



Irish Traveller Movement in Britain

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## Inclusion and ethnic monitoring of Gypsies and Travellers in the National Health Service



## An Irish Traveller Movement in Britain Report

November 2012

**About ITMB:** The Irish Traveller Movement in Britain (ITMB) was established in 1999 and is a leading national policy and voice charity, working to raise the capacity and social inclusion of the Traveller communities in Britain. ITMB act as a bridge builder bringing the Traveller communities, service providers and policy makers together, stimulating debate and promoting forward-looking strategies to promote increased race equality, civic engagement, inclusion, service provision and community cohesion. For further information about ITMB visit [www.irishtraveller.org.uk](http://www.irishtraveller.org.uk)

# 1. Introduction and Background

Despite a lack of national data on the health status of Gypsies and Travellers, studies have revealed their health outcomes to be much poorer than the general population and also poorer than others in socially deprived areas.<sup>1</sup> A 2012 report by the Ministerial Working Group on tackling inequalities experienced by Gypsies and Travellers confirmed that they have the lowest life expectancy of any group in the UK and continue to experience high infant mortality rates, high maternal mortality rates, low child immunisation levels, mental health issues, substance misuse issues and diabetes.<sup>2</sup>

However, much of the data in the Ministerial Working Group report relied on research conducted in 2003-2004 by the University of Sheffield and other small localised research projects. Through its policy and capacity building work on Gypsy and Traveller health issues, the Irish Traveller Movement in Britain (ITMB) have become acutely aware of the dearth of reliable national and local data on these groups, alongside the general lack of awareness of Gypsy and Traveller health issues in local health services. Whilst many Gypsy and Traveller organisations (including ITMB, Friends Families and Travellers and Leeds GATE) are addressing these issues in their areas and at a policy level, the majority of health services in England remain predominantly unaware of Gypsies' and Travellers' health needs.<sup>3</sup>

There are a variety of reasons for the poor inclusion of Gypsies and Travellers health needs including discrimination, unstable accommodation, lack of cultural awareness, poor literacy and engagement with statutory bodies.<sup>4</sup> However, another significant reason is the Department of Health's (DHs) non-inclusion of Gypsies and Travellers alongside the sixteen ethnic minority groups/categories they monitor in the NHS.<sup>5</sup> DH's position is in conflict with a national policy trend towards greater inclusion of Gypsies and Travellers who are ethnic minority groups under UK law and were included for the first-time alongside the 16+1 national ethnic codes in the 2011 Census.

The aim of this research (carried out by ITMB) is to establish how many Primary Care Trusts (PCTs) in England conduct ethnic monitoring of Gypsies and Travellers and how aware and inclusive they are of Gypsies and Travellers health needs.

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<sup>1</sup> Parry et al (2004) The Health Status of Gypsies and Travellers: Report of Department of Health Inequalities in Health Research Initiative, University of Sheffield, Executive Summary, para 3 [http://www.shef.ac.uk/polopoly\\_fs/1.43714!/file/GT-final-report-for-web.pdf](http://www.shef.ac.uk/polopoly_fs/1.43714!/file/GT-final-report-for-web.pdf)

<sup>2</sup> Ministerial Working Group on tackling inequalities experienced by Gypsies and Travellers, 2012, paragraph's 3.1 - 3.4

<http://www.communities.gov.uk/documents/planningandbuilding/pdf/2124046.pdf>

<sup>3</sup> FIS, June 2012, *Degrees of Ethnic Inclusion*, Executive Summary, p.4 *ITMB's concerns are supported by recent national research on the inclusiveness of Joint Strategic Needs Assessments (JSNA) by the Federation of Irish Societies (FIS). FIS found that out of the 51 JSNAs examined, 19 (37%) made reference to Gypsies and Irish Travellers compared to 51 (100%) who made reference to BME/BAME categories and 42 (82%) who made reference to the Irish.*

<sup>4</sup> Ministerial Working Group on tackling inequalities experienced by Gypsies and Travellers, 2012, paragraph's 3.4

<http://www.communities.gov.uk/documents/planningandbuilding/pdf/2124046.pdf>

<sup>5</sup> Department of Health, 2005, *A practical guide to ethnic monitoring in the NHS and social care*, para. 33

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH\\_5319155](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_5319155)

## 2. Methodology

Freedom of information requests were sent to a 146 Primary Care Trusts (PCTs) in England (as listed on the NHS website) between January and April 2012 asking them two questions:

*'Can you provide all ethnic monitoring data you have on Gypsies and Travellers health and wellbeing, service use and staff in your PCT?'*

*'Can you provide information detailing whether Gypsies and Travellers are monitored as standard policy in the PCT?'*

The questions aimed to capture as much information as possible and to allow respondents room to highlight where and how they were monitoring and/or engaging with Gypsies and Travellers.

