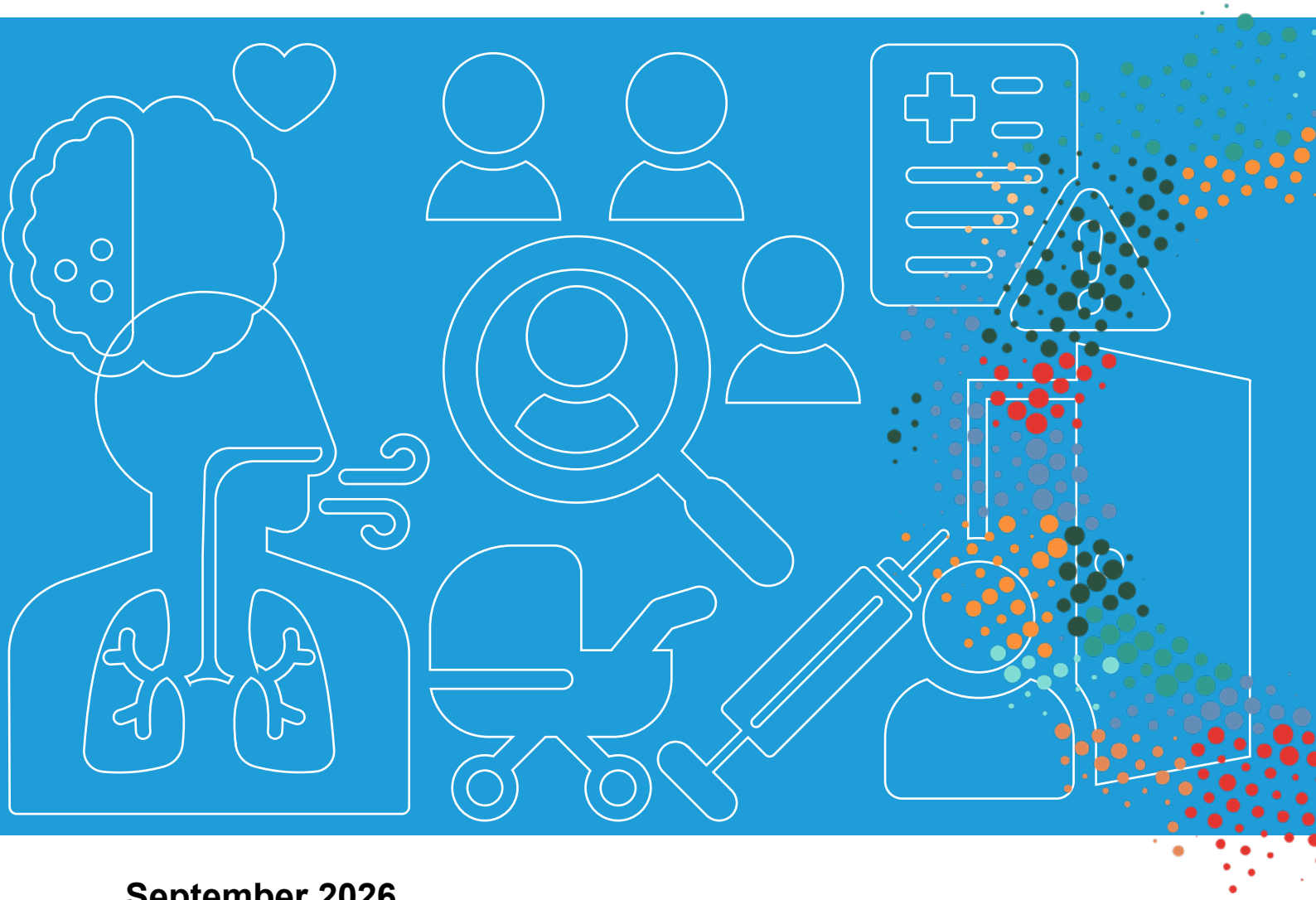
Health Needs Assessment of Irish Traveller Communities

by London Borough of Brent in partnership with The Traveller Movement



September 2026

About the Traveller Movement

The Traveller Movement is a registered UK charity promoting inclusion and community engagement with to Romani (Gypsy), Roma and Irish Travellers. The Traveller Movement seeks to empower and support Romani (Gypsy), Roma and Irish Traveller communities to advocate for the full implementation of their human rights.

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Foreword

We would like to begin by expressing our sincere gratitude to the seventeen members of the Irish Traveller community who generously gave their time, shared their experiences, and trusted us with their stories. Your openness and honesty have made this assessment possible, and your voices are at the heart of every page that follows. We recognise that participating in this process required courage, particularly given the history of marginalisation and mistrust that Traveller communities have experienced in research and policy-making. We hope this report honours your contributions and translates your lived experiences into meaningful action.

We also wish to thank the London Borough of Brent for commissioning this important piece of work. By investing in this Health Needs Assessment, Brent Council has demonstrated a genuine commitment to understanding and addressing the health inequalities experienced by Romani (Gypsy) and Irish Traveller communities in the borough. This report provides the evidence base upon which real, lasting change can be built.

The Traveller Movement has been proud to partner with Brent Council on this initiative. We believe that every community deserves equitable access to healthcare, safe housing, and the opportunity to live a healthy, fulfilling life. The findings in this report are challenging, but they also reveal the extraordinary resilience, solidarity, and strength of the Irish Traveller community in Brent. We urge all stakeholders to approach the recommendations that follow with urgency, compassion, and a genuine willingness to work in partnership with this remarkable community.

The time for action is now.

