

Exploring health inequalities in Gypsy and Traveller communities in the UK

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Abstract

Health inequalities between groups of people are often unjust and avoidable and are influenced by social determinants of health, the non-medical factors that influence health outcomes. Gypsy and Traveller communities experience significant health inequalities, including barriers to accessing healthcare services and suboptimal health outcomes compared with the general population. This article provides an overview of health inequalities in relation to Gypsy and Traveller communities and examines three social determinants of health – discrimination and racism, accommodation and access to healthcare – that influence these inequalities. The authors propose that accurate data collection as well as delivery of culturally competent health services and care may facilitate access to healthcare for Gypsy and Traveller communities and potentially reduce health inequalities.

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Keywords

culture, cultural competence, discrimination, diversity, equality, ethnicity, patient experience, patient outcomes, patients, professional, racism

Key points

- *Discrimination towards Gypsy and Traveller communities is often fuelled by negative media stereotypes that stigmatise and demonise these groups*
- *Gypsies and Travellers are more likely to develop a long-term condition compared with the general population*
- *Inadequate living conditions, culturally inappropriate accommodation and insecure accommodation may adversely affect the health and well-being of Gypsies and Travellers*
- *Gypsy and Traveller communities experience difficulties in accessing healthcare services, which contributes to suboptimal health outcomes*
- *All healthcare professionals should strive to increase their knowledge and understanding of Gypsy and Traveller communities to enable them to deliver culturally appropriate and competent care*

Health inequalities have been defined as differences in health or differences in determinants of health between groups of people and are often unfair and avoidable (Adjaye-Gbewonyo and Kawachi 2022). In the UK, the publication of the Black Report on health inequalities in 1980 (Black et al 1980) launched the modern era of research into the subject, while the Acheson Inquiry, published in 1998, identified priority areas for policy development to reduce health inequalities (Bambra et al 2011). Both reports emphasised the slow progress in reducing health inequalities as well as the role of the social determinants of health in influencing health inequalities.

The social determinants of health refer to non-medical factors that influence health outcomes, such as the circumstances in which people are born, grow, learn, live and work, and the wider systems that shape these circumstances, for example housing, employment, discrimination, socio-economic status, education levels, access to social networks and access to healthcare services (Solar and Irwin 2010, World Health Organization 2024).

In England, the NHS Long Term Plan (NHS England 2019a) emphasised the need to reduce health inequalities in general, while the Plan's equality and health inequalities impact assessment cited Gypsies, Roma and Travellers as one of several groups that experience 'some of the most significant barriers to accessing health care and poor health outcomes' (NHS England 2019b).

Gypsy and Traveller communities

The term Gypsy and Traveller is used to describe diverse communities, including Romani Gypsies, Welsh **Kalé** [Q1. can you check this spelling – online we found 'Kalá' and 'Kale' but not 'Kalé']] and Irish and Scottish Travellers, who are all distinct groups with different heritages, beliefs, languages and cultures (Morgan and Rogers 2024). Irish and Scottish Travellers and Romani Gypsies are recognised as ethnic minority groups under the Equality Act 2010 in England, Wales and Scotland. As such they are protected groups

under the Race Relations (Amendment) Act 2000 and the Equality Act 2010 in relation to racism, hate crimes and discrimination. This legal protection is important as there is a long history of stigmatisation, marginalisation, racism and hostility directed towards Gypsy and Traveller communities in the UK (Morgan et al 2023).

Other groups, such as Showmen, Bargee Travellers and New Travellers, who travel for occupational or lifestyle reasons, do not have a protected ethnic category under the Equality Act 2010 but often experience similar challenges, such as prejudice and discrimination, because of negative stereotypes about Gypsies and Travellers in general (Morgan et al 2023, Morgan and Rogers 2024).

This article discusses health inequalities in Gypsy and Traveller communities and focuses on three social determinants of health that contribute to health inequalities experienced by these populations. The term Gypsies and Travellers used in this article refers to ethnic minority and occupational Gypsy and Traveller communities.