The research team took into consideration the replacement of PCTs with Clinical Commissioning Groups (CCGs) through measures introduced in the Health and Social Care Act 2012. We decided that it was critical to request the information before all PCT's were abolished and knowledge held within the Trusts was possibly lost. We would also posit that by asking PCTs for their experience of their service providers' engagement with Gypsies and Travellers – regardless of PCTs abolition – it gave us a reasonable idea of the extent to which service providers were engaging and aware of Gypsies and Travellers at the local level.

### 3. Key Findings

#### Response rate

The overall response rate was 86% (125/146 PCTs) (Figure 1). Many respondents provided detailed and very useful data and information on local service provider’s engagement, or lack of it, with Gypsies and Travellers, and the extent to which they were monitoring these communities. However, the little and varied data supplied by the PCTs on Gypsies and Travellers specific health outcomes meant that such information was not quantifiable.

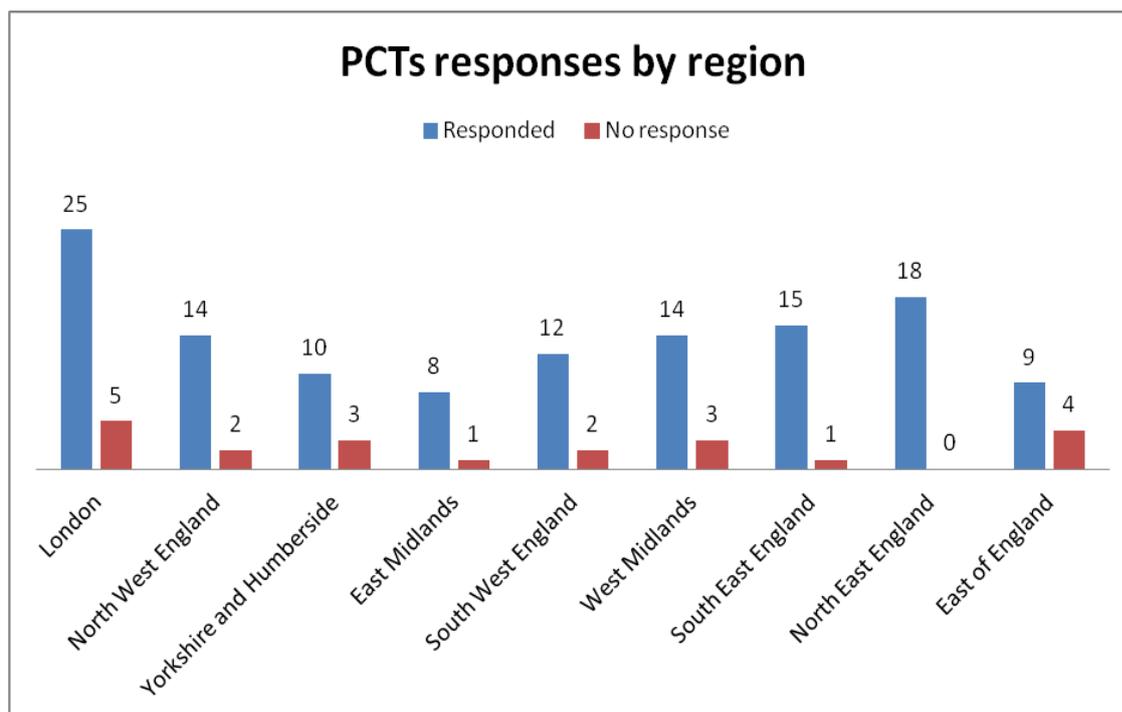


Figure 1: Response rate of Primary Care Trusts (PCTs) to ITMB Freedom of Information request by region (n=146)

#### Ethnic monitoring

Of the 125 responding PCTs, just 20 (16%) had monitoring procedures in place (or were in the process of introducing them) to assess Gypsies and Travellers service use and health and wellbeing outcomes. Half of these (8%, 10/125) only conducted partial monitoring and/or expressed their intention to start monitoring these groups by April 2012.<sup>6</sup> The majority of respondents (71%, 89/125) conducted no ethnic monitoring of Gypsies and Travellers and 16 (13%) said either the information was not held or gave an inconclusive response categorised as other (Figure 2).