The Traveller Movement

May 2026

Foreword from the Director of Public Health, Brent Council

The Irish Traveller community is a historically underserved and underrepresented population that has suffered systemic exclusion. Whilst much has been written about the lived experience of Irish Travellers in London, less is known about how they navigate the health and social care systems which serve the general population. As part of a wider Romani (Gypsy), Roma and Traveller strategy, Brent Council has commissioned this health needs assessment to better understand how the Irish Traveller community accesses local health care support, the barriers they face when seeking help, and how, as a local authority, we can act to improve their experiences of health care.

The findings presented in this report are stark and challenging, demonstrating the impact of structural inequalities and discrimination. Sadly, this can be seen by the level of mental health issues and suicide in the community, driven by barriers to support and the day-to-day social, economic and environmental challenges community members face. The report details some experiences of stigma, discrimination and prejudice when community members have attempted to access dental and primary healthcare, though it also includes some positive experiences to build on. The report also highlights the resilience of this community, characterised by deep-rooted mutual aid networks of the Irish Traveller community in Brent.

Brent Council is grateful to the seventeen members of the Irish Traveller community who have candidly shared their experiences. We recognise that recounting these experiences requires trust, particularly given the history of institutional marginalisation. Brent Council is committed to turning these findings into action. We will work across Council departments and with local health and care providers and the Irish Traveller community to improve the local support offer and advocate for equitable access to healthcare.

Ruth du Plessis
Director of Public Health
Brent Council

July 2026

Executive Summary

This Health Needs Assessment (HNA) presents findings from interviews with 17 members of the Irish Traveller community living in the London Borough of Brent. Of the 17 interviewees, 16 reside on the Lynton Close Traveller site, and one lives in bricks and mortar accommodation. Twelve interviewees were female, and five were male.

The assessment reveals significant health inequalities experienced by this community, consistent with national evidence that Romani (Gypsy), Roma and Irish Traveller people have the worst health outcomes of any ethnic group in the UK. Life expectancy for these communities is 10-12 years lower than the general population, and the suicide rate is approximately six to seven times higher.

Key findings from this assessment include:

- Access to primary care is generally positive for those registered with their local general practice, though significant barriers remain, including some instances of perceived discrimination at reception and a lack of cultural understanding. Difficulty obtaining appointments was also raised here, an issue that chimes with national findings on GP access.
- Mirroring a national pattern of barriers to NHS dental care and communication breakdown, respondents' experiences are notably poor, with multiple reports of discriminatory treatment, feeling belittled, and being removed from dentist registers for missed appointments.
- Mental health emerged as the most significant health concern for children, young people and adults, with interviewees reporting depression, anxiety, suicide, and a critical lack of accessible, culturally appropriate mental health support.
- Respiratory conditions (asthma, COPD, bronchitis) are perceived to be prevalent across the community, with the nearby cement factory identified by residents as a major environmental risk factor.
- Housing conditions on Lynton Close site, including damp, mould, rat infestations, and delayed repairs, were identified by residents as significant contributors to physical and mental ill health.
- Immunisation attitudes are mixed, with some parents fully immunising children while others express significant distrust of vaccines, particularly among adults.
- Community strengths include strong social support networks, a sense of safety for children, and mutual aid among residents.

1. Introduction

Romani (Gypsy), Roma and Irish, Scottish or Welsh Traveller communities are among the most disadvantaged and socially excluded groups in the UK. Despite being recognised as distinct ethnic groups under the Equality Act 2010, these communities continue to experience profound inequalities across all domains of life, including health, education, employment, and housing. [1]

The London Borough of Brent is home to a significant Roma and Irish Traveller population, including residents of the Lynton Close Traveller site in the north of the borough. Brent Council has acknowledged the need to better understand and respond to the health needs of these communities and is currently developing a new Gypsy, Roma and Traveller Strategy. [2]

This Health Needs Assessment was undertaken to provide an evidence base for improving health outcomes for Romani (Gypsy) and Irish Traveller residents in Brent. It draws on primary qualitative data collected through interviews with community members, alongside national and regional evidence on the community's health inequalities. It is complemented by analysis of local quantitative data that is summarised in a separate report[3]

It is important to note that whilst the intention of the assessment was to gain the views of Romani (Gypsy) and Irish Traveller communities, in the event, we had no engagement from Romani (Gypsy) families. Our Romani (Gypsy) contacts in other areas of North-West London, explained that they did not have contact with families in Brent.

Throughout this assessment, it is essential to recognise the considerable strengths and resilience of the Irish Traveller community in Brent. Participants described strong social support networks, deep family connections, and a powerful sense of community solidarity. The Lynton Close site was consistently described as a safe space for children, where neighbours look out for one another, and mutual aid is a way of life. These strengths are not incidental; they are foundational protective factors that sustain community wellbeing in the face of significant adversity. Any approach to improving health outcomes must build upon these assets, working in partnership with a community that has demonstrated remarkable resilience, generosity, and a genuine desire for positive change.

