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IRISH
TRAVELLERS
♥ *health*
MATTERS

Project Report

April 2025

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Irish Travellers health matters

Project Summary Report, December 2024

Hackney Council's Traveller Housing Service
and NHS South, Central and West Commissioning
Support Unit (SCW)



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Firstly, a big thank you to all the Irish Traveller families who welcomed us into their homes, lives and worked closely with the project to prove that with a dedicated effort we can work together to improve their health outcomes and reduce the health inequalities that exist. This is only the beginning - there is so much more work that could be done.

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Accessibility statement

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Why this report is important

The impact of poor health and health inequalities suffered by Gypsies and Travellers cannot be overstated. These challenges are compounded by persistent struggles to access and utilise health services - services that most people take for granted. This report should serve as a catalyst for local policies that actively seek to improve health outcomes and reduce inequalities.

Sadly, in Hackney, the necessary mechanisms to ensure a targeted local response are not in place. Currently, there is only anecdotal evidence of the health needs of Gypsies and Travellers at a borough level. Hackney has a higher than average Gypsy and Traveller population which makes addressing these issues even more critical. This is why we embarked on this project - one that was close to our hearts.

The families who participated in this initiative understand all too well through their daily struggles why a project like this is essential. Their health matters.

We invested significant time in strategic planning for this project.. However, constant operational barriers meant our team had to firefight continuously to not only meet but exceed delivery outcomes. There was limited time for us to stop and reflect - limited space for us to learn and redesign. But, as a team we did it. We demonstrated that with a true community development approach, working from the ground up and top down, success is possible. We showed that every contact can count.

A key enabler in this project was the **Household Support Fund | Hackney Council** - a Department for Work and Pensions (DWP) administered means tested accessible fund operated locally to help with food and fuel costs. This provided a vital engagement lever, but it also revealed a stark reality as all of the 84 families we approached met the eligibility criteria.

This finding underscores that Gypsies and Travellers are not only marginalised due to their cultural background but also face severe socio-economic disadvantages. Given such disparities, what chance does this community have unless robust policies that empower them to take control of their health and provide a foundation for the next generation to escape the cycle of poor health outcomes are in place..

Projects like this are often seen as a 'nice to have'. However, even in the face of austerity, and difficult commissioning decisions we must prioritise communities like the Gypsies and Travellers. How can they continue to be overlooked when national data confirms they suffer the poorest health outcomes across all major indicators?

For too long, the health of Gypsies and Travellers in Hackney has been forgotten. It is time for meaningful action. It is time for a collective effort to build and sustain their good health. Our goal is for Gypsy and Traveller families in Hackney to know they have equitable opportunities when it comes to their health. This can only be achieved if they are given the right building blocks to improve their wellbeing.

Put simply, we do not want them to be forgotten about. They are here. They are part of Hackney's diverse community.

They matter. Their health matters.

Angie Emmerson

Hackney Council's Traveller Manager

Shelley Eugene

Hackney Council's Traveller Housing Service
Independent Public Health Specialist

Project recommendations

Throughout the project, various suggestions have been made on how to build upon the activities already being undertaken.

However, the overarching recommendations are:

1. **Conduct a joint strategic needs assessment:** Public Health should undertake a systematic health needs assessment of Hackney's Gypsy and Traveller community. This would provide a structured approach to reviewing their health needs, allowing for the identification of local priorities and the allocation of resources to improve health outcomes and reduce inequalities.

2. **Strengthen strategic planning and funding:** Local government should implement a comprehensive, long-term strategy for Gypsies and Travellers encompassing health, housing, and education. While funding streams exist across these areas (including the charitable sector), they remain fragmented. A coordinated multi-agency approach is essential to ensure strategic and operational consistency so that they don't work in a silo from each other.

3. **Ensure sustainable resourcing:** To build on the progress of this project, long-term funding should be secured to sustain and expand the work initiated. The project has underscored the need for effective enablers that facilitate access to mainstream health services and remove barriers faced by Gypsies and Travellers. Addressing these barriers is crucial to closing the health inequalities gap.



Illustration by
Mary Reilly

Introduction

This report summarises the findings of Hackney Council’s **Traveller Housing Service – Health Matters** project, delivered between November 2023 and March 2024. The project was made possible through an NHS regional grant which was match-funded by LBH Traveller Housing Service.

Using the **conceptual framework of public health outcomes** and community development, Hackney Council’s Traveller Housing Service built upon existing knowledge and community links to develop a health focused initiative for the Irish Traveller community in Hackney. The project aimed to expand existing partnerships across Housing, Education, Public Health, and the voluntary sector, to achieve three key goals:

- **Goal 1:** Address the social determinants of Gypsy, Roma, and Traveller health through both targeted and mainstream measures.
- **Goal 2:** Improve Gypsy, Roma, and Traveller access, participation, and health through a human-rights based approach.
- **Goal 3:** Enhance access to culturally appropriate primary and secondary healthcare by increasing awareness of service availability and community needs.

Throughout the project the Traveller Housing Service team leveraged its well established presence within Hackney’s Traveller community to integrate health focused activities into its existing work. This marked a significant shift - from health previously being outside the service’s remit to the development of an innovative model that achieved substantial success in a short period.

Now that the project has concluded, the challenge remains - how can this positive progress be sustained? The legacy of Health Matters, particularly in terms of systemic change, is difficult to quantify. Therefore it is crucial that statutory organisations, those responsible for addressing health inequalities, consider the project’s recommendations to ensure continued efforts beyond its initial scope.

“We be dying. We be killing ourselves and nobody knows. Nobody sees. Nobody cares. And if we not be dying, we be depressed. We be sick in the head”

Hackney Traveller, 42



Contextual background

National policy context

Health inequalities refer to differences in health outcomes or access to healthcare services between different population groups. These differences are often unjust, avoidable, and systematic, resulting from various social, economic, and environmental factors. Health inequalities can manifest in a range of ways, including disparities in health outcomes, life expectancy, disease prevalence, access to healthcare services, and quality of care.

Addressing health inequalities requires a holistic approach that considers the underlying social determinants of health and addresses systemic barriers to health equity. Implementation of policies and interventions are key to target specific needs of disadvantaged populations.

In 2004, the Department of Health (DoH) in England **commissioned a study on Gypsies and Travellers in England** to examine their health status and needs. The study aimed to provide a comprehensive understanding of the health inequalities faced by these communities to inform the development of targeted interventions to address their unmet health needs.

The study found striking inequalities in Gypsies and Travellers health, even when compared with people from other ethnic minority or socio-economically deprived white UK groups. As well as significantly lower life expectancy compared to the general population, they were also found to have poorer maternal and child health outcomes, higher levels of mental health issues, and continuous poor access to healthcare.

Following the publication of this study there was a requirement in the Local Government and Public Involvement in Health Act 2007 for Directors of Public Health to include under-represented groups, such as Gypsies and Travellers, in the production of Joint Strategic Needs Assessments to identify local priorities for action to reduce health inequalities. The Health and Social Care Act 2012 put further requirements on health and social care providers to take steps to reduce health inequalities and improve access to services for marginalised communities, such as Irish Travellers.

Several policies have since followed, that aimed at reducing health inequalities amongst all disadvantaged groups. However, despite efforts to address the stark inequalities evidenced in the DoH study of 2004, further research since has shown that Gypsies and Travellers:

- **face life expectancies** between 10 and 25 years shorter than the general population.
- experience significantly **higher prevalence of long-term illness**, such as cardiovascular disease, multiple health problems or disabilities, which limit daily activities or work.
- have **comparable health in their 60s to that of an average White British person in their 80s**
- **experience a high prevalence of mental health problems and have higher suicide prevalence:** six times higher for Irish Traveller women population, and seven times higher for Traveller men than women in the general.
- experience four times higher infant mortality than the general population.