It is safe to conclude that the majority of respondents who either did not hold the information or gave an inconclusive response were unlikely to be conducting monitoring or carrying out meaningful engagement with Gypsies and Travellers living in their areas. Considering this, it is possible that up to 105 (84%) of respondents

<sup>6</sup> NHS Hartlepool, NHS Middlesbrough, NHS Redcar and Cleveland and NHS Stockton on Tees all stated their commitment to monitor Gypsies and Travellers from April 2012 onwards [http://www.whatdotheyknow.com/request/ethnic\\_monitoring\\_of\\_gypsies\\_and\\_92#incoming-269591](http://www.whatdotheyknow.com/request/ethnic_monitoring_of_gypsies_and_92#incoming-269591)

conducted no ethnic monitoring of Gypsies and Travellers and were consequently less likely to be engaging with these communities health needs.

Figure 2 shows the regional breakdown of PCTs in England conducting varying degrees of ethnic monitoring, no monitoring or other (inconclusive response or did not hold the information) in relation to service use and health and wellbeing outcomes for Gypsies and Travellers.

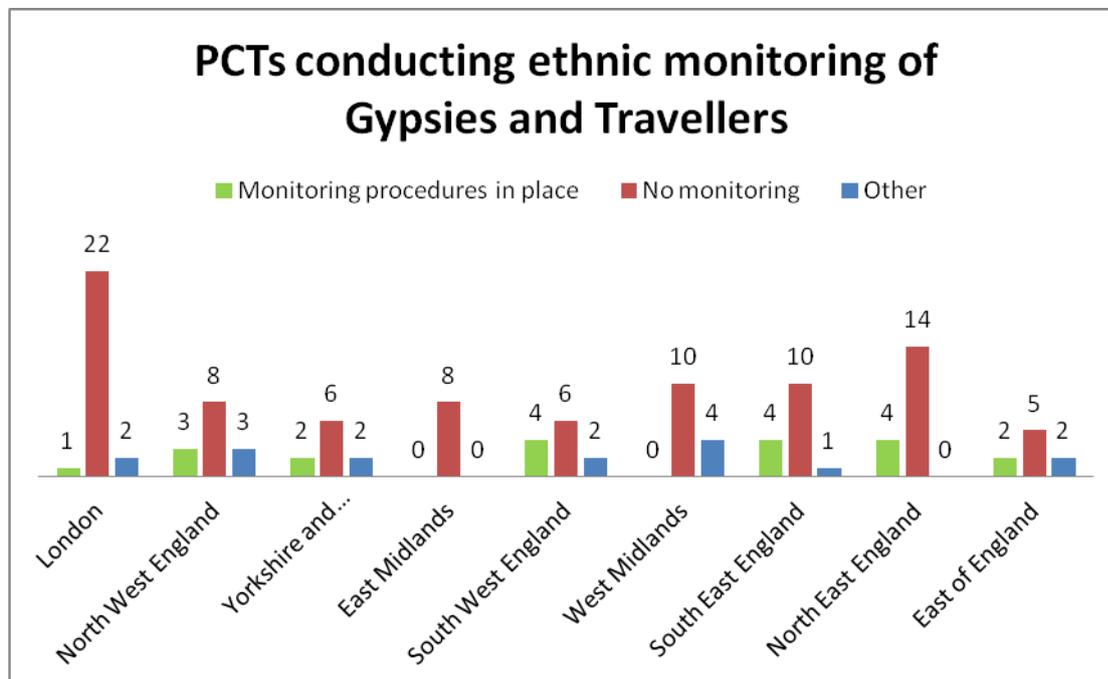


Figure 2: Number of PCTs in England conducting varying degrees of ethnic monitoring, no monitoring or other (inconclusive response or did not hold the information) in relation to service use and health and wellbeing outcomes (n=125)

These findings give a clear insight into the extent to which local health services are monitoring the service use and health and wellbeing outcomes of Gypsies and Travellers. More importantly, they provide a national picture of how effectively the NHS is engaging with England's Gypsy and Traveller communities and the extent to which they are included in key consultation processes and documents such as Joint Strategic Needs Assessments (JSNAs) and Health and Wellbeing Strategies (HWSs).

Another finding from the research was that just 9 (7%) of responding PCTs included Gypsies and Travellers in their staff monitoring, with the majority 94 (75%) not monitoring these groups and 22 (18%) giving an inconclusive response or not holding the information.

### **Awareness and inclusion in Health Needs Assessments and Joint Strategic Needs Assessments**

A key finding of the research was the extent to which PCTs made reference to Gypsies and Travellers being included in Health Needs Assessments (HNAs) and Joint Strategic Needs Assessments (JSNAs). Although the question was not directly asked, the PCTs responses gave us a clear indication as to their engagement and inclusion of Gypsies and Travellers in these key processes.