1 Equalities and Human Rights Commission (2016), Healing a divided Britain: the need for a comprehensive race equality strategy. Available at: EHRC_Healing a divided Britain

2 Brent Council (2025). Developing a new Brent Gypsy, Roma and Traveller Strategy. Report to Cabinet, 9 September 2025. Available at: https://democracy.brent.gov.uk/ieDecisionDetails.aspx?AIId=74559

3 Brent Joint Strategic Needs Assessment: Brent Open Data (Aug 2025), Health conditions, healthcare use and wider determinants of Health Romani (Gypsy), Roma and Irish Traveller communities in Brent. Available at: Brent Joint Needs Assessment: Brent data

National and Policy Context

Romani (Gypsy), Roma and Irish, Scottish or Welsh Traveller communities in the UK face severe and persistent health disparities compared with the wider population. Key national data includes:

- The health inequalities experienced by Romani (Gypsy), Roma and Irish, Scottish or Welsh Traveller communities in the UK are well-documented but remain stark. Key national data includes: Life expectancy for these communities is 10-12 years lower than the general population.[4] [5]
- The 2021 Census found that 12.7% of 'Gypsy/Traveller' respondents reported bad or very bad general health, more than double the White British rate of 5.3%. [6]
- Romani (Gypsy), Roma and Irish, Scottish or Welsh Traveller people are three times as likely to experience anxiety and twice as likely to experience depression as the general population.[7]
- The suicide rate among Irish Traveller men is seven times higher than the settled population, and suicide is thought to cause 11% of all deaths for Irish Travellers.[8]
- Traveller mothers are twenty times more likely to experience the death of a child compared to the wider population.[9]
- These communities have significantly lower immunisation uptake. In Scotland, only 57.9% of Gypsy/Traveller children receive the 6-in-1 vaccine by 24 months, compared to 97% of White Scottish children.[10]

The NHS Long Term Plan (2019) commits to tackling health inequalities, and the Core20PLUS5 framework identifies 'Gypsy, Roma and Traveller' communities as a priority group.[11] However, the lack of routine ethnic monitoring in NHS systems means that health data for these communities remains incomplete.[12]

4 Parry, G. et al. (2007). Health status of Gypsies and Travellers in England. Journal of Epidemiology and Community Health, 61. Available at: Health status of Gypsies and Travellers in England

5 Morgan, J. and Belenky, N. (2024), Exploring health inequalities in Gypsy and Traveller communities in the UK, University of Manchester. Available at: Exploring_health_inequalities_in_Gypsy_and_Traveller_communitie

6 Traveller Movement (2023), Briefing: Making sense of the Census 2021 for the outcomes and experiences of Gypsy, Roma and Traveller people. Available at: 2023.06-Making-sense-of-the-Census-2021-for-the-outcomes-and-experiences-of-Gypsy-Roma-and-Traveller-people.pdf

7 Parry, G. et al. (2007). Health status of Gypsies and Travellers in England. Journal of Epidemiology and Community Health, 61. Available at: Health status of Gypsies and Travellers in England

8 All Ireland Traveller Health Study (2010). Our Geels: All Ireland Traveller Health Study. School of Public Health, Physiotherapy and Population Science, University College Dublin. Available at: All Ireland Public Health Study

9 Friends, Families and Travellers (2023). Briefing: Health inequalities experienced by Gypsy, Roma and Traveller communities. FFT. Available at: Briefing: Health Inequalities experienced by Gypsy, Roma and Traveller Communities

10 NHS Grampian (2024). Gypsy, Roma and Traveller Health Needs Assessment: Summary Report. NHS Grampian. Available at: summary-of-health-needs-assessment.pdf

11 NHS England (2021) Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. Available at: NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities.

12 Traveller Movement (2022), Inclusion of Gypsy, Roma, and Traveller ethnicities in the NHS Data Dictionary. Available at: Revised-NHS-Data-Dictionary.pdf

Methodology

This part of the Health Needs Assessment draws on findings from 17 in-depth, semi-structured interviews conducted with Irish Traveller residents of Brent between March and May 2026. Each interview lasted between one and two hours and combined open-ended qualitative discussion with structured survey questions covering key thematic areas. Where participants were comfortable, interviews were audio-recorded and transcribed; in other instances, detailed notes were taken and transcribed immediately afterwards. Findings from analysis of local census data and health records are summarised in a separate report and referenced here where relevant [link to be added].

Limitations

A number of limitations should be noted. Of the 17 participants, only five were men, meaning the findings carry a bias towards women's perspective, although it is recognised that women in these communities are typically more likely than men to participate in research of this kind. The ages of participants were not formally recorded; however, the research team estimated that one respondent was in their mid-20s, five were in their 30s, five were in their 40s, and the remaining six were aged 50 or above. The sample was drawn from more than 50% of the pitches on Lynton Close, thereby capturing accounts from a majority of families on site. Whilst this provides rich, lived-experience testimony, the sample size is too small to report survey responses as population percentages, as doing so would risk a biased interpretation of the data.

The interview schedule covered the following domains:

- Background and community life
- Access to primary care (GP and dental)
- Experiences of discrimination in healthcare
- Immunisation and screening uptake
- Behavioural risk factors
- Maternal and infant care experiences
- Mental health
- Respiratory health
- Wider determinants of health
- Health information needs and preferences

All participants provided informed consent. Data was analysed thematically, with quantitative responses summarised in tables and qualitative responses analysed for key themes and illustrative quotes.