It also showed that:

- **one in five Gypsy Traveller mothers will experience the loss of a child**, compared to one in 100 in the non-Traveller community.
- **just 2% of Irish Travellers, compared with 56% national population average, initiate breastfeeding at birth.**

The COVID-19 pandemic highlighted and exacerbated existing health inequalities and disparities that exist within the Gypsies and Traveller communities.

Local context

The 2021 census data for Hackney recorded 248 Gypsy or Irish Travellers living in the borough. This is likely to be a significant undercount as:

- Hackney's five authorised Traveller sites account for 125 residents including children (Hackney is known to have more families living in standard accommodation than on authorised sites)
- Hackney Clinical Effectiveness Group (local health systems) recorded 340 with Traveller ethnicity in City and Hackney, and
- LBH Traveller Education service has a record of 390 Hackney Gypsy, Roma & Traveller children aged 0-19 years of age.

Hackney Council's **Strategic Approach Action Plan**, has committed to addressing health inequalities. However, despite a significant number of Gypsy and Traveller families living within the borough and no Joint Strategic Needs Assessment for the community, it's likely that the community will remain hidden as current local data is lacking in detail for Gypsies and Travellers, further embedding health inequalities.

Hackney's Health and Wellbeing draft strategy makes no mention of services or provision for Gypsies and Travellers, despite Hackney having a higher proportion of Gypsies and Travellers when comparing against the England average.

The Hackney Health Needs Assessment for the population aged 0 to 19, published in March 2022, makes no mention of addressing the poor outcomes of Traveller children despite national data suggesting they have the poorest health outcomes. This omission from key local health strategy means the community are at risk of being excluded from commissioning, which will further increase health inequalities.

Despite the lack of local health policy to reduce the health inequalities of Gypsies and Traveller communities Hackney is in a position of relative strength regarding their wider needs. There are more targeted services available than any other London borough. Hackney Council has a dedicated Housing Traveller Service who manage all authorised sites and unauthorised encampments and an Education Service which supports engagement and educational oversight of Gypsies and Travellers living in the borough.

These services have consistently remained in place for over 30 years and have seen huge successes and year on year improvements in housing and education access within Hackney for Irish Traveller families. LBH records the lowest level of unauthorised encampments compared with other London local authorities, alongside lower levels of anti-social behaviour attributed to the Traveller community - both of which are a significant cost saving to the local authority. A higher proportion of Irish Traveller children access education provision from early years compared to other London local authorities and more Traveller children transition from primary to secondary education compared to national data.

From the mid-1980s the local health system commissioned a public health nurse role within Hackney which sat within the health visiting service delivered by Homerton Hospital. The role supported holistic health provision specifically for the Irish Traveller community, but commissioning was inconsistent and often in response to local outbreaks such as measles. Three nurses have been employed in this role over separate commissioning cycles and worked holistically with the Traveller Housing and Traveller Education Service. The role provided a proactive approach in delivery of the **Healthy Child Programme**, including outreach immunisations, raising awareness, and access to local services particularly to aid preventative care, and working in partnership with agencies to reduce health and social inequalities experienced by families. Since 2015 the role has not been commissioned as it was deemed the activities could be incorporated within the health visiting service high impact delivery and other health mainstream services.

This is likely reflected by the impact of changes in public health commissioning arrangements within a challenging financial situation which necessitates difficult decisions.



In September 2022 Hackney Council were contracting for an **Enhanced Health Visiting Service** to be tendered in the City and Hackney. The Council's Traveller Housing Service proactively ensured inclusion of Gypsies and Travellers within details of the tender as public health professionals involved were unaware of the presence of this community within Hackney. The tender referred to the successful provider delivering a culturally sensitive service which is innovative and flexible to the needs of specific communities (including Gypsies and Travellers). Health Needs Assessments and related population data was to be used when planning services for these communities, however, this is a challenge as both are either non-existent or limited in context. Therefore, creating lack of accountability when attempting to tailor and deliver specific services.

Noticing the inconsistency of tailored and culturally appropriate health service provisions for the community, the declining health and

wellbeing of Travellers, and increased pressure on the Council's Traveller Housing Services to support the community in managing issues directly relating to health we sought a proactive approach to work towards reducing the evident health inequalities. This resulted in the team putting together a business case to the Council's Traveller Housing Senior Management Team and the NHS regional team for funding towards a project which would enable an embedded health role to sit within the Traveller Housing Service. We felt that the strength of the relationships we had already built with the community would enable them to support the delivery of local health related initiatives, with the aim of improving the health outcomes of the community.

Health Matters Project achievements - overview



91% of adults living on Hackney Traveller sites completed the health questionnaire.



11 referrals were made to mental health services.



Engaged with **84 traveller households** in Hackney.



45 families were provided with information on how to access primary care services (pharmacy)



30 people were screened for liver disease on the mobile van this resulted in two individuals requiring further investigation.



Three women were referred for maternity care.



The project enabled **21 individuals download**, accessed and managed their health records via the NHS app.



Prevention advice and leaflets around signs and symptoms associated with measles were provided to **27 families**, with children under 21 years.



Intensive support Intensive support (minimum of 6 meetings each) was provided to three women around sexual health, and maternity care.



Drugs and Alcohol advice and support was provided by Turning Point to **11 people**.



As a result of our intervention **14 Traveller children** went on to have their outstanding childhood vaccination



Following onsite blood pressure checks, **two people** are being monitored by their GP for high blood pressure.



Seven referrals were made for speech and language (0–5).



Five referrals were made to stop smoking services.



Following 1:1 conversation, **five women** attended for outstanding routine cancer screening.

The lack of local data on Travellers and their health status meant that our team based our activities on anecdotal evidence. To enable a more objective and unbiased approach to delivering health activities, in the absence of a local government health needs assessment, our team developed a local health needs survey and spent an enormous amount of time conducting it.

It was centred on those living on our five Traveller sites and saw a tremendous response (91 %) compared with typical survey rates (5-30 %). This showed the value of relationships in gathering effective data.

The results showed:

71%

of adults declared being diagnosed with a mental health condition

69%

of adults were living with a long-term health condition

67%

of children were not up to date with the immunisation schedule

1/3

of children 5–10 years had or were awaiting a tooth extraction

Of the 18 women interviewed with children under 5 years,

none
had breastfed

94%

of households surveyed had children living in the home

More

adults were willing to have their flu, than the COVID vaccine

78%

of those eligible for cancer screening, had not attended their routine appointments

63%

of adults were smokers/or using vapes

The project

Why a health project?

The Housing Traveller Service Health Project aimed to improve the health outcomes of Irish Traveller communities living in Hackney. COVID-19 shed light on inequalities faced by marginalised groups, including Irish Travellers. Their presence in Hackney was formally acknowledged when national guidance and subsequent NHS health inequalities funding were introduced, encouraging local health systems to target minority ethnic communities at greater risk of COVID-19 exacerbated inequalities.

During the pandemic, the Traveller Service leveraged internal resources to work closely with the Council's Public Health team to promote engagement with the COVID vaccination programme, infection prevention measures, and general health and wellbeing support. This collaboration revealed significant health care needs that were not being met by statutory services, leading to an increased demand for support in accessing healthcare. Key issues included:

- **Healthcare disparities:** Limited access to quality healthcare and preventative services resulted in a higher reliance on secondary care for preventable illnesses.

- **Mental health and wellbeing:** The social isolation, economic stress, and uncertainty caused by the pandemic disproportionately impacted the Irish Traveller community. A strong stigma around seeking help, coupled with a lack of culturally competent care, further exacerbated mental health disparities.
- **Digital exclusion:** The shift to telehealth services, such as booking GP appointments or attending maternal and child health consultations via telephone, created a digital divide. Many in the community faced barriers related to technology access, digital literacy, and internet connectivity, limiting their ability to engage in virtual healthcare appointments and educational resources, further widening existing inequalities.