Whilst the majority 89 (71%) of respondents made no reference to Gypsy and Traveller inclusion, 36 (29%) did make reference to these groups being included in HNAs, JSNAs or both sets of documents. Of these approximately a quarter, 31 (25%) made specific reference to inclusion in HNAs. Surprisingly, the number of PCTs who made reference to Gypsies and Travellers in their Joint Strategic Needs Assessment's (JSNAs) was just 17 (14%), noticeably lower than for HNAs, as Figure 3 below highlights.

On further investigation many HNAs and JSNAs inclusive of Gypsies and Travellers made only passing reference to their health needs in wider documents, such as local authority Gypsy and Traveller Accommodation Needs Assessments (GTANA) and equality impact assessments.

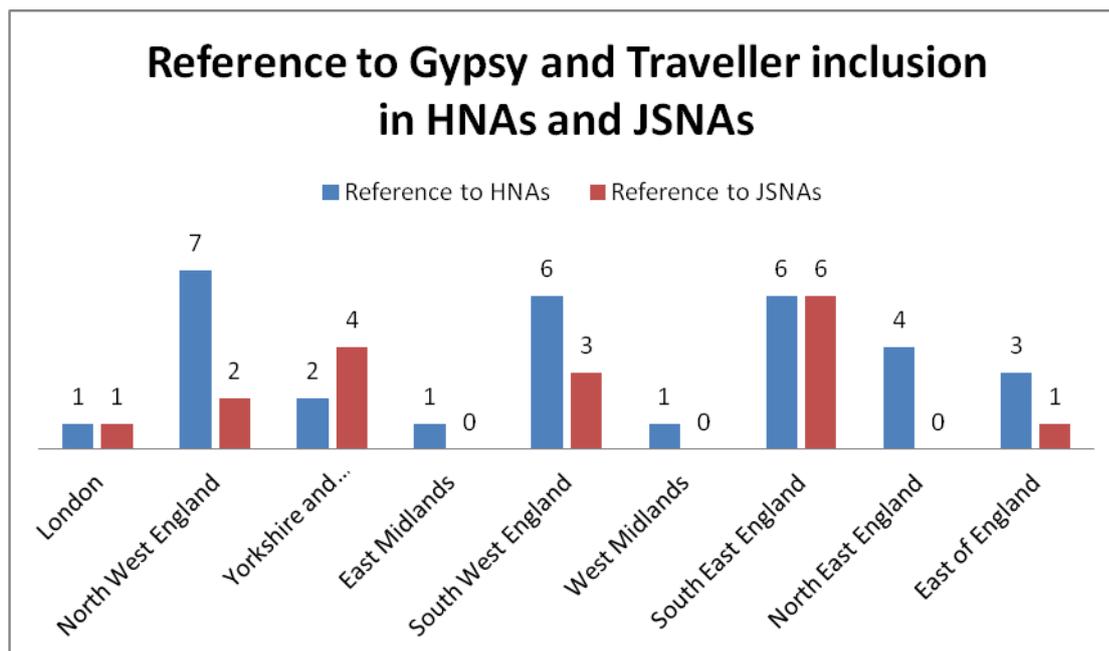


Figure 3: References made to inclusion of Gypsies and Travellers in PCT's Health Needs Assessments and Joint Strategic Needs Assessments (n=125)

It is possible that some PCTs forgot to make reference to inclusive JSNAs in their area and that the figure of 17 (14%) is higher and possibly closer to the 31 (25%) of PCTs who referred to the inclusion of these groups in HNAs. In a separate piece of research conducted by the Federation of Irish Societies (FIS) in 2012, they found that out of 51 JSNAs examined, 19 (37%) made reference to Gypsies and Irish Travellers compared to 51 (100%) who made reference to BME/BAME categories and 42 (82%) who made reference to the Irish.<sup>7</sup> ITMB would posit that nationally rates of Gypsy and Traveller inclusion in JSNAs are lower than found in the FISs focused research and more likely to be between the 14-24% found in this report. This position is supported by the fact that FIS used a far smaller sample focused on areas where third sector Irish services were located and consequently more likely to be promoting the inclusion of Gypsies and Irish Travellers in JSNAs.

<sup>7</sup> FIS, June 2012, *Degrees of Ethnic Inclusion*, Executive Summary, p.4

## Reference to national ethnic codes

In total 29 (23%) of respondents made reference to national ethnic codes and the NHS data dictionary<sup>8</sup> as a reason why they did not monitor Gypsies and Travellers or, in cases of those who did monitor, as an area of concern.<sup>9</sup> Considering the majority of the 125 respondents gave a standard 'NO' response to our inquiry and supplied limited further information, we thought it important to pay particular attention to the nearly one-in-four respondents who made reference to national ethnic codes.