Healthcare inequalities

A report on tackling inequalities experienced by Gypsy, Roma and Traveller communities noted that these groups had ‘the worst outcomes of any ethnic group across a huge range of areas’, including health (House of Commons 2019). However, there is a lack of contemporary research on health outcomes in these communities and much of the available research is small-scale and based on small study samples.

Analysis of health outcomes in these populations is further complicated because many formal datasets, such as the NHS Data Model and Dictionary (used to catalogue and communicate the structure and content of data and provide descriptions for individually named data objects) and the Higher Education Statistic Agency dataset, do not have an ethnic category for Gypsy or Traveller (Friends, Families and Travellers 2022, Morgan and Stubbs 2024). This means that these communities are subsumed within the ‘white ethnicity’ category, which obscures differences in health outcomes between Gypsies and Travellers and the white majority population. Furthermore, many people who identify as Gypsy or Traveller may not disclose their ethnicity due to fear of discrimination (Morgan et al 2023).

Table 1 provides some examples of health inequalities experienced by Gypsies and Travellers that have been identified in the limited available research. To avoid a deficit model – **a perspective that attributes ‘failures’ or inequalities to an individual or community rather than focusing on system failures or limitations** [Q2. is this an accurate description of a deficit model in this context?] – it is important to recognise that when research indicates that Gypsies and Travellers have the worst health outcomes in a population, this does not mean that all Gypsies and Travellers will experience suboptimal health.

Table 1. Health inequalities experienced by Gypsies and Travellers

Area of inequality	Examples
General health	<ul style="list-style-type: none"> » Data from the 2021 Census for England and Wales on ethnic group differences in health showed that those who identified as ‘White: Gypsy or Irish Traveller’ had the highest percentage of people describing their health as ‘very bad’ or ‘bad’ and the largest differences between women and men for ‘bad’ health (Office for National Statistics (ONS) 2023a) » An Inclusion Health Board report stated that Gypsies and Travellers had poorer general health than the general population and that health expectancy (that is, healthy life and disability-free life expectancy) deteriorated rapidly after the age of 50 years (Aspinall 2014) » Compared with the general population, people in Gypsy and Traveller communities have higher rates of smoking (Aspinall and Mitton 2014), take less exercise, have a less adequate diet (Cemlyn et al 2009) and have higher rates of asthma (Van Cleemput 2017)
Long-term conditions and disabilities	<ul style="list-style-type: none"> » Gypsies and Travellers are more likely to develop a long-term condition compared with the general population (Parry et al 2004, Bécares 2015) » In the 2021 Census, those who identified as ‘White: Gypsy or Irish Traveller’ had the highest proportion of disabled people across all ethnic groups; 16% stated they were disabled and were ‘limited a lot’ by a long-term physical or mental health condition, more than twice the rate for the population of England and Wales (ONS 2023a)