To address these challenges, the team developed a series of targeted activities aimed at reducing health inequalities within the Traveller community. The original plan was for these activities to be implemented over a two-year period, with a focus on both strategic and operational actions to meet the community's needs. The planned activities are detailed below:



Goal 1: Address the social determinants of Gypsy, Roma, and Traveller Health through targeted and mainstream measures

Strategic objectives: Development of specific priorities, strategies and actions which address Gypsy, Roma and Traveller health inequalities using an intersectional analysis and facilitating targeted measures.

Ensure a whole of government and social determinants approach to addressing Traveller health inequalities in line with the Core20PLUS5 and Hackney's Joint Health and Wellbeing Strategy 2022/26

Activities	Measure
1.1 Facilitate an assessment of statutory service provision within the LBH (housing, education and health) that will address variations identified that may cause inequalities in access and negatively impact on outcomes for Gypsy, Roma, and Travellers and provide recommendations.	Assessment
1.2 This will include supporting the Public Health Directorate to undertake a Joint Strategic Needs Assessment	Data collated for HNA
1.3 Map integrated care programmes and clinical programmes within NEL ICS footprint, with an initial focus on mental health and chronic diseases, and work with the ICB to ensure that they are meeting the needs of the Gypsy, Roma, and Traveller communities.	Assessment and report of findings
1.4 Set up a working group, to include relevant stakeholders that will aim to work in partnership to support preventive and clinical health programmes e.g. health inequalities cancer, COPD, chronic disease mental health and addiction, alongside the wider determinants of health.	Working group with ToR

*North East London Integrated Care System (NEL ICS)

*Integrated Care Board (ICB)

Goal 2: Improve Gypsy, Roma, Traveller’s equality of access, participation and outcomes in mainstream health services through a human-rights based approach.

Strategic objectives: Mainstreaming and responding to Gypsy, Roma, and Traveller health needs and addressing health inequalities in existing and forthcoming local policy and services.

Strengthening the relationship between statutory services to ensure improved partnership working

Working with local statutory services to ensure inclusion of Gypsy, Roma, Traveller health needs in all population health approaches for service planning and funding, aligning with new and existing health structures

Activities	Measure
2.1 Identify recommendations made from national and local documents policy (JSNA) or statutory reviews (CDOP, SCR etc) that relate to Gypsy, Traveller, and Roma health, and review local implementation, and compile a report on findings	Report
2.2 Develop an asset-based mapping tool which will identify community skills and assets that help, to empower communities and enable local partners in the statutory and voluntary sector to build upon these to promote good health.	Skills map
2.3 Develop links with statutory services to embed needs of Gypsy, Roma, Traveller into cultural competency training for health professionals, to ensure that GRT needs are being met when developing and delivering services.	Outcome from conversations with educational departments
2.4 Deliver cultural competency training to professionals working with City and Hackney.	Two cultural competency training delivered

*Joint Strategic Needs Assessment (JSNA)

*Child Death Overview Panel (CDOP)

*Serious Case Review (SCR)

Goal 3: Enhancing Gypsy, Roma and Travellers' access to culturally appropriate primary and secondary health care through improved knowledge of service availability and need

Strategic objectives: Develop and strengthen mechanisms to ensure meaningful consultation, inclusion and participation of Travellers in local health related structures underpinned by community development principles and values

Promoting GRT access to mainstream service provision and adherence to health programmes and schedules

Activities	Measure
3.1 Support access and engagement in maternity services.	Number of referrals/ contacts with maternity service providers
3.2 Promote access to health services, including primary care access and GP registration,	Number of GP registrations
3.3 Promote COVID, flu and pneumonia vaccines amongst all of the community	Number of vaccine events
3.4 Provide health and wellbeing advice and onward referrals to local public health preventative services (i.e., smoking/alcohol advice)	Number of referrals to PH programmes
3.5 Support families to engage with the Healthy Child Programme, including encouraging uptake of health reviews and adherence with the immunisation schedule.	Number of f/u for health reviews
3.6 Support awareness and engagement of annual health checks for those diagnosed with SMI.	Number of annual health checks
3.7 Promote awareness and engagement amongst eligible populations with cancer screening programmes, specifically breast and cervical.	Number of screening conversations and number of screening follow-up referrals
3.8 To initiate and support access to blood pressure checks, and provide opportunities for the community to receive a blood pressure check	Number of BP checks and onwards referrals.
3.9 Train community members as peer supporters to offer empathetic assistance to those in need.	Number of members trained as peer supporters

Intentions of delivery

Building trust and strong relationships is fundamental when working with marginalised communities, something the Traveller Housing Service had already well established with the Traveller community in Hackney. The public health work undertaken by the service during the COVID-19 pandemic underscored the importance of a holistic, multi-agency approach in improving health outcomes for Traveller communities within the borough.

Recognising the ongoing need for health interventions and tailored culturally sensitive support, the Traveller Housing Service successfully made a business case to reconfigure an existing vacant role within the team, shifting its focus towards health and community development. Additionally, short-term NHS match funding was secured to support the initiative from November 2023 to March 2024.

Staffing: Grant funding enabled the recruitment of a 0.6 full time equivalent (FTE) community health support worker role to support project implementation, and a 0.4 FTE project lead to oversee the initial development of the project and provide strategic direction for implementation. Both roles were employed through Hackney Works agency, with the project manager starting in November 2023 and community health support worker joining in January 2024.

Eligibility: Given the short timeframe of the project the focus was on Irish Travellers living on Hackney's authorised Traveller sites.

What activities were undertaken?

By implementing a public health approach alongside specialist community development this project aimed to integrate local and national public health and NHS-led initiatives to tackle ill health and improve the health and wellbeing of the Traveller community, and reduce health inequalities.

The project was unique in its approach as it combined public health and community development principles to deliver tailored support that was embedded within housing support services. The long-standing relationship between the Housing Traveller Service and Gypsies and Travellers in Hackney meant that community identification and relationship-building had already been established.

Additionally, the project manager had prior experience working with the community and had already built strong connections with key stakeholders. The Community Health Inclusion Worker, though new to the role, quickly developed the necessary knowledge and skills for effective engagement with the community.

Project focus areas

The project primarily focused on three key activities:

- Providing individual health-related advocacy and equipping Traveller families with tools to empower them either through one-off interventions or longer-term support.
- Delivering health and well-being events for Irish Travellers.
- Providing health promotion advice, facilitating health screening projects, and making referrals to mainstream services.

Refocusing due to funding constraints

Due to funding limitations and the short project duration activities were refocused to concentrate on the following areas (the numbers relate to the goals in the strategic objectives above):

1. Assessing statutory service provision across housing, education, and health in LBH to identify and address variations that contribute to inequalities in access and negatively impact outcomes for Gypsy, Roma, and Traveller communities. This assessment would also provide recommendations. (1.1)
2. Supporting Public Health in conducting a Joint Needs Health Assessment. (1.2)
3. Establishing a steering group with key stakeholders to develop partnerships supporting preventive and clinical health programmes, including initiatives addressing cancer, COPD, chronic disease, mental health, and addiction, alongside the wider determinants of health. (1.4)
4. Delivering cultural competency training to City and Hackney professionals working with the Traveller community. (2.4)
5. Enhancing access and engagement in maternity services. (3.1)
6. Facilitate access to health services, including primary care registration and GP access. (3.2)
7. Encourage uptake of COVID-19, flu, and pneumonia vaccines across the community. (3.3)
8. Provide health and wellbeing advice and make referrals to local public health prevention services, such as smoking cessation and alcohol support programmes. (3.4)
9. Support families in engaging with the Healthy Child Programme, including promoting health reviews and adherence to the childhood immunisation schedule. (3.5)
10. Increase awareness and participation in cancer screening programmes, with a focus on breast and cervical cancer for eligible populations. (3.7)
11. Facilitate access to blood pressure checks, ensuring community members have opportunities to monitor and manage their blood pressure. (3.8)