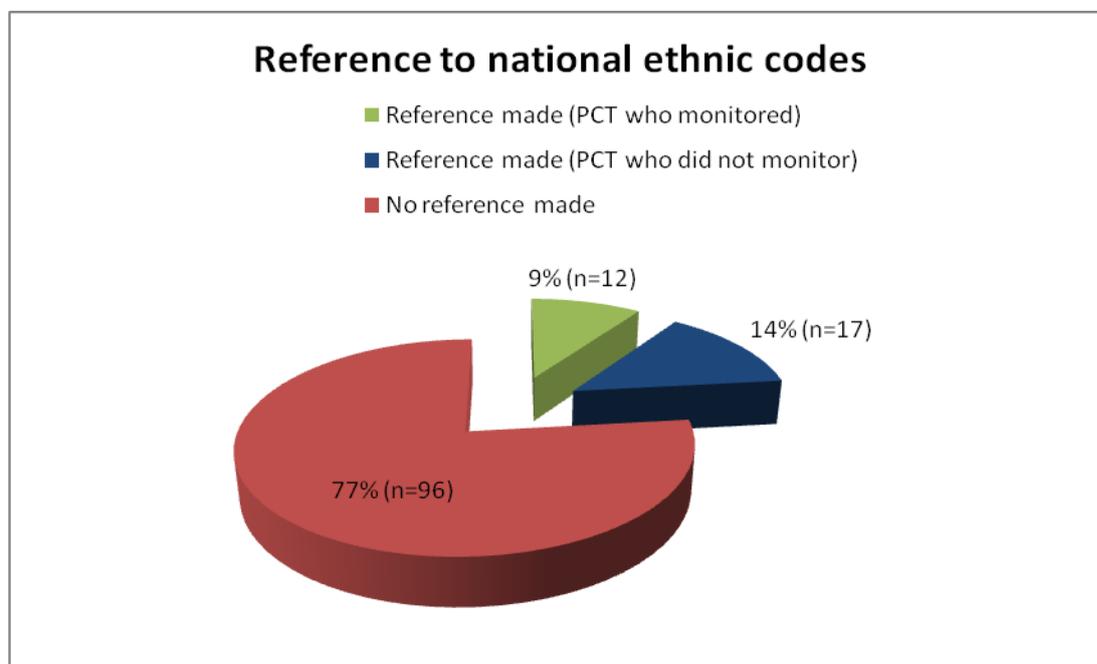


Figure 4: References made to national ethnic codes and the NHS data dictionary (n=125)

17 (14%) of respondents made reference to national ethnic codes to explain why they did not monitor Gypsies and Travellers. From the responses we received it was evident that the NHS's decision not to include Gypsies and Travellers as an ethnic code in its national data dictionary has led to service use and health and wellbeing outcomes for these groups not being systematically monitored. From these responses it is also apparent that it has led to a general lack of awareness of Gypsies and Travellers health needs and in certain cases justified health services non-engagement.

Below is a sample of these responses:

*'Suffolk Community Healthcare complies with the national NHS ethnic categories set up in 2001, which is based on 16 + 1 categories. I've listed the NHS data dictionary definitions below and as you can see Gypsies and Travellers are not identifiable within these groupings.'*

**Suffolk PCT**

<sup>8</sup> 'The NHS Data Model and Dictionary provides a reference point for assured information standards to support health care activities within the NHS in England.'

<http://www.connectingforhealth.nhs.uk/systemsandservices/data/nhsdmds/dmd>

<sup>9</sup> Respondents knowledge and understanding of the updated 2011 ONS national ethnic census codes varied, with some PCT's justifying non-inclusion of Gypsies and Travellers based on the outdated 2001 ONS national ethnic census codes which did not include these groups.

*‘Gypsy’ and/or ‘Traveler’ are not recognised ethnic codes in the system for England and Wales so we don’t track service use by such terms. If they claimed to be such they would appear as ‘other’ on the records and be indistinguishable from other ethnic groups such as Arabs, Chinese . . .’*

**NHS Milton Keynes and NHS Northamptonshire**

*‘The codes in the NHS Data Dictionary for ethnicity do not include a category for Gypsy or Traveller, so we would be unable to separate their service use from any other service user, in any patient record system. The same is also true of staff data about gypsy and or traveler status.’*

**Plymouth PCT**

*‘Dudley PCT have ethnicity on the data that we are sent from providers but these are national categories and there is no category for gypsy and travellers.’*

**Dudley PCT**

*‘NHS Nottingham City collates ethnicity data across a range of services to support its Commissioning and Public Health functions and this forms part of the Joint Strategic Needs Assessment....This information is not broken down at Gypsy and Traveller level’*

