypsy Traveller	274	189	7
Roma	103	152	0
Showperson	65	31	0

Table 1: Types of Accommodation of GRT in Grampian⁴

We know from local data there were more than 7 people living in caravans and this highlights the limitations of larger census data, however as a general representation the numbers are much lower.

There are three local authority travelling sites in Grampian, each offering different facilities. Aikey Brae is a transit site and means that it has been designed for temporary stopping. However, because of a lack of site provisions families have been allowed to stay on the site continuously. This poses challenges as the facilities on the site are very poor with only outdoor toilets and taps. The local authority has applied for funding to upgrade the site however this was not awarded.

Education

GRT have the poorest attainment in school of any ethnic group and the highest rates of absence and exclusion. Research in Scotland by STEP found that the following were barriers to attending school:

- Cultural dilution
- Bullying
- Lack of cultural understanding
- Perceived irrelevance due to future employment within the family⁵

Literacy was an important issue during the lived experience conversations and affected access to health information and care.

Employment

Table 2 shows GRT living in Grampian have higher levels of unemployment when compared to White Scottish, this is particularly true for Gypsy/Travellers.

Ethnicity	Percentage of Unemployment (%)
White Scottish	3.8

Gypsy/Traveller	11
Roma	5.5
Showperson	5.8

Table 2: Unemployment Figures by Ethnicity Grampian⁴

These figures exclude those under 16 and those who are economically inactive. This accounts for people who are unable to work due to retirement, study, long-term sickness, or caring responsibilities. The percentage of Gypsy/Travellers who are economically inactive in Grampian is much higher (54.4%) than other GRT ethnicities (~29%) and White Scottish (38%). This is more significant when we consider the younger population demographic of Gypsy/Travellers as we would expect the level of economic inactivity to increase with population age⁴.

Self-employment was more common in GRT communities and from the research people would value more practical business education⁶.

Vaccinations and Screening

GRT consistently have lower rates of immunisation than all other ethnic groups. Table 3 is one example of primary and booster uptake by 24 months, Polish has been used as a comparator as this is the ethnic group with the next lowest rates of vaccination uptake.

Vaccination	Ethnic Group and Percentage Uptake (%)		
	Gypsy/Traveller	Polish	White Scottish
6 in 1	57.9	87.4	97.0
MMR1	36.8	81.9	94.4
Hib/MenC	40.4	81.3	95
PCVB	42.1	81.8	95
MenB Booster	38.6	81.5	94.8

Table 3: Primary and Booster Immunisation Uptake Rates by 24 months of age, by ethnicity (Scotland)⁷

The research and lived experience highlighted there are still myths within the community around MMR⁸ and COVID vaccinations⁹. During the lived experience, HPV vaccine was highlighted as a vaccination with lower uptake because GRT children will often not attend secondary school where the vaccination is delivered. The community and qualitative research has indicated a positive shift in the younger generation to being more trusting of healthcare professionals⁸.

Screening data for ethnicity is minimal. Research suggests that females have better uptake than men due to cultural beliefs of stoicism which are stronger amongst men^{10,11}. During the lived experience, knowledge of relevant programmes was mixed and more was known about screening if a condition had affected the family.

Women's Health

Research by The King's Fund shows women from White Gypsy or Irish Traveller ethnicities have the highest rates of all-cause mortality compared to all other ethnicities¹². There is also significant research to suggest GRT women have poorer maternity outcomes^{13,14,15}. Another Grampian HNA is looking into maternity outcomes for ethnic minorities and will include Gypsy/Traveller ethnicities.

Mental Health

Census data shows that the number of GRT in Grampian who declare a mental health condition is more than double the percentage in White Scottish⁴. Poor mental health within the community has been linked by research to discrimination and forced assimilation to a settled way of life^{16,17,18}. This finding was supported by the lived experience. The research also suggests that the rates of suicide, especially amongst men, are higher¹⁹.

Long-Term Conditions

Scotland Census 2021 data captured that 40% of Gypsy/Travellers reported having a disability that limited their daily activity 'a little' or 'a lot'. This higher rate is seen across all age groups and is significantly higher than for White Scottish ethnicity³.

Census data also records self-reported health. 18.3% of Gypsy/Travellers living in Grampian rated their health as 'bad' or 'very bad', this compared to only 5.2% of White Scottish people living in Grampian. Table 4 summarises the number of GRT with a self-reported physical disability⁴. These numbers are again even more significant when we consider the younger population demographic.

Ethnic Group	Percentage (%) living with a physical disability
Gypsy/Traveller	17.9
Roma	2.2
Showperson	8.2
White Scottish	8.4

Table 4: Percentage of Ethnicities with a physical disability⁴

In addition more GRT provide unpaid care. Around 20% of Gypsy/Travellers and Scottish Showpeople provide unpaid care in Grampian which compare to just under 10% of White Scottish⁴.

Primary Care

Research and lived experience suggests that the community rate their GP highly and value continuity of care⁸. Occasionally, the community experienced discrimination when trying to register a different GP when travelling. Some GRT individuals described using blue GP access cards that affirm their right to register with a GP, which they found helpful.

Recommendations

1. Continue to collaborate with partners to ensure the provision of culturally appropriate accommodation for GRT communities in Grampian, supporting improve mental wellbeing and cultural expression.
2. Increase educational opportunities for NHS staff to learn about GRT culture, and advocate for broader awareness through our platforms.
3. Work with the vaccination team to improve immunisation rates among GRT by addressing the community's concerns and offering flexible appointments for children not attending school.
4. Improve equity data collection in screening, including disaggregation within the 'White Other' ethnic category.
5. Support those who have recently arrived in the UK, by ensuring they are able to navigate the NHS and are aware of entitlements.

6. Offer flexible maternity appointments for women who are pregnant and travelling, to allow continuity of care.
7. Expand the methods of delivering preventative health information and increase the accessibility of available resources such as video brochures.
8. Collaborate with GRT communities and local charities, particularly engaging male GRT individuals, to co-create culturally sensitive mental health resources and signposting.
9. Increase the awareness and accessibility of GP access/blue cards for members of the community who are travelling.
10. Ensure adequate support for GRT who have a long-term disability or who are caring for someone with a disability.
11. Maintain accountability to the community by regularly feeding back on actions and progress.

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