The actual project and outcomes

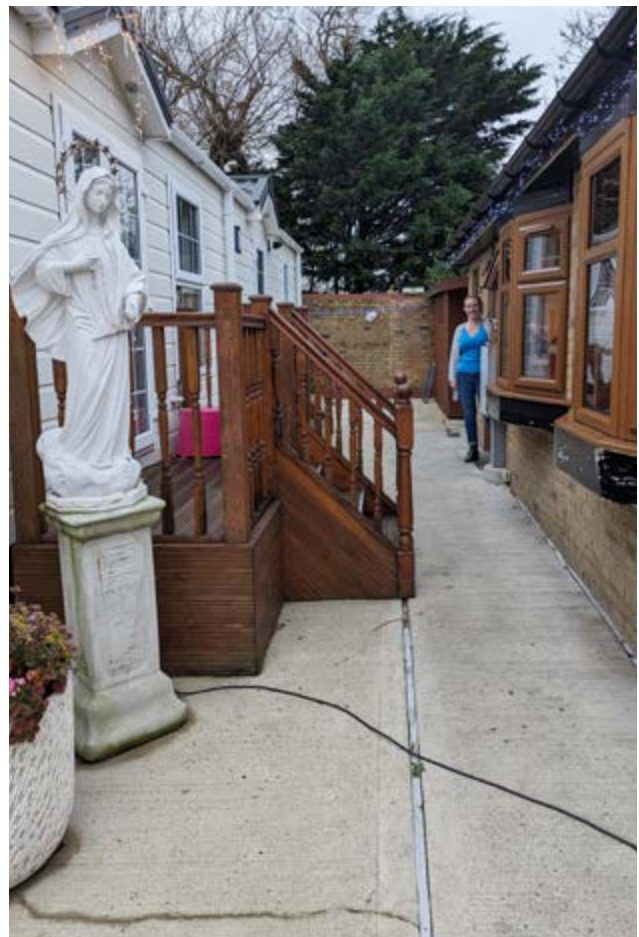
“I just wish I had other people to speak to that wouldn’t judge. I didn’t understand what was being said - they just gave the news and then left me to deal with it. That was a big thing for me as I didn’t want anyone to know what was happening - not even my family. I wished I had someone to talk to. And having a group where I can ask questions. I can’t read and write and they give me loads of things that I don’t understand. I tried but I am embarrassed to say that I can’t read, so I just take the things and then do nothing with them. I wish they had help for people who didn’t understand but if you don’t know, you don’t know”

*quote from Traveller women when reflecting on care she had received following diagnosis

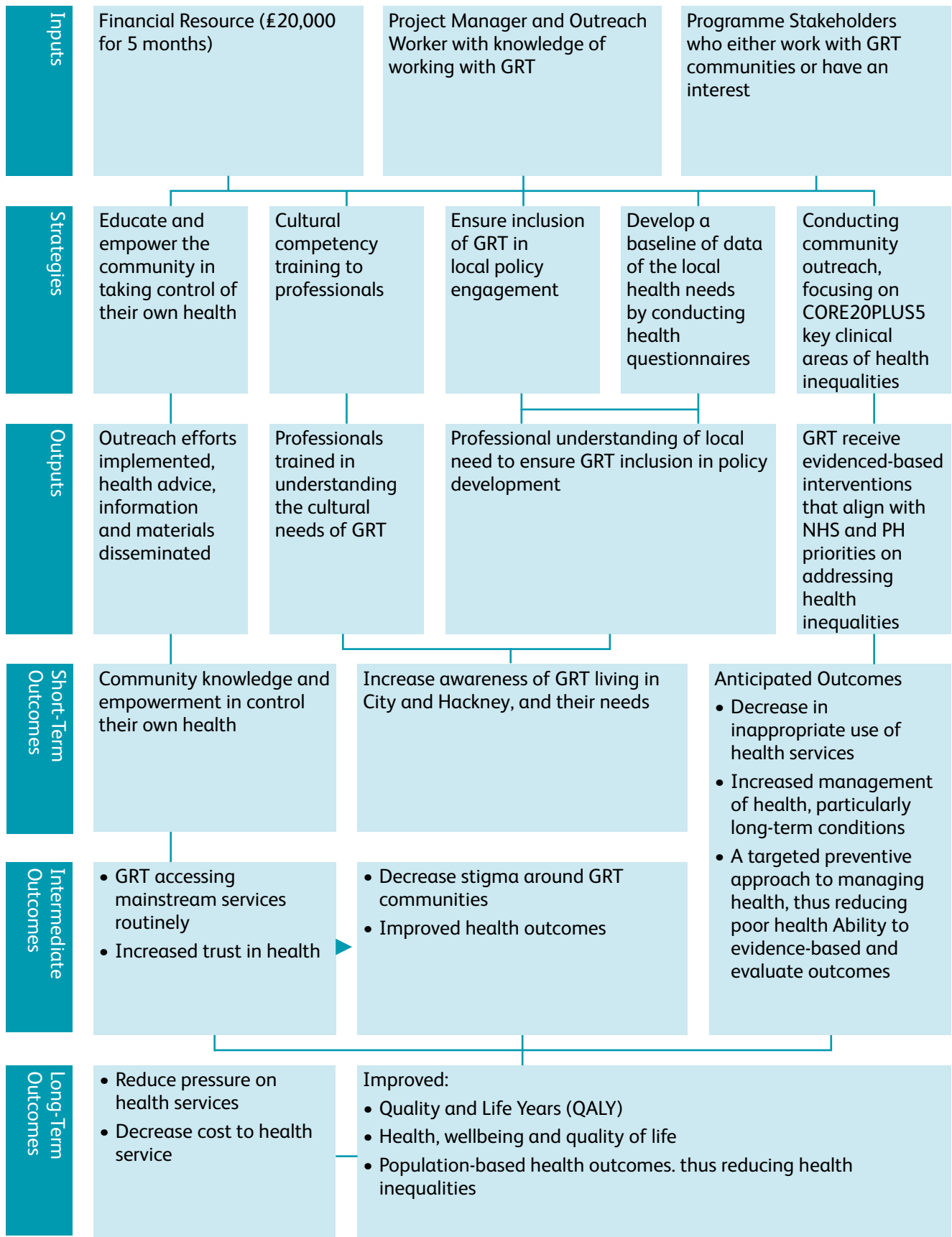
The Health Matters Project logic model illustrates how this evidence-based initiative achieved positive outcomes for the Traveller community. The theory of change underpinning the model is informed by research highlighting the effectiveness of outreach work and broader studies on engaging with Gypsies and Travellers.

As the model outlines, short-term and intermediate outcomes serve as the foundation for long-term impacts, including quality-adjusted life years (QALY), improved health and well-being, and population-based outcomes.

The logic model also served as a guiding framework for project delivery, ensuring that all activities were evidence-based. It provided a structured platform for continuous review, monitoring, and adaptation, allowing the team to refine its approach as needed.



The Health Matters Project logic model



Assessing statutory service provision across housing, education, and health in LBH to identify and address variations that contribute to inequalities in access and negatively impact outcomes for Gypsy, Roma, and Traveller communities. This assessment would also provide recommendations (1.1)

Description of activities

The project aimed to assess statutory services to determine whether existing policies negatively impact Travellers' access to services. Due to time constraints this objective was not fully achieved. However, the project successfully collaborated with the NHS Neighbourhood Team, which was working on the Ageing Well Policy, and Hackney Council's Public Health Team, which was conducting a SEND needs assessment for children and young people. Through these partnerships, the project ensured that Travellers' voices were included in the engagement activities of both initiatives.