**NHS Nottingham City**

*‘The PCT collects ethnic monitoring data from all its providers as part of the contract requirements. This will extend to include the protected characteristics as identified in the Equality Act. This data is not specifically broken down to identify the Gypsy and Traveller population.’*

**Bassetlaw PCT**

*‘NHS Cumbria is not required to routinely collect data on Gypsy and Traveller Health and well being, and this group is not monitored as standard policy by the pct. In addition, there is no ethnic coding for these groups in the national census.’*

**NHS Cumbria**

*The PCT and provider trusts do comply with ethnic monitoring requirements. However gypsy/traveller communities are subsumed under the ‘white other’ category, as they are in the broad ethnic census categories, and so it is not possible to extract this specific BME group from local NHS activity data, either at GP or hospital level. This issue was raised as a potential area for further investigation in the 2010 JSNA.*

**North Lincolnshire PCT**

*‘Little data is routinely collated on Gypsies and Travellers as they do not appear as a separate category on routine ethnic monitoring data collection systems. Following the recent Census in 2011 where the ethnicity section was expanded to include Gypsy or Irish Traveller, consideration must now be given to amending systems so that this data would be able to be collected at a local level.’*

**NHS Gloucestershire**

Significantly, the majority of these responses are very clear in their explanation of why Gypsies and Travellers are not being systematically monitored. Worryingly, some Trusts, such as Cumbria and Bassetlaw, appear to be unaware that Gypsies and Travellers were an ethnic group included in the 2011 census and are protected by the Equality Act 2010 as a specific racial group with protected characteristics.

Also of concern are references made by NHS Nottingham City and North Lincolnshire PCT regarding the importance of the ethnic categories in steering the focus and content of JSNAs, yet at the same time not including Gypsies and Travellers in these categories.

Of the 20 (16%) of PCTs who had monitoring procedures in place (or were in the process of introducing them), 12 (9% of the total sample) made reference to national ethnic codes or the NHS data dictionary. Similar to the responses from PCTs who did not monitor, these Trusts provided vital information on why Gypsies' and Travellers' ethnicity is not routinely recorded and the impact this has on Trusts and health services who are, in some cases, taking steps to improve their datasets on these communities.

Below is a sample of these responses:

*'The ethnic monitoring data held by NHS Cambridgeshire on Gypsies and Travellers health, well being and service use is held in our Traveller Joint Strategic Needs Assessment (JSNA)...One recommendation in the Travellers JSNA is that service providers should amend their ethnicity monitoring forms to include Gypsies and Travellers as an option. However, we have received informal, verbal feedback suggesting that a national 'Data Change Notice' from the NHS Information Centre would be needed to make it mandatory and ensure compliance across the country.'*

**NHS Cambridgeshire**

*'GPs are not required to routinely collect G&T health information. Some do collect ethnic monitoring data, but Gypsy and Traveller data has previously been lost in the "White Other" or "White British" categories. This is primarily because the national data set has not included classifications specifically for Gypsies and Travellers....'*

**Bedfordshire PCT**

*'Most G&T monitoring data has been categorised in the "white other" or "white British", mainly because the national data set has not included classifications specifically for G&T.'*

**NHS Tees on behalf NHS Hartlepool, NHS Middlesbrough, NHS Redcar and Cleveland and NHS Stockton on Tees**

*'Wherever data systems allow, NHS Doncaster uses the ethnic categories used in the latest Census to record information, and this includes Gypsy Travellers.'*

**NHS Doncaster**

*'Whilst developing Equality Objectives for NHS Brighton and Hove, the Trust has already committed to improving the monitoring of protected characteristics of patients, public and staff members and some focused work has already been undertaken in Brighton to better understand the health and wellbeing needs of our local Gypsy and Traveller communities. This highlighted that ethnic monitoring data on gypsies and travellers is not currently available.'*

**NHS Brighton and Hove (part of NHS Sussex, the PCT cluster representing NHS East Sussex Downs & Weald, NHS Hastings & Rother and NHS West Sussex)**

*'Since the completion of the Patient Profiling Pilot Project, the Public Health Directorate, when asked, has been promoting the 2011 Census categories and*

*codes (where appropriate) for data collection of patients and service users. It should be noted that the 2011 Census category for ethnicity includes a code for Gypsies and Travellers.'*

**Bristol PCT**

*'We use the census data as a base for our Joint strategic needs assessment (JSNA) and in 2001 that did not record gypsy/traveller as a specific ethnic group, although it could have been added by participants. There is some limited reference in our JSNA to traveller women, but this is only in relation to domestic violence... There is an equality monitoring template which includes gypsy/traveller as an ethnic group. This form is not currently uniformly used.'*

**Calderdale PCT**

The above responses highlight the ad-hoc nature of ethnic monitoring and inclusion of Gypsies and Travellers in the PCTs who responded. Whilst some trusts are promoting inclusion and improved ethnic monitoring of Gypsies and Travellers amongst their service providers, it is evident that non-inclusion in the national dataset has hampered or limited the effectiveness of these efforts.