This assessment also draws on comparable Health Needs Assessments conducted in Hackney (2024),[13] Kingston (2024),[14] Wiltshire (2019),[15] Suffolk (2022),[16] and NHS Grampian (2024),[17] as well as national research including the All-Ireland Traveller Health Study (2010),[18] the University of Sheffield study by Parry et al. (2007),[19] and the Traveller Movement's Census 2021 analysis (2023).[20]

13 Emmerson, A. and Eugene, S. (2025) Health Matters Project Report: Gypsy, Roma and Traveller Health and Wellbeing Profile. London Borough of Hackney. Available at: Final-Health-Matters-report.pdf

14 Royal Borough of Kingston upon Thames (2024), Needs Assessment 2024, Gypsy, Roma and Traveller communities in the Royal Borough of Kingston upon Thames. Available at: Needs Assessment 2024, Gypsy, Roma and Traveller communities in the Royal Borough of Kingston upon Thames

15 Allum, M., Vowles, J. and Maddern, S. (2019), Health Needs Assessment for Gypsy, Traveller and Boater Populations Living in Wiltshire. Available at: Wiltshire GRT Health Needs Assessment

16 Suffolk County Council (2023), Gypsy, Roma, and Traveller Communities in Suffolk: Health Needs Assessment. Available at: Gypsy-Roma-and-Traveller-Health-Needs-Assessment

17 NHS Grampian (2024). Gypsy, Roma and Traveller Health Needs Assessment: Summary Report. NHS Grampian. Available at: summary-of-health-needs-assessment.pdf

18 All Ireland Traveller Health Study (2010). Our Geels: All Ireland Traveller Health Study. School of Public Health, Physiotherapy and Population Science, University College Dublin. Available at: All Ireland Public Health Study

19 Parry, G. et al. (2007). Health status of Gypsies and Travellers in England. Journal of Epidemiology and Community Health, 61. Available at: Health status of Gypsies and Travellers in England

20 Traveller Movement (2023), Briefing: Making sense of the Census 2021 for the outcomes and experiences of Gypsy, Roma and Traveller people. Available at: Making-sense-of-the-Census-2021-for-the-outcomes-and-experiences-of-Gypsy-Roma-and-Traveller-people.pdf

2. Background to the Sample

Seventeen individuals participated in this Health Needs Assessment. The sample comprised 12 females and 5 males. Sixteen participants resided on the Lynton Close Traveller site, with one male participant living in bricks and mortar accommodation elsewhere in Brent.

The length of residence in Brent ranged from 10 to 42 years, with most participants having lived in the borough for 25 years or more. This indicates a settled community with deep roots in the area.

Table 1: Demographic Profile of Interviewees

Characteristic	Details
Total participants	17
Female	12
Male	5
Lynton Close site residents	16
Bricks and mortar residents	1
Years in Brent	10-42 years (median ~30)
Primary occupation (females)	Housewife/Carer/Unemployed
Primary occupation (males)	Employed

Most female interviewees identified as housewives or carers, with a small number in part-time work or unemployed. Male participants were more likely to be in employment. Two participants were pensioners.

Based on the qualitative feedback gathered from participants about what matters most to them in community life, several powerful and interconnected themes emerge – see Fig. 1 below. Most strikingly, **'community'** itself sits at the heart of the visualisation, underscoring a collective identity and a shared **'sense'** of belonging among residents. The prominence of **'safe'** and **'safety'**, alongside **'kids'**, highlights that child safety and general security are paramount concerns, as participants clearly value environments where children can **'play'** freely, and families feel protected. Equally significant is the emphasis on mutual **'support'**; words such as **'help,' 'lift,' 'borrow,'** and **'emergency'** paint a picture of neighbours who look out for one another and respond practically in times of need. The visibility of **'close,' 'family,' 'friends,'** and **'together'** speaks to the importance of social proximity and meaningful relationships, while warmer terms like **'kind,' 'happy,' 'enjoy,'** and **'quiet'** suggest participants cherish a pleasant, respectful, and peaceful neighbourhood atmosphere. Everyday gestures, symbolised by **'cup,' 'tea,'** and **'sugar'**, reinforce a culture of small but meaningful neighbourly exchange, and the presence of **'known'** implies that being recognised and familiar within the community is deeply valued. Altogether, the word cloud reveals that residents' ideal community is not defined by any single factor, but rather by a rich tapestry of safety, connection, reciprocal support, and the comfort of knowing that **'people'** care.

Figure 1: What Matters Most About Community Life

When asked about the aspects of community life they valued most, participants consistently identified safety, support, and family connections as paramount:

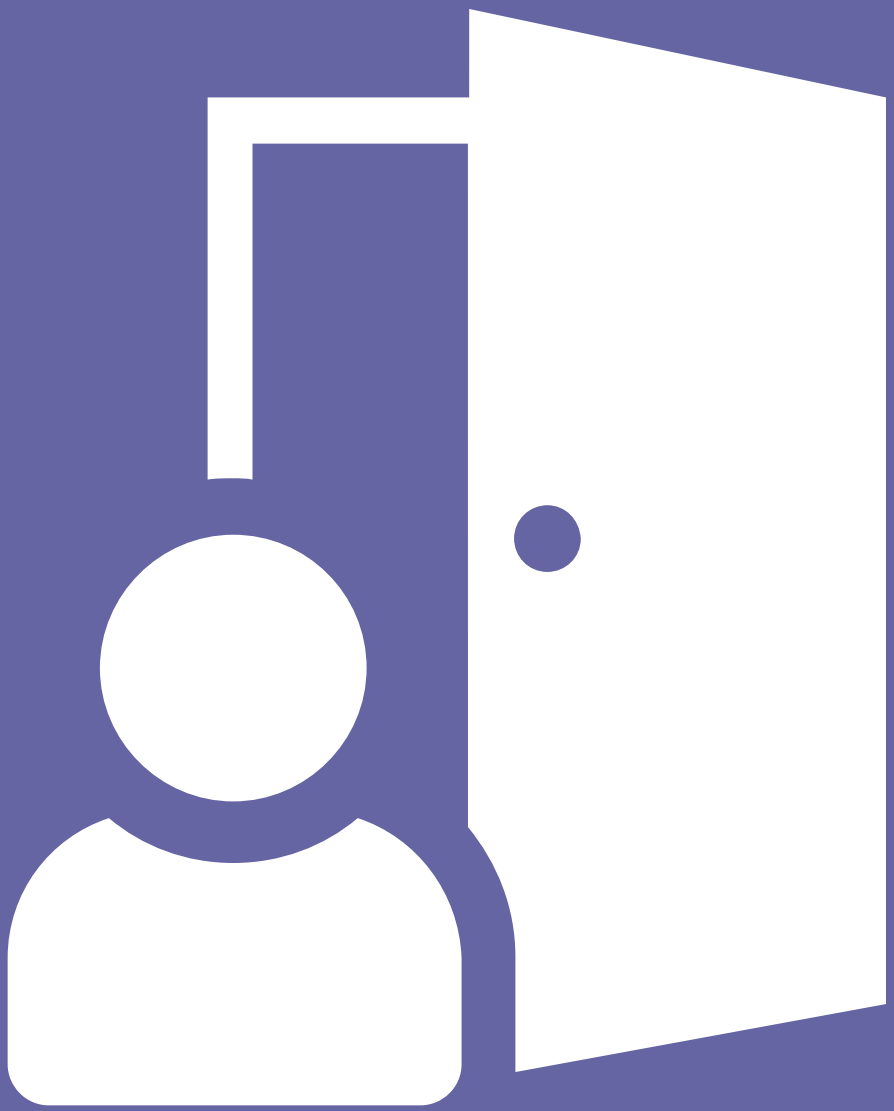
> *I grew up here and haven't known any difference. Staying together and being one community. It's a safe space for the kids to grow up.* - Female