- Families we spoke to with children under 5 either had or wanted their child to be in early years provision

Outcomes

- Thirteen individuals aged 41 - 76 were interviewed as part of City and Hackney Ageing Well policy development engagement.
- Nine families were interviewed to understand their experience on SEND provision within Hackney and as part of the SEND policy development.

Key findings

- Those interviewed were happy to input into policy development when they were interviewed by someone they knew and trusted.
- In the majority of the cases families did not wish to be recorded but were happy for notes to be taken during the interview
- The interviews opened the opportunity to discuss wider health issues and supported the project in other activities such as childhood immunisations signposting and blood pressure checks.
- Many families required support with health and wellbeing advice and several interviews resulted in onwards referrals
- Families are delaying all vaccinations until their child's speech develops through fear of a delay in development.

Case study

Bethany has twins who are 12-years old, both she suspects have special educational needs. Neither child has attended an educational provision. The team visited her as part of the request from the Council's Public Health Team to collate input for the SEND survey as Bethany's father had mentioned that he thinks his grandchildren have some 'issues' but hasn't really seen them for a while so thinks she would be good to see.

Bethany agreed to be interviewed and during this she mentioned her concerns and stated that she is emotionally struggling with both children and was tearful during the interview. The team were able to offer her practical support in addition to putting her in touch with the Hackney Ark which would enable the children to be assessed appropriately, as well as referring her onto her GP. Additionally, Bethany was provided with the details for City and Hackney Talking Therapies so that she could access support for herself.

Challenges

- We were given limited time to carry out both engagement pieces. The Traveller voice was a secondary thought and the main engagement for both had already taken place. This put a lot of pressure on the project team and was very disappointing that this was the case, particularly as Traveller children have the highest level of SEND in City and Hackney and should have been considered as part of the initial thought of engagement on development of this policy. Nonetheless, the team undertook the work and were able to provide an extensive level of input from the Travellers.

Future work

- An assessment [analysis] of statutory service provision should be undertaken, so as to understand whether the communities are negatively impacted from accessing service provisions.
- Links should be built with Volunteer Centre Hackney, who are regularly involved in engaging with communities on behalf of statutory services with the aim of ensuring they are aware of how to engage the community to enable their voices to be heard in future policy development.

Supporting Public Health in conducting a Joint Needs Health Assessment (1.2)

Description of activities

In the absence of the lack of local available data on the health needs of Gypsies and Travellers, the team undertook a comprehensive health assessment that looked at the health needs of adult and children Travellers. The survey was conducted door to door and gathered information around GP registration, access to wider healthcare, adherence to routine schedules and captured ideas for future planning. The survey covered all families living on the five authorised sites in Hackney

Outcomes

- 91 % of families living on Traveller sites in Hackney completed the health assessment survey
- The needs assessment supported our future planning of the project, and we tailored our response to meet the needs identified. These include delivering a workshop around breast screening and menopause, on-site blood pressure checks, and supporting Travellers to access their own health through the NHS App.

Challenges

- Although the most important aspect of our project, as it enabled us to ensure we were framing our activities to local needs, the gathering of data was extremely time consuming and a project in its own right. The work required additional resources, and the goodwill of the entire Traveller Housing Team.

Future work

The initial data presents some interesting findings and provides good evidence-based for the need to undertake a more comprehensive health needs assessment on the Gypsy and Traveller community. Therefore, Public Health should seek to undertake this promptly, so as to enable the inequalities the community experiences to be addressed.

Improvements need to be made on capturing data ethnicity data for Gypsies and Travellers living with City and Hackney in NHS. A project should be undertaken to work with primary care and Gypsies and Travellers that would encourage them to record their ethnicity on NHS systems (which they historically don't do, owing to trust and fear of discrimination)

Establishing a steering group with key stakeholders to develop partnerships supporting preventive and clinical health programmes, including initiatives addressing cancer, COPD, chronic disease, mental health, and addiction, alongside the wider determinants of health (1.4)

Description of activities

To ensure effective governance of the project and enable the experience, skills and knowledge of members to guide activities, a steering group was established in January 2024. The group meets every eight weeks and members include Traveller Housing, Traveller Education, NHS (funders), Public Health, East London Foundation Trust (Mental Health), London Gypsies and Travellers voluntary organisation, and Gainsborough School. The steering group not only guided the activities but also supported developing a continued multi-agency approach to how professionals work with Travellers.

Future work

- The steering group should continue but with a more strategic focus and a clear set of objectives to achieve. The group should seek to expand to include a broader stakeholder group, utilising the stakeholder mapping process to enable a cross-sectional range of interest.
- The group should have overall oversight of the wider aspects of services that are funded for Travellers through local government (i.e., Housing, Education and voluntary sector) so that an aligned approach to service commissioning can be taken.

Key findings

- Professionals were keen to be involved where there was either an interest (from a funding perspective) or they were directly involved in working with Gypsies and Travellers.
- Stakeholder engagement from those who were influential in local commissioning was not present on the steering group

Outcomes

- The steering group has met twice, with a third meeting planned post-project delivery (May 24).
- The group helped shape further activities, and supported the direction of delivery of the project.

Delivering cultural competency training to City and Hackney professionals working with the Traveller community (2.4)

Description of activities

In the efforts to improve the professional cultural competence in working with Gypsies and Travellers the Traveller Housing Service commissioned Friends, Families and Travellers - a charitable organisation - to deliver a multi-agency training. This certified training aims to increase participants' ability to deliver positive and culturally appropriate early interventions with a focus on safeguarding children and vulnerable adults.

The training was delivered through City & Hackney Safeguarding Children Partnership and was fully booked providing training to thirty professionals working in the boroughs.

Future work

- Continued local efforts need to be made to ensure training opportunities are available to professionals who are working with the community.
- Consideration should be given to an e-module training that can be used across a larger footprint (i.e. ICS footprint) and is tailored to the local needs of the community.
- Work should be done across statutory services to seek opportunities for incorporating elements of Gypsy and Traveller cultural competencies within existing training programmes.

Ensemenancing access and engagement in maternity services (3.1)

Description of activities

Recognising the poor health outcomes of Gypsies and Travellers, the project wanted to have an element aimed at engaging in a critical phase of a child's development. The purpose was to aid the improvement of that child's development and provide a proactive approach to care that was personalised to the mother's needs. As well as monitoring engagement with maternal care services.

Key findings

- During the project 11 women at various stages of gestation were seen. Most of the women had engaged with maternity care in some form. However, this was inconsistent in some cases as some women deemed that some appointments were less important with 18% of those who had not accessed maternity services going on to be supported by the team through this project.
- To understand some of the challenges that may have an impact on maternal outcomes, we asked the women about their experiences of care. A direct quote from one

“She just gave me the leaflets at the appointment but did not go through what they were about. I took them to not be rude, but I just threw them away after I left, as I don't be bothered about what it's about.” (Beth)

- Following this feedback the project team went through some key health promotion information that would have been discussed at this appointment. This resulted in the mother subsequently requesting a flu vaccination in order to protect her and her unborn child.

Outcomes

- Three women referred to access maternity services in the early part of gestation.
- One complex case supported. This individual would have likely not have fully engaged with maternity services had the tailored support not been provided.
- One woman, who previously declined the whooping cough vaccine, subsequently went on to have the vaccination following the project team's intervention.

Challenges

- The project team provided intense support and advocacy to three women. Following the provision of support to one of the women a safeguarding alert was triggered so she had an advocate attending the appointment. There was a lack of knowledge from the medic in recognising that Traveller women often have greater needs in understanding the care they're receiving and just simply needed someone to help translate the information. This lack of knowledge heightened what was already a distressing period for the women concerned.
- Presumptions and indirect discrimination was clearly identified by the project team during the support of the women. There were several experiences of women being ignored, mistreated and seen as an inconvenience to the health system.