## 4. Policy context

The Health and Social Care Act 2012 contains specific legal duties on health inequalities for the Secretary of State (SoS), NHS Commissioning Board (Board) and Clinical Commissioning Groups (CCG). This is the first time that health legislation has outlined specific legal duties with the act clearly stating that each CCG and Board must, in the exercise of their functions, have regard to the need to:

*‘(a) reduce inequalities between patients with respect to their ability to access health services; and*

*(b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.’<sup>10</sup>*

(Section 14T & 13G)

The new act specifies that CCG’s and local authorities must *‘involve the people who live or work in that area’* (Section 192). It also places a specific duty on the Secretary of State in *‘exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England with respect to the benefits that they can obtain from the health service’*.

(Section 1C of the NHS Act 2006, as amended by the 2012 Act)

In the context of these specific duties in the Health and Social Care Act 2012, which come into force in April 2013, it is important to note that the Department of Health (DH) do not presently include Gypsies and Travellers as one of the 16+1 ethnic minority groups/categories they monitor in the NHS.<sup>11</sup> In response to an ITMB query on this issue, DH stated that they do not intend to update the NHS data dictionary and add an ethnic code for Gypsies and Travellers which would bring them in line with the 16+1 existing national codes used in the 2011 national census:

*‘There are currently no plans to re-define how changes in ethnicity coding are reflected in national data collection systems...changes to how data is collected can place a significant burden on the NHS and for vulnerable groups in particular, the process of monitoring information being placed on a national data-set can discourage use of statutory health services by some communities.’<sup>12</sup>*

The DH and NHSs position is in conflict with their previous policy of updating NHS national ethnic categories in line with the most recent census as a national mandatory standard:

*‘New ethnic categories defined in the 2001 census have become the national mandatory standard for the collection of ethnicity. These new ethnic categories have replaced the existing categories of ethnic data as classified by ETHNIC GROUP but there will be a period where both may need to co-exist at the same time.’<sup>13</sup>*

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<sup>10</sup> <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

<sup>11</sup> Department of Health, 2001, *A practical guide to ethnic monitoring in the NHS and social care*, para. 33

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH\\_5319155](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_5319155)

<sup>12</sup> Department of Health, January 2012, Email from Julie Alexander (Equality and Inclusion) to ITMB

<sup>13</sup> NHS Data Model and Dictionary Service, *Ethnic Group*

[http://www.datadictionary.nhs.uk/data\\_dictionary/data\\_field\\_notes/e/ep/ethnic\\_group\\_de.asp?shownav=1](http://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/e/ep/ethnic_group_de.asp?shownav=1)

It is hoped that the DHs decision not to include Gypsies and Travellers in national data collection systems in line with the 2011 census is based on allowing 'a period where both may need to co-exist at the same time' whilst these groups are fully integrated. At a wider policy level, it is also hoped that within the new health and social care system a more pronounced interest in the JSNAs and the creation of Joint Health and Wellbeing Boards and Strategies will enable a more joined-up approach to addressing the health needs of Gypsies and Travellers.

This research acknowledges DHs Inclusion Health's observation that 'national datasets offer limited monitoring of socially excluded groups.'<sup>14</sup> However, we would argue that national datasets also promote greater awareness of socially excluded groups at the local level leading to greater inclusion in JSNAs and Health and Wellbeing Boards and Strategies. As evidenced in this research, this is especially true for Gypsies and Travellers.

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<sup>14</sup> Inclusion Health (DH and Cabinet Office), 2010, *Improving the way we meet the primary health care needs of the socially excluded*, p. 17  
<http://webarchive.nationalarchives.gov.uk/+http://www.cabinetoffice.gov.uk/media/346571/inclusion-health.pdf>

## 5. Conclusion

As has been highlighted in this research, Gypsies and Travellers face high levels of exclusion and exceptionally poor health outcomes in the NHS. A major reason for this is the general lack of awareness of these groups amongst NHS Trusts and local service providers. In this study almost a quarter of respondents (23%) cited non-inclusion in the NHS national ethnic monitoring system as either justification for not monitoring or as an obstacle to greater inclusion and more rigorous data collection.

This research has revealed the full extent of non-inclusion and lack of awareness with the majority of respondents, 89 (71%) conducting no ethnic monitoring of Gypsies and Travellers and 16 (13%) stating either the information was not held or gave an inconclusive response. This lack of systematic monitoring has a serious impact on Gypsies and Travellers everyday health, preventing health services from accessing and addressing the serious health inequalities experienced by these communities. For example, research indicates that Gypsies and Travellers are dying 10-12 years younger than the average life expectancy, however the NHS and DH have no way of assessing whether the life expectancy for Gypsies and Travellers has increased or decreased in recent years.