Life expectancy	<ul style="list-style-type: none"> » Life expectancy for Gypsy and Traveller communities has been found to be ten years less than the national average (Barry et al 1987, Baker 2005) » The 2021 Census showed that people who identified as 'Gypsy or Irish Traveller' had a younger age profile than the rest of the population in England and Wales, with only 7% aged 65 years and over compared with 23% of those who identified as white British, 32% of those who identified as white Irish and 21% of all white groups (ONS 2023b). This could indicate that Gypsy and Traveller communities have a reduced life expectancy when measured against comparable white ethnicity groups
Mental health	<ul style="list-style-type: none"> » In an Inclusion Health Board report, Gypsies and Travellers were three times more likely to be anxious and just over twice as likely to be depressed 'than average' (that is, than the general population) (Aspinall 2014) » An evaluation of Gypsy and Traveller health in County Durham, England (Van Cleemput 2017) reported a prevalence rate for depression of 26% in a Gypsy and Traveller sample compared with the GP practice population rate of 10%. Some of the 307 Gypsies and Travellers who took part in the study were children and the researchers did not report the specific sample size for the depression prevalence rates. However, Parry et al (2007) reported similar prevalence rates for depressive symptomology, with 21% in Gypsies and Travellers ($n=260$) compared with 8% in non-Gypsy and Traveller age-sex matched samples ($n=260$) » A Traveller and Roma men's health project reported that in Ireland, male Irish Travellers were 6.6 times more likely to die from suicide than non-Travellers (Pavee Point 2016) » Risk factors for suicide among Gypsies and Travellers identified in one study included prison, moving into 'bricks and mortar' housing for the first time from a site and/or 'living on the road' and poor employment options (Millan and Smith 2019)
Infant and maternal health	<ul style="list-style-type: none"> » Higher rates of miscarriage and still births have been reported in Gypsy and Traveller communities in England than in the general population (Parry et al 2007) » A health status report found high rates of infant and maternal mortality among Gypsy and Traveller communities in England (Parry et al 2004) » Researchers have identified lower immunisation rates among Gypsy and Traveller communities in England than in the general population (Dar et al 2013, Dixon et al 2017)

Social determinants of health

Numerous explanations have been proposed for why Gypsy and Traveller communities may be more likely to experience worse health outcomes than the general population. The following sections explore some of these explanations in the context of three social determinants of health: discrimination and racism, accommodation and access to healthcare.

Discrimination and racism

Gypsies and Travellers in the UK experience significant discrimination and racism, referred to by the Traveller Movement (2017) as 'the last acceptable form of racism', and which infiltrate all parts of society including healthcare services. An Equality and Human Rights Commission report found that more British adults (44% of 2,853 respondents) expressed negative views about Gypsy, Roma and Traveller communities than about any other Equality Act 2010 protected group (Abrams et al 2018), while findings from the 2023 Evidence for Equality National Survey Reports suggested that around 62% of Gypsies and Travellers had experienced a racist assault, the highest of all ethnic minority groups surveyed (Finney et al 2023).

A YouGov poll reported that 66% of people in the UK wrongly believed Gypsies, Roma and Travellers were not an ethnic group (GOV.UK 2022), which can mean that discrimination and racism towards these populations can go unchallenged or not be taken seriously. Moreover, discrimination towards Gypsy and Traveller communities is often fuelled by negative media stereotypes that stigmatise and demonise these groups and create 'moral panics' within society (Media That Moves 2022).

Discrimination and racism can adversely affect people's mental, physical and general health (Paradies et al 2015). For example, negative stereotyping can influence healthcare providers as much as the general public, which may affect the quality of services offered to these communities; this can then lead to members of Gypsy and Traveller communities avoiding health services through fear of judgement or discrimination from staff (Office for National Statistics (ONS) 2022). In addition, racism and discrimination can reduce access to other social determinants of health, such as adequate housing, education and employment (Paradies et al 2015), and can lead to people engaging in unhealthy behaviours, such as alcohol misuse, smoking, lack of exercise or inadequate diet (Brondolo et al 2010, Harrell et al 2011, Paradies et al 2015). People who experience discrimination and racism are also at risk of physical violence through racially motivated hate crimes (Brondolo et al 2010, Harrell et al 2011, Paradies et al 2015).

Living with racism and discrimination can contribute to the development of chronic stress, which can increase the ‘allostatic load’ – the cumulative burden of chronic stress and life events – thus increasing the risk of developing long-term health conditions (Guidi et al 2020). Therefore, the racism and discrimination experienced by Gypsies and Travellers may directly and indirectly result in some of the suboptimal health outcomes shown in Table 1.