> *So I like the way that we can reach out to other members of the community when we need anything, or certain helps and support, like, if you need a lift to a shop, or if your vehicle broke down, you can always depend on somebody.* - Female

> *Yeah, just that kind of sense of knowing you have somewhere to go in an emergency and stuff. And there's always people that is like looking after you in a way.* - Female

The community life ratings showed strong endorsement of themes including 'part of a community', 'safe space for kids', 'close to family', 'feel safe and supported', and 'it's home'. All participants who responded rated these aspects positively.

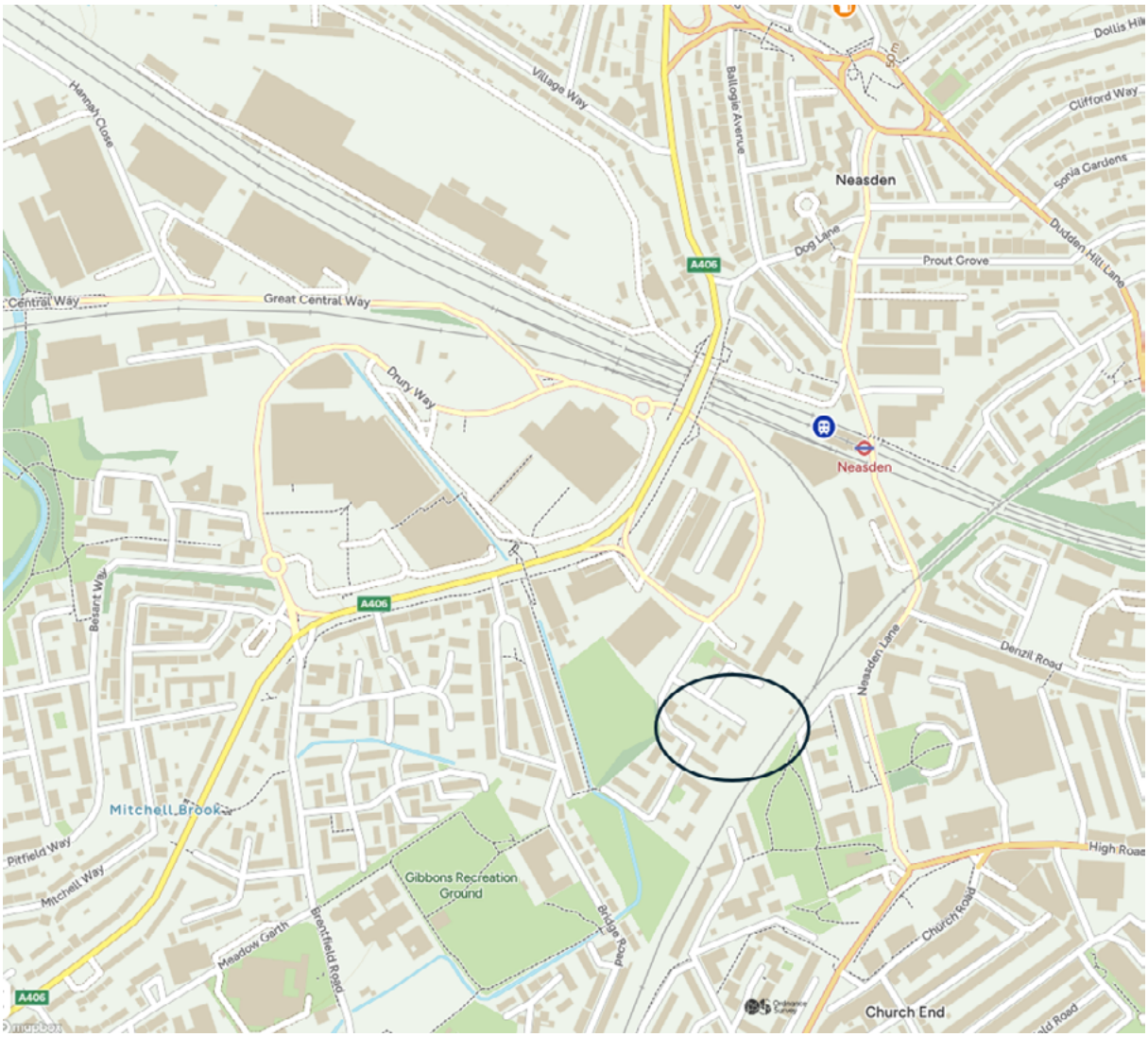
3. Access to Care



Access to healthcare is one of the most powerful determinants of health outcomes. This section explores how Irish Travellers in Brent navigate the healthcare system, examining both the barriers they face and the positive relationships that exist, particularly with the local general practice (see Fig. 2 below). It draws on survey style questions and interview data to understand experiences of accessing GP and dental services, the quality of care received, and the systemic factors that shape health engagement.

The picture that emerges is nuanced. On one hand, the vast majority participants had accessed GP services within the last three months, and most rated their care positively, demonstrating that meaningful therapeutic relationships can and do exist. On the other hand, significant barriers persist, particularly in dental care where no respondent rated their experience as "Very Good/Excellent." Understanding both the facilitators and barriers is essential to building a healthcare system that works for everyone

Fig 2: Location of Lynton Close and its closest general practice



GP Access and Experience

The in-depth sample reveals strikingly high recent GP access among Irish Traveller respondents in Brent, with most having accessed GP services within the last three months. Very few reported that their last GP contact was more than 12 months ago. This pattern of frequent, recent engagement stands in marked contrast to the national population, where the average patient visits their GP from 3.3 – 5.8 times per year.[21] [22] On the other hand, analysis of Brent NHS data shows that Irish Traveller residents in Lynton Close have the same level of GP use as the rest of Brent.[23]

This finding must be understood within the well-documented context of severe health inequalities affecting Romani (Gypsy), Roma and Irish Traveller communities and it is possible that the high frequency of GP contact in this Brent sample likely reflects this disproportionate burden of ill-health rather than optimal service engagement.

Table 2: Frequency of GP access

Frequency	Number
In the last 2-weeks	6
Between 2-weeks and 3-months	10
Between 3-months and 6-months	0
Between 6-months and 1-year	0
More than 1-year ago	1