The importance of greater awareness, inclusion and improved data collection is supported by the NHS themselves in their *Practical guide to ethnic monitoring in the NHS and social care*:

*'The collection and use of ethnic group data on patients, service users, and staff is the **foundation** on which NHS bodies and councils with social services responsibilities can assess and address health inequalities, difficulties in access and discrimination experienced by some black and minority ethnic individuals and communities.'*<sup>15</sup>

The Irish Traveller Movement in Britain (ITMB) welcome the National Inclusion Health Boards (through its Data and Research Working Group) focus on improving data and monitoring of Gypsies and Travellers. ITMB acknowledge there are a wide range of reasons for the poor health outcomes of Gypsies and Travellers, including discrimination, unstable accommodation, lack of cultural awareness, poor literacy and engagement with statutory bodies. However, our research has found that a majority of Trusts and health service providers are failing in their statutory duties to 'assess and address health inequalities, difficulties in access and discrimination' experienced by many Gypsies and Travellers. In the context of the new legal duties on health inequalities in the Health and Social Care Act 2012, it is an imperative that the DH take pro-active steps to improve the engagement, inclusion and monitoring of Gypsies and Travellers service use and health outcomes.

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<sup>15</sup> DH/Health and Social Care Information Centre/NHS Employers, 2005, *A PRACTICAL GUIDE TO ETHNIC MONITORING IN THE NHS AND SOCIAL CARE*, p. 5  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4116843.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4116843.pdf)

## 6. Recommendations

- **The DH should issue a national 'data change notice' to include Gypsies, Roma and Travellers alongside the 16+1 other ethnic categories which are monitored by the NHS. This would bring the NHS in line with Gypsy and Traveller inclusion in the 2011 census.**
- **ITMB strongly urge the Government and DH to develop a national Gypsy, Roma, Traveller health strategy in line with the European Commission's National Roma Integration Strategies for all EU member states. Developing a strategy would enable the Government to avail of specific EC funding to support Gypsy, Roma and Traveller initiatives. It would also provide a joined up approach to other issues that impact on Gypsies and Travellers health outcomes such accommodation and education.**
- **The DH should give guarantees that Local Authorities establishing Health and Wellbeing Boards include Gypsies and Travellers as key stakeholders. The DH also need to ensure that these communities are properly engaged and consulted in all Joint Strategic Needs Assessment. Utilising and building upon emerging health data on Gypsies and Travellers from the 2011 Census would be a good starting point.**

## **Appendix A**

**Julie.Alexander@dh.gsi.gov.uk** <Julie.Alexander@dh.gsi.gov.uk> 18 January 2012 10:37  
To: matthew@irishtraveller.org.uk

Dear Matthew

Thanks for getting in touch. Here's a note of the current status in response to your questions.

There are currently no plans to re-define how changes in ethnicity coding are reflected in national data collection systems. A recent review of ethnicity classifications at national level by the Chief Technology Officer's Council hosted through the Cabinet Office confirmed that the current standards provide sufficient information for monitoring at a national level. As you will be aware, changes to how data is collected can place a significant burden on the NHS and for vulnerable groups in particular, the process of monitoring information being placed on a national data-set can discourage use of statutory health services by some communities.

However, forthcoming National Monitoring Guidance from DH to local areas will cover the collection of data and other appropriate information about Gypsies and Travellers - in a sensitive way which will not alienate this often vulnerable client-group - in order to inform local service planning and decision-making. Strategic analysis of this type of information should also be reflected in key documents such as the Joint Strategic Needs Assessment developed locally.

The recently published NHS Equality Delivery System is also designed to support NHS Commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. It has been made available to all NHS organisations as an optional tool.

Martin Gibbs (Health Inequalities Unit) leads on DH's policy for Gypsy and Traveller health as a key focus of the Inclusion Health programme. This, alongside a focus on homeless people, sex workers and vulnerable migrants, includes support to the Ministerial Working Group on Gypsies and Travellers. Martin spoke at your recent national conference and you are in touch already. Early work is aimed at developing the data and research base - across quantitative and qualitative sources of primary and secondary information - for Inclusion Health, including health outcomes of Gypsies and Travellers. The Data and Research Working Group will take this work forward, working closely with the new Institute of Health Equity.

Kind regards

Julie

Julie Alexander  
Senior Policy Advisor (Equality and Inclusion)  
Health Inequalities and Partnerships Division  
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