Accommodation

Research has shown that inadequate living conditions, culturally inappropriate accommodation and insecure accommodation may adversely affect the health and well-being of Gypsies and Travellers (Ruston and Smith 2013, Millan and Smith 2019). In a study of the effects of insecure accommodation and the living environment on Gypsies’ and Travellers’ health (Greenfields and Brindley 2016), 66% of the study sample ($n=33$) reported having ‘bad, very bad or poor health’. In the study, ‘insecure accommodation’ referred to unauthorised sites or living roadside, which may result in repeated evictions; ‘inadequate living conditions’ referred to living in unauthorised sites or low-quality local authority sites and housing located next to roads and industry, which increases the risk of experiencing noise pollution, the adverse effects of poor air quality and environmental issues such as inadequate drainage and vermin (Greenfields and Brindley 2016). The researchers also reported that insecure and low-quality accommodation adversely affected other social determinants of health, such as education and employment opportunities.

An Equality and Human Rights Commission report noted that Gypsies and Travellers have a decreased life expectancy compared with the general population, but suggested that life expectancy in Gypsies and Travellers with access to secure, local authority or private sites, and to adequate medical care, may be more ‘closely aligned’ with the local population (Cemlyn et al 2009). However, accessing quality, authorised local authority or private sites can be challenging for several reasons, including a lack of space for creating adequate sites, reduced numbers of approved sites and punitive planning restrictions for private sites, which often result in the denial of planning applications (Smith and Greenfields 2013).

Culturally appropriate accommodation is important in relation to health outcomes. Millan and Smith (2019) undertook a series of health-related studies between 2012 and 2017 with Romany Gypsies and Irish Travellers living in different locations and in various forms of accommodation in southern England. The researchers found that ‘bricks and mortar’ housing was not necessarily the accommodation of choice for many of the people they interviewed, with many preferring to live on an authorised site which they felt reflected their cultural heritage and was more conducive to communal extended family-based living. Some Gypsies and Travellers have suggested that living in bricks and mortar housing leads to an increase in depression and suicide (Greenfields and Brindley 2016, Millan and Smith 2019) and that living with close family is vital to remaining healthy (Smith and Ruston 2013).

Gypsies and Travellers are diverse communities and some people may prefer to live in bricks and mortar housing, particularly if the house is permanent, of good quality and close to community services, such as health and education facilities and family support networks (Smith and Greenfields 2013). However, for those members of the communities who do not live in high quality, permanent and culturally appropriate accommodation, this may increase levels of stress, potentially leading to suboptimal health outcomes and increasing health inequalities.

Access to healthcare

Gypsy and Traveller communities experience difficulties in accessing healthcare services, which contributes to suboptimal health outcomes and health inequalities. Qualitative research by the ONS (2022), which explored Gypsies’ and Travellers’ ‘lived experiences’, revealed that not having a fixed address resulted in challenges with registering with GPs, particularly for those who lived on Traveller sites or roadside. This experience is common among Gypsy and Traveller communities, despite there being no regulatory requirement to prove one’s identity or address when applying to become a patient with a GP surgery in England and Wales (Sweeney and Worrall 2019).

Refusal to allow someone to register with a GP practice may contribute to late diagnosis, thus exacerbating health inequalities. Moreover, knowing that some members have been refused GP registration can influence perceptions of health services more widely among the communities, leading to a lack of trust and potentially reinforcing beliefs that health services are hostile environments for Gypsies and Travellers (Smith and Ruston 2013, House of Commons 2019).

Some Gypsies and Travellers have described how they relied on using emergency department (ED) and walk-in services to access healthcare due to difficulties in registering with GPs (ONS 2022). This is problematic for several reasons including, for example, that inadequate access to GPs, in all populations, can discourage early engagement with health services and increase the likelihood of emergency presentation at a later stage of an illness, such as cancer (Murage et al 2019). A lack of access to GPs among Gypsy and

Traveller communities has also been found to reduce health literacy and can reduce access to preventative initiatives such as screening, dietary advice, smoking cessation and immunisation, as people often gain health promotion and public health information through their GP practice (House of Commons 2019).