Frequent contact, however, does not necessarily equate to positive experience. National GP Patient Survey data consistently shows that people from Romani (Gypsy) or Irish Traveller backgrounds report among the least positive experiences of primary care access. The 2025 GP Patient Survey reaffirmed that those from 'Gypsy or Irish Traveller' backgrounds reported the least positive overall experience, along with those who would prefer not to disclose their ethnicity.[24]

The absence of respondents reporting GP contact between 3–12 months ago is particularly notable. This suggests a polarised pattern of either very recent engagement, likely reflecting acute need, or very disengaged individuals, rather than routine preventive care. National evidence indicates that Romani (Gypsy), Roma and Irish Traveller communities often miss preventive services and present late, with help frequently only sought at crisis point.[25] The very small number who had not accessed GP care for over 12 months may represent an underserved subgroup within an already marginalised community.

In the Brent sample most participants were registered with the GP practice closest to Lynton Close. On the surface experiences indicated a predominantly positive patient experience, with most participants (n=13) rating their care as Good or Very Good/Excellent, a few (n=2) as Average, and a few (n=2) as Poor; notably, no respondents reported a "Very poor" experience.

21 IDS Media (2026). 'Who are frequent attenders in primary care?'. Available at: Who-are-frequent-attenders-in-primary-care?

22 Institute for Government (2025). Performance Tracker: General Practice. Available at: Performance Tracker: General Practice

23 Brent Joint Strategic Needs Assessment: Brent Open Data (Aug 2025), Health conditions, healthcare use and wider determinants of Health Romani (Gypsy), Roma and Irish Traveller communities in Brent. Available at: Brent Joint Needs Assessment: Brent data

24 NHS (2025), GP Patient Survey. Available at: GP Patient Survey

25 VCSE (2024). Gypsy, Roma and Traveller Communities. Available at: https://vcse.uk/resources/inclusion-health

While this small sample limits generalisability, the findings align closely with recent national trends. The 2025 GP Patient Survey found that 75.4% of patients across England reported a good overall experience of their GP practice, up from 73.9% in 2024.[26]

Regionally, however, London has historically underperformed. A 2025 North West London ICS engagement exercise involving over 100,000 residents found that while 72% of patients felt they could see a GP when they wanted to, 60% were unable to book an urgent appointment and only 42% were satisfied with same-day booking access.[27] Healthwatch Brent's 2022 research also found that although patients valued the quality of care, many struggled with access, long waits, and limited face-to-face appointments.[28]

The absence of "Very poor" ratings in this sample is encouraging, and the few (n=2) "Poor" experiences mirror national estimates of around 12% of patients reporting a poor overall experience.