Future work

- A targeted initiative should be established that builds on the foundations of the Family Nurse Partnership and incorporates the cultural needs of Gypsies and Travellers should be considered as a direct approach towards tackling the entrenched health inequalities that are evident from before their children are born.

Facilitate access to health services, including primary care registration and GP access (3.2)

Description of activities

Research into Gypsy and Travellers health often details the difficulties in registering and accessing GPs. Therefore, at the time of developing the proposal, it felt appropriate to add this as an activity. However, following our health survey, we identified that all Travellers surveyed were registered with a GP and the challenges they experienced were centred on difficulties with accessing timely care and receiving information around their care. We deemed it appropriate to move our focus to two new projects:

Pharmacy First – as part of enabling access to wider professionals, we developed a local leaflet that was distributed to residents to encourage them to access their local pharmacy for general health and well-being advice and treatment for minor ailments. The aim was to empower residents to seek medical advice not only from their GP but the wider primary care team.

NHS App - From several visits to family's homes there were various reports of individuals not being able to contact a GP and not being able to see results following an appointment, 'difficulty in requesting repeat prescriptions and generally accessing their health care needs. As a result to empower the community and encourage them to take care of their own health needs we set up a project where we actively went to residents who were digitally enabled and supported them to download the NHS App.

Key findings

- All Travellers that we surveyed were registered with a local GP
- Most were registered around a cluster set of GP surgeries
- Most residents were unaware of being able to access their local pharmacy for general health advice and treatment for minor conditions
- Travellers were willing to access alternative professionals for care and many spoke of wanting to have access to a nurse for care
- Several Travellers were utilising secondary care as a means of access care for alignments that could be managed in primary care.

Outcomes

- 45 families were provided with leaflets on accessing the pharmacy for care
- Whilst data is still currently being gathered to see if the Pharmacy First work has been successful, short term findings have seen five Travellers supported in accessing the local pharmacy for general health and well-being advice where they would normally have gone elsewhere for care. This includes one individual who had planned to attend A&E for a suspected UTI as they were unable to get an appointment with the GP.
- The team supported 21 individuals to download and install the NHS App on their phone
- Both projects have undoubtedly had a huge cost saving exercise and positive return on investment.

Case study

Ross, a 47-year-old man, has been going through a traumatic period following the death of his mother with whom he lived with. He has a history of mental ill health, long term health conditions, and is asthmatic. He has not been adhering to his medication as it has run out some weeks ago and he had not got round to reordering it. The house he shared with his mum is in rent arrears and he is terrified that he will lose the tenancy and home. The team recognised the impact of outside factors on Ross's health, so tailored the support towards addressing these issues. They supported him in accessing the **Tell Us Once** service to ensure organisations were aware of his mother's death. Additionally, they supported him with his own benefits and provided tenancy support, along with liaising with family members to ensure they were able to support him with his daily activities. Within the same appointment the team arranged a GP appointment so that his mental health could be followed-up and downloaded the NHS App to his phone so that he could request medication and any future appointments. Lastly, the team undertook a blood pressure reading and provided him with information and advice around the importance of managing long term health conditions. Ross now feels in control and able to manage his own health needs through the NHS App.

Challenges

- Time constraints on implementing both projects meant that we were unable to target all families and then follow-up to establish the true benefits of implementation.
- Digital literacy was a concern and much of the rollout of NHS App was to the younger generation of Travellers, or when older family members named younger relatives as advocates in the management of their care

Future work

- As mentioned, Traveller GP registration is mainly clustered around a few GPs. This presents an opportunity to coordinate improvements in ethnicity data and should be utilised by health systems.
- Time constraints meant that the rollout of the NHS App was not able to expand further but there is value in enabling Travellers to access their health information, and where possible, in managing their own care. Therefore, this work should be built on further and opportunities to evaluate its success.
- Anecdotal evidence suggested a high usage of Traveller usual of A&E. Efforts should be made by the local health system to evidence this and seek to undertake work to address this with the community through projects such as the work done by the team.

Promote COVID, flu and pneumonia vaccines in the community (3.3)

Description of activities

Through community championing and signposting we sought to promote vaccine uptake amongst eligible groups. As well as providing onsite events where individuals could be vaccinated we also provided 1:1 advice around accessing the vaccine.

Key findings

- COVID vaccine confidence in the community was low, with 87 % of those surveyed who were eligible to receive the vaccine stating they would 'definitely not' have the vaccine.
- When asked the reasons for not wanting to be vaccinated the most common response was that they knew someone who got sick as a result of having it (41 %), or they did not trust the vaccine (33 %).
- There was less resistance to the flu vaccine and we found that most of those who were eligible and wanted the flu vaccine had already had it from their GP.



Outcomes

- We secured provision for onsite vaccinations. However, there was limited interest in uptake. Therefore, an onsite vaccination event did not take place.

Challenges

- Myth dispelling proved a major challenge. The project team were constantly challenged on the effectiveness of vaccinations in preventing ill health, and this meant that a lot of time was spent dispelling these myths.

Future work

The local system should develop appropriate material (e.g., video format) to cascade culturally appropriate messaging around vaccines, particularly addressing the mistrust of the vaccine.

The project's approach (Making Every Contact Count) should be utilised targeting the community for vaccinations - they were more engaged in discussions when this was not the focus of the interaction.

Provide health and wellbeing advice and make referrals to local public health prevention services, such as smoking cessation and alcohol support programmes (3.4)

Description of activities

Drugs and alcohol has been an ongoing concern within the community, particularly amongst the men. The project sought to provide avenues for the community to access mainstream public health preventative services to address substance use issues.

Key findings

- Through our health survey, we identified that 63 % of Travellers either smoke or vape.
- A third of adults stated that they would consider themselves more 'binge' drinking when attending events rather than regular drinking.

Outcomes

- An onsite health event was held, and Turning Point- City & Hackney Integrated Substance Misuse Service attended. They held conversations with adults on harm reduction and accessing their services and provided a non-judgemental approach to drugs and alcohol. This was particularly successful with the men, who engaged in conversations with the organisation.
- The Traveller Housing Service has now developed a relationship with Turning Point that will enable them to support community members to get future support.
- Five individuals were signposted to Smoke Free City & Hackney for support in giving up smoking.

Future work

- The impact of drugs and alcohol on the community is noticeable. Much of which is hidden, even from the project team. Domestic violence is all too often an outcome and a coordinated piece of work needs to be done with a range of multi-agency professionals to seek to understand this - which should be led by the City and Hackney Safeguarding Children's Partnership. Individual statutory organisations are very aware that this is happening in the community, but as there aren't any joined up discussions. This has become a known hidden problem.

Support families in engaging with the Healthy Child Programme, including promoting health reviews and adherence to the childhood immunisation schedule (3.5)

Description of activities

With the emergence of measles and a national drive to increase vaccines amongst unvaccinated children, our main activity centred around encouraging families to engage with the national vaccination schedule as well as engagement with the Health Care Providers.

In the absence of clinical data to understand current vaccination status, the team undertook a health survey to capture the immunisation status of children 0-19.

Key findings

- Most families were not aware of who their health visitor was or how to contact them.
 - 67 % of children 0-19 years old surveyed stated that their child/ren were not up to date with the vaccination schedule.
 - There was an evident lack of knowledge of the national immunisation schedule. Parents were aware that they had to get their child vaccinated, but often unsure as to when and what was due. Three families asked part of the project team whether they were able to give their child the vaccination, which showed opportunistic vaccinations provided an opportunity for vaccination catch-up.
 - Some parents felt that 'too many vaccines in a short period of time' were not good for their child's development.
 - Many spoke of the link to MMR and noted the increase in SEND diagnosis, which they attributed to the vaccine:
- Socio-historical context in which some of the Travellers based their decisions regarding vaccinating their child was crucial - families talked about growing up without needing their vaccine and reflecting back on the days when they lived on Waterden Road (a large Traveller site pre-Olympic).
 - Of the children aged 11-16 years who were included in the household survey none were up to date with the teenage vaccination schedule. This was as many were not in mainstream education provision, and those that were, declined to have the vaccine.
 - There was a lot of mistrust of health visitors if they were not known to the families.