Additional barriers to accessing healthcare can arise where healthcare professionals lack cultural understanding of Gypsy and Traveller communities and where health services do not provide culturally appropriate care. For example, lack of access to female health professionals for women patients, and the increasing use of digital healthcare systems that requires a certain level of computer literacy, and indeed access to a computer, may prevent some members of these communities from engaging with and accessing healthcare (Van Cleemput 2017, 2018, ONS 2022). It is important, therefore, that healthcare professionals strive to increase their knowledge and understanding of Gypsy and Traveller communities and provide culturally appropriate healthcare services that accommodate the specific needs of these populations.

Recommendations for policy and practice

Gypsy and Traveller communities in the UK experience considerable health inequalities that can adversely affect their health outcomes. Reduction of these health inequalities requires commitment from government and non-government organisations, such as the Department of Health and Social Care, housing associations and local authorities, to address the social determinants of health that create and maintain these inequalities.

Data on Gypsy and Traveller ethnicity should be collected by healthcare organisations to enable better understanding of these populations' health outcomes and service requirements. To support the collection of such data requires more positive engagement by healthcare providers with Gypsy and Traveller communities and enhanced communication between the two parties to try to build trust, which may enable community members to feel more able to disclose their ethnicity.

All healthcare professionals should strive to increase their knowledge and understanding of Gypsy and Traveller communities to enable them to deliver culturally appropriate and competent care. The effects of health inequalities on Gypsy and Traveller communities should be incorporated within preregistration nurse education programmes, while postregistration continuing professional development training in culturally competent care should include specific reference to Gypsies and Travellers. Ideally, education programmes and delivery should be undertaken in collaboration with members of Gypsy and Traveller communities and/or support organisations to ensure that deficit models and bias are not reinforced.

Nurses who are interested in furthering their knowledge independently can find weblinks to information on Gypsy and Traveller communities in the Further Resources section of this article. [Q3. ok with edit?]

Finally, there is a need for large-scale epidemiological studies of health outcomes in Gypsies and Travellers in the UK to provide up-to-date information and to identify areas for improvement in healthcare service provision.

Conclusion

Gypsy and Traveller communities experience significant health inequalities that can be explained in part within the context of social determinants of health, in particular discrimination and racism, accommodation and access to healthcare. Members of Gypsy and Traveller communities experience what has been described as 'the last acceptable form of racism' from all parts of society, including healthcare services. Inadequate living conditions, and culturally inappropriate and insecure accommodation, can adversely affect the health and well-being of Gypsies and Travellers, while challenges with registering with GPs can exacerbate health inequalities by reducing access to prevention services, health promotion opportunities and health information. To reduce health inequalities requires commitment from government and non-government organisations to address the social determinants of health. It also requires healthcare professionals to increase their knowledge and understanding of Gypsy and Traveller communities to enable them to provide culturally appropriate care that accommodates the specific needs of these populations.

FURTHER RESOURCES

Resources (in appendices) on the history and culture of Gypsy and Traveller communities

gala.gre.ac.uk/id/eprint/47118/13/47118_MORGAN_Supporting_Gypsy_Traveller_Roma_Shomen_and_Boaters_GT_RSB_In_Higher_Education.pdf Friends, Families and Travellers website

www.gypsy-traveller.org/

Good practice guide for healthcare professionals working with Gypsies and Travellers

www.gypsy-traveller.org/pdfs/working_health_gypsies_travellers_guide.pdf Identifying

best practice in mental health care for Gypsy, Roma and Traveller Communities

[www.nhs.uk/wp-content/uploads/2023/05/Inequalities-in-mental-health-care-for-Gypsy-Roma-and-](http://www.nhs.uk/wp-content/uploads/2023/05/Inequalities-in-mental-health-care-for-Gypsy-Roma-and-Travellercommunities.pdf)

[Travellercommunities.pdf](http://www.nhs.uk/wp-content/uploads/2023/05/Inequalities-in-mental-health-care-for-Gypsy-Roma-and-Travellercommunities.pdf) **References**

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