Table 3: GP Care Experience

Experience	Number
Very poor	0
Poor	2
Average	2
Good	9
Very good/Excellent	4

The positive experiences were often linked to established relationships with specific doctors and the convenience of the NHS App for booking:

> *[Attended] about my fibromyalgia. It was easy to contact the doctor, easy to get an appointment. [Name of local general practice] only ever been my GP and they are really good. I have a good relationship with the doctor there.* **- Female**

> *It was mostly easy as went through the NHS App as you can never get through on the phone. Service was very good – the doctor rang back and was helpful.* **- Female**

> *I use PATCHS which works for me because I know how to get through, though it's not great for people who aren't good with computers. Much easier than trying to get an appointment.* **- Female**

However, several participants described significant difficulties accessing appointments, particularly the requirement to phone at 8am:

> *It is very hard to get an appointment. If you call at 8 AM, all appointments are gone. The queue to get appointments is long. Have even asked the GP reception desk if they have Travellers' numbers blocked as it's so hard to get an appointment.* **- Female**

26 NHS (2025), GP Patient Survey. Available at: GP Patient Survey

27 North-West London Integrated Care System (NWL, ICS) (2025). Access to general practice: what we heard from residents. Available at: Access to general practice: what we heard from residents: North-West London ICS

28 Healthwatch Brent (2022). Experiences of accessing a GP in Brent. Available at: PUBLIC REPORT Understanding the experiences of accessing GPs in Brent

Sometimes difficult to get appointment as you have to make an appointment the same day and before 8am. - **Female**

Getting in contact was harder, but when I got in contact with them, they were very helpful. - **Male**

One participant described a particularly concerning experience of post-natal depression being dismissed:

When 19 years old, had first child and was experiencing post-natal depression. Was told by GP I was fine and didn't need to speak to them as I had enough people on the site to speak to. - **Female**

Dental Care Access and Experience

The Brent data indicate that almost half of Irish Traveller respondents (n=8) had needed dental care within the last six months, with nearly a quarter (n=4) requiring care in the preceding fortnight, suggesting a pattern of episodic, need-driven attendance rather than routine preventive care. While a few (n=3) reported no need for care, around one-third (n=5) had not accessed a dentist in over a year. This aligns with national evidence that Romani (Gypsy), Roma and Traveller communities experience high unmet dental need and low registration with dental services, with many only seeking treatment when in pain rather than for preventive check-ups.[29]

Nationally, the 2023 Adult Oral Health Survey found that 52% of adults in England attend for regular check-ups, while 35% attend only when experiencing problems, a figure that rises to 49% among adults in the most deprived areas.[30] Among Romani (Gypsy), Roma and Irish Traveller communities specifically, fewer than half of those surveyed visited a dentist at least annually.[31] The 2024 National Dental Epidemiology Programme further highlights these inequalities: 58.9% of Romani (Gypsy) and Irish Traveller five-year-olds had experience of dentinal decay, compared with 17.7% of White British children.[32] Barriers including difficulty finding an accepting dentist, affordability, mobility and lack of culturally appropriate services continue to limit access for Irish Traveller populations across England.

Table 4: Frequency of Dental access

Frequency	Number
In the last 2-weeks	4
Between 2-weeks and 3-months	2
Between 3-months and 6-months	2
Between 6-months and 1-year	1
More than 1-year ago	5
Have not needed to access/Can't remember	3

29 McFadden, A. et al. (2018). Enhancing Gypsy, Roma and Traveller peoples' trust: using maternity and early years' health services and dental health services as exemplars of mainstream service provision. Available at: Enhancing Gypsy, Roma and Traveller peoples' trust: using maternity and early years' health services and dental health services as exemplars of mainstream service provision

30 Department of Health and Social Care (DHSC) (2023). Adult Oral Health Survey 2023: Service use and barriers to accessing care. Available at: Adult Oral Health Survey 2023: Service use and barriers to accessing care.

31 McFadden, A. et al. (2018). Enhancing Gypsy, Roma and Traveller peoples' trust: using maternity and early years' health services and dental health services as exemplars of mainstream service provision. Available at: Enhancing Gypsy, Roma and Traveller peoples' trust: using maternity and early years' health services and dental health services as exemplars of mainstream service provision

32 Office for Health Improvement and Disparities (OHID) (2025) NDEP for England: Oral Health Survey of 5-Year-Old Schoolchildren 2024. Available at: NDEP for England: Oral Health Survey of 5-Year-Old Schoolchildren 2024

Dental care experiences were notably more negative than GP experiences. Alongside the quantitative information about dental care frequency of access and experience, fourteen participants provided qualitative responses about dental care, with several reporting discriminatory treatment and difficulty accessing services.

The data reveals that no respondents rated their experience in Brent as "Very Good/Excellent," while around one-third (n=6) reported it as "Poor" or "Very Poor" and almost half (n=8) as "Good." This absence of positive ratings at the highest level, combined with over a third reporting negative experiences, aligns with broader evidence of systemic exclusion faced by Romani (Gypsy), Roma and Irish Traveller communities nationally. Research found that the Romani (Gypsy) and Irish Traveller communities experience oral and dental problems often resulting in hospital intervention, with dental problems associated with knowledge gaps around oral hygiene and a lack of accessible information.[33]

Table 5: Dental Care Experience

Experience	Number
Very poor	2
Poor	4
Average	3
Good	8
Very good/Excellent	0

The qualitative statements reveal a dental service landscape characterised by significant variation in patient experience. While some participants report satisfactory or good care, substantial concerns persist across multiple dimensions.

A recurring concern among participants was the difficulty in accessing timely dental appointments and maintaining registration with the dental practice. Several participants described being removed from dentist registers after missing appointments, leaving them without access to routine care.