"I didn't let my children get the MMR vaccination cause autism is a bigger problem than the measles"

"The health visitor kept on phoning me all the time and it wasn't fair. I know of so many Traveller children who now have autism and it seems to be the ones that had the vaccine"

Mother's view on new birth visit from a health visitor

“It was like she was watching me to catch me out. She probably was writing down, watching anything to report. She kept asking me things like I wasn't clean, and I was dirty. It's like she was letting me know she was watching me – I didn't look dirty, but she kept asking me how I clean the baby. She made me strip my baby fully, so that she could observe me. It was my first baby and she made me paranoid, so I just did it. She didn't even weigh her, but I felt guilty and bullied and I just let her do it as I didn't want her to report me. It's just like with Travellers, they're just trying to find a problem”

- The mistrust continued when speaking to families around their reason for not immunising their child. Some felt that they were being tricked by their health visitors, and others spoke of previous (now discredited) research

“I felt like they tried to bully me into having it but they couldn't explain it to me properly so I had to stand my ground. How can a stranger that I don't know properly tell me what is best for my child? I found out that reports have been done and that some of the top doctors have linked the vaccine to autism and ADHD. I needed to protect my child from that. Do you know what I mean? I had to protect him. I also found out that they use embryos, you know, from unborn babies. We are catholic, we do not believe in that. I would never give any of my children the vaccine. It's like they want to trick us?”

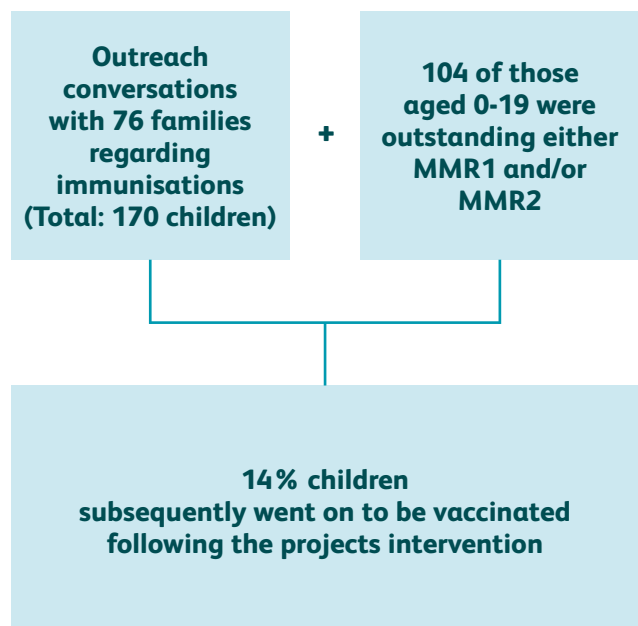
- Some parents who were willing to have their child vaccinated talked of waiting until their child was of an age where they had developed enough (walking and talking).
- Poor oral health was a factor in almost all households. Use of a bottle beyond recommended ages was common. Tooth extractions appeared normal and acceptable and general good oral practices health amongst children under 5 was limited.
- When families had social care involvement more emphasis tended to be given to the Healthy Child Programme. The project attributed this through the fear of having

their child removed from their care so families were more likely to engage as a result, and vaccinate their child.

- Families were very engaged with the health review process, particularly if they had concerns regarding development. They saw this as an opportunity to raise any issues with health professionals. However, there are stories of families 'hiding' their child until this point if they thought there were development delays, as they did not want their child being 'labelled' or other Traveller families thinking their child has 'problems', which could impact them in the future.

“Traveller people tend to hide, we don't want people to know our business we don't want people to see our children have problems so we hide”

Outcomes



- The project supported 14 children to have their childhood vaccination and we worked with local GP surgeries to ensure families were able to access vaccinations at a time that was convenient for them. Whilst attempts were made to do onsite vaccinations owing to time pressures we were unable to take this work forward. However, this undoubtedly would have increased vaccinations as some parents were willing for their child to be vaccinated on the spot.
- There were seven families that we engaged with that did not have young children. Discussions around immunisations and their importance were had with these individuals as most were grandparents and were heavily influential in supporting myth busting and encouraging engagement with preventative health. One of these conversations resulted in two children (of 14) subsequently having their vaccine.
- Due to the level of families declining their child to be vaccinated, our approach turned towards identification and preventing further transmission should a child catch measles. Twenty four families who declined the MMR vaccine for their child were given information on the signs of measles and what symptoms their child might display, as well as being provided with leaflets that displayed signs to look for. Information was given to them on what infection control measures to take and who to contact should they be concerned about possible infection. All of this was extremely vital as history has shown that when measles impacts the community, its transmission is vast.

Challenges

- Efforts to develop a targeted approach with the local GP surgery for children (on and off site) who were outstanding with their vaccine (particularly measles) were abandoned. This was owing to information governance restrictions, and being unable to get the correct data sharing agreements in place.
- We were reliant on self-reporting for details in relation to outstanding vaccinations, and the accuracy is questionable.
- Three families were willing to have their child vaccinated on the spot. However, the project team was unable to do this at the time. Of these children, only one went on to subsequently have their vaccine. The other two were actively encouraged to engage with their GP surgery but as yet, have not. When offered the opportunity for a nurse to come out and vaccinate their children they declined as they did not want others to know that they were vaccinating their child. When challenging this argument (as they would have taken it from the project team had we been in a position to give it) the response was that we could have been in their house for anything relating to their health / wider needs.

Barriers to immunisation	Strategies to improve
Link to developmental delays: Improvements in early years access has undoubtedly enabled earlier detection of developmental delays in the Traveller community. However, this early detection is now being attributed to the MMR vaccine	Develop local work with families, focusing on those with SEND, to gain factual evidence that can then be presented in local communication messaging, which encompasses the entire family.
Mistrust: Travellers continue to have a mistrust of the health service.	The Enhanced Health Visitor Service should seek to ensure a link health visitor for the community, so trust between the health service and the Travellers can begin to be built.
Access: Some families were willing to have their child vaccinated onsite. Although the structures of the health system might make this a challenge. The outweighed health benefits should enable this to take place	Offer onsite vaccinations to families, both planned and opportunistically. This should also include teenagers who are no longer in mainstream education.

Future work

- Primary care networks and health visiting services should use innovative approaches to break down commission barriers and collaborate to provide planned and opportunistic opportunities for immunisations and health review catch-ups.
- Further work needs to be done with local authorities, directors of public health and organisations working closely with Gypsies and Travellers to develop opportunities for outreach to these communities to dispel myths and break down cultural beliefs which may impact on prevention of public health measures.
- It was evident from discussions that decisions on whether to vaccinations were based on family insights and experiences. To build on this the local health system should seek to engage with the community through a roundtable discussion so that opportunities of myth busting collectively can be utilised. Engagement in discussions with regards to immunisations should be widespread and include the wider family aside from parents.

- Further partnership with professionals, such as the voluntary sector and organisations who work closely with the Travelling community (in the case of this project, the Hackney Council Housing Team), should be considered when undertaking campaigns to improve vaccinations in the community. Information Governance needs to be taken into consideration earlier as the ability to share relevant information across professionals would enable a faster response to supporting the catch-up provision.
- Efforts need to be made by public health to promote good oral health amongst the community and focus more on prevention as Traveller children are accessing dental care as treatment rather than prior to the need for extraction.

Increase awareness and participation in cancer screening programmes, with a focus on breast and cervical cancer for eligible populations (3.7)

Description of activities

As part of our commitment to raising awareness about cancer screening programmes and alignment to clinical programmes in reducing health inequalities, the Traveller Housing Service developed several small projects to improve community knowledge of cancer screening.

Key findings

- Traveller men and women feedback around the reason for non-engagement with cancer screening programmes was mainly due to fear and not wanting to look for something that there are no symptoms of.
- Skin cancer remained a major concern of women. Many talked of having worries around this but not wanting to speak to anyone.
- Traveller men and women were open to engaging in conversations around cancer when they were approached in small groups. Individuals appeared to be more willing to attend screening programmes, after 1:1 discussions.

Outcomes

- Barts Health and King's College Hospital FibroScan liver van visited sites over two days and liver checks were offered to adults with high levels of alcohol consumption, a current or history of viral hepatitis or to check for non-alcohol liver disease as these factors increase the risk of developing liver cancer.
- In total 30 adults were scanned with two adults requiring hepatology follow-up. The majority of adults who were scanned were men.

- The project team attended training to be able to have conversations with women around cancer and engagement with screening programmes. As a result 1:1 conversations around cancer were had with 12 women. Five women were encouraged and accepted routine screening that they have previously declined.
- Building on the 1:1 work the team have organised a workshop with the aim to educate Traveller women on breast screening and to raise awareness of signs and symptoms and the importance of early detection.
- A number of women from the community also approached us with questions on the menopause, and an event has been planned around 'Understanding the Menopause'. The workshop will look at symptoms of menopause and how it can impact on day-to-day life, treatment to manage symptoms including non-hormonal options and hormone replacement therapy (HRT)
- The menopause and breast screening event took place on 2 May 2024 at Jack Dunning Community Hall. This event was facilitated by Dr Rosalind Briggs from Lower Clapton Group Practice and the North London and Central and East London Breast Screening Service. The event was attended by 17 women from Traveller sites and bricks and mortar accommodation. Both presentations were informative and promoted lots of discussion and questions. Many of the women shared their own life experiences on menopause.

Case study

Jenny, 51, has been really worried about cancer following a family member's diagnosis, but has not spoken to anyone about it through fear. She has not attended any of the national cancer screening invitations nor spoken to her GP about it. The team were undertaking a health survey to understand some of the health needs of the community. Jenny was reluctant at first to answer the question around whether she had attended any screening programmes, but later in the conversation asked more about cancer screening programmes. As the team had recently attended cancer awareness training they were able to effectively answer her queries and concerns. After a brief discussion with Jenny, and offering 1:1 support, she has attended for further follow-up with her GP. In response the team has also put on a learning workshop for Traveller women to attend, so that they can be informed about the importance of cancer attending for screening.

Cost saving analysis

Whilst we are not in a position to undertake a cost saving analysis of this intervention, the activities above should speak for itself. The team utilised NHS health promotion / intervention resources to bring them to the community, and as a result, engagement and identification of health issues have been picked up.

Future work

- The local health system should work with NEL Cancer Alliance to develop a NEL wide approach to encourage Gypsies and Travellers to engage with cancer prevention, awareness and screening programmes.



Facilitate access to blood pressure checks, ensuring community members have opportunities to monitor and manage their blood pressure (3.8)

Description of activities

The team had planned to organise onsite health checks so that the community could receive blood pressure checks and understood why blood pressure monitoring was important.

We wanted to ensure that we had an approach that would align with local GP systems to enable proper follow-up care. However, as this was not possible and due to project constraints we used a different approach and targeted those without a known BP diagnosis and offered them a blood pressure check using a home monitoring device. Our project team was fortunate to have a registered nurse who had experience in taking blood pressure readings. However, when conducting readings for residents we reaffirmed that we were not providing a clinical intervention but general health and wellbeing advice. Any abnormal readings were referred to primary care (pharmacy and GP for further follow-up).

Key findings

- Individuals were willing to have their blood pressure checked and many asked for this when future site visits were taking place and not planned.
- Adherence with blood pressure medication was poor for two of five people who were being treated for hypertension.

Outcomes

- Three individuals were recorded as having higher than normal readings. They had not previously been diagnosed with hypertension. All were signposted and followed-up by their GP and two are now being monitored for hypertension.
- Two individuals, who were previously diagnosed and treated for hypertension, were not adhering to their medication. They were given information on the possible outcomes of this and provided with dosette boxes so that they can keep a track of their medication

Challenges

- We made several attempts to coordinate health checks on sites. However, due to the barriers of GP surgeries cross-working, we were unable to progress this further.

Future work

- The small input of this project has seen a hidden ROI that needs to be built on. The health system should seek to develop a mechanism of encouraging adherence to medication but also hypertension case-finding for this community.

Additional project activity:

Cost of Living-Household Support Fund

This funding was allocated to Hackney Council by the Government to support residents facing material hardship due to the cost of living crisis. These funds are crisis payments to be made to residents facing immediate financial hardship.

The Traveller Housing Service completed training and signed a service level agreement to become a trusted referral partner before referring residents to the programme which entitles each family to one payment in vouchers to the value of £100 benefits of community outreach work

Over the past three months the Traveller housing service has allocated 84 vouchers through visiting families living on Traveller sites and in traditional housing. These visits gave families the opportunity to discuss any concerns, issues or problems that they might be experiencing.

It also provided us with a lever to engage with individuals around health issues. We visited 57 living in traditional housing with the largest majority informing us that they were experiencing problems relating to health, housing repairs and overcrowding.

Some families were also offered support with accessing health, dealing with social care issues and general issues that relate to the wider determinants of health. We also became involved in a number of complex cases involving health, education and housing. Our approach to this kind of support work is always to ensure that the family is involved in making informed choices and decisions. We continue to support some of these families.

Digital exclusion was also an issue with many adults not having the necessary digital skills, connectivity, low literacy skills or confidence to use digital technology.

Finances

The project received funding from November 2023 - March 2024. Whilst the main activities took place during this period there was a lot of project management that occurred prior which was done on goodwill. The Traveller Housing Service also provided a high level of oversight and support in delivery for which the cost has not been included in the project finances.

The match funding provided by Traveller Housing Service has not been included in the costings below, as this will be used to carry activities of the project from April - June 2024:

Gypsy and Traveller Health Matters Project	November 23 - March 24 (value £)
Project Delivery Cost (staffing)	£14,847.88
Other Costs	£509.00
Total Project Delivery Cost	£15,356.88 ex VAT

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- Ger hûn dixwazin bizanibin ku ev dokûment çî dibêje, ji kerema xwe qutika minasib îşaret bikin, nav, navnîşan û hejmara telefona xwe li jêrê nûpelê binivîsin û wê jî navnîşana jêrîn re bişînin. (Kurdish)
- Jeśli chcesz dowiedzieć się, jaka jest treść tego dokumentu, zaznacz odpowiednie pole, wpisz swoje nazwisko, adres i nr telefonu w dolnej części niniejszej strony i przesył na poniższy adres. (Polish)
- Haddii aad jeclaan tahay in aad ogaato waxa dokumeentigani sheegayo fadlan calaamadi godka ku haboon, ku qor magacaaga, cinwaanka iyo telefoon lambarkaaga boggan dhanka isa hoose ka dibna ku deli cinwaanka hoose. (Somali)
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- اگر آپ کو جاننا ہے کہ اس دستاویز میں کیا لکھا ہے تو براہ کرم مناسب دائرے میں صحیح کی علامت لگائیے اور اپنا نام، پتہ اور فون نمبر اس صفحہ کے نیچے درج کردیے گا۔ (Urdu)
- Nếu bạn muốn biết tài liệu này nói gì hãy đánh dấu vào hộp thích hợp. Điền tên, địa chỉ và số điện thoại của bạn vào cuối trang này và gửi lá thư của bạn đến địa chỉ dưới đây. (Vietnamese)
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