> *Taken off the local dentist register because I missed a couple of appointments. Not good at all - feeling that others on Lynton Close also have been removed. Seems like the dentist doesn't want to serve NHS – more prefers private.* **- Male**

> *The dentist seems to be going half private. Got to wait a while for an appointment. He comes across as not wanting to serve me and would rather have a private patient than NHS one.* **- Male**

The issue of long waiting times for specialist referrals was also raised, with one participant noting the contrast between easy initial access and prolonged waits for hospital referrals:

> *Was easy to get appointment, though now on a waiting list to get a referral to hospital that isn't so easy – it's a long wait.* **- Male**

33 Friends, Families and Travellers (2023). Briefing: Health inequalities experienced by Gypsy, Roma and Traveller communities. FFT. Available at: Briefing: Health Inequalities experienced by Gypsy, Roma and Traveller Communities

These barriers suggest systemic pressures on NHS dental provision, where practices may be managing demand by restricting patient lists or prioritising private fee-paying patients.

Participants offered sharply contrasting views on the quality of dental care received. A significant number reported feeling rushed and dismissed during appointments, with dentists characterised as transactional rather than relational in their approach.

> *The dentist in Brent is not someone you can have a conversation with and explain what is your problem. He is a very get in and out kind of person.* **- Female**
>
> *Not very helpful. They just did a quick job and didn't have anything else to help me with. Just kind of pushed me out.* **- Male**

These accounts highlight a communication gap that undermines patient confidence and may lead to incomplete treatment or unmet needs. The emphasis on speed over engagement suggests pressures on appointment scheduling that compromise person-centred care. A national review[34] found that "insufficient appropriate information provided to patients" and "communication difficulties with patients and carers" are common organisational-level barriers to dental care across England. It may be that communications from dentists about the importance of regular appointments are not given or not clear.

Conversely, some participants reported satisfactory or good experiences where their needs were met effectively. The divergence in experiences suggests inconsistency in service quality, potentially linked to individual practitioner approach, practice management, or the type of appointment (routine versus complex care).

Cost emerged as a significant barrier for participants, with several expressing concern about the affordability of dental treatment. The perception that practices are shifting away from NHS provision towards private care was a prominent and troubling theme.

> *Everyone was positive though the extra costs are high – charges are very expensive.* **- Female**
>
> *The dentist seems to be going half private. Got to wait a while for an appointment. He comes across as not wanting to serve me and would rather have a private patient than NHS one.* **- Male**
>
> *Seems like the dentist doesn't want to serve NHS – more prefers private.* **- Male**

These perceptions, whether grounded in explicit practice, policy or inferred from experience, contribute to a sense of exclusion among NHS patients. The two-tier system creates anxiety about access and raises questions about equity in dental service provision.

One of the most concerning themes to emerge was the experience of discriminatory treatment. A participant described sustained racist behaviour from a local dentist, including belittling comments and punitive removal from the practice after challenging the treatment received.

> *The dentist in Brent, we found myself, and a lot of the residents found him to be quite racist towards us. In the way that he treats you and belittle you and say, 'When did you last clean your teeth,' and you need to clean your teeth more until you know, yeah, really belittle. And then you kind of defend yourself. He'd literally*

34 Public Health England (2021). Inequalities in oral health in England. London: Public Health England. Available at: Inequalities in Oral Health in England

tell you, you're barred, which I did get barred because I stood up for myself one time. **- Female**

This account is particularly significant as the participant referenced shared experiences among other residents, suggesting a pattern of behaviour affecting multiple individuals in the community. The description of being barred from the practice for asserting oneself raises serious concerns about power dynamics and accountability in patient-practitioner relationships.

In contrast, a positive example of culturally and individually sensitive care was provided by a parent of an autistic child:

They were mostly good as they saw 3 of my kids in one-day, which saved me having to go keep going back. My son has autism – the appointment took longer – dentist was really patient and understanding. **- Female**

This contrasting experience demonstrates that equitable, respectful care is achievable when practitioners demonstrate patience, flexibility, and understanding of individual circumstances.

Dental anxiety and fear were explicitly mentioned by participants, sometimes rooted in past negative experiences. These emotional barriers represent a significant obstacle to maintaining oral health.

Years ago. It's easy to access the dental services though I'm afraid to use the dentists – don't like them particularly. **- Female**

Had a bad experience which led to me being sent to emergency dentist. **- Female**

Dental phobia is a recognised public health concern that can lead to delayed treatment, emergency presentations, and poorer health outcomes. The participant who was sent to an emergency dentist following a bad experience illustrates how anxiety-driven avoidance can escalate into acute care needs.

SUMMARY

Summary

The findings presented in this chapter paint a nuanced and, at times, contradictory picture of healthcare access for Irish Travellers in Brent. On one hand, GP services appear relatively accessible and frequently used, a pattern that initially looks encouraging but, on closer inspection, likely reflects high levels of acute health need rather than a well-functioning preventive care relationship. While most participants reported positive experiences with their GP, significant barriers remain, particularly around appointment booking systems that do not account for those who struggle with early-morning phone queues or digital access.

Dental care, by contrast, emerges as a site of more profound and systemic failure. The absence of any "Very Good/Excellent" ratings, combined with over a third of participants reporting poor experiences, signals that the service is under severe strain. The convergence of multiple barriers, cost, discriminatory treatment, removal from practice lists, rushed care, and deep-seated anxiety, creates an environment where many Irish Travellers only seek help when pain becomes unbearable, if they seek it at all.

What stands out across both services is the importance of relationships. Positive experiences were consistently linked to knowing a specific doctor, being treated as an individual, and

SUMMARY

feeling that the practitioner had time and patience. Negative experiences, conversely, were characterised by transactional interactions, dismissive attitudes, and a sense of being unwelcome. This points to a clear lesson: improving access is not simply about shortening waiting lists or increasing appointment availability. It is about building trust through respectful, culturally aware, and person-centred care.

The documented experiences, particularly the reports of discriminatory treatment and the perception of a two-tier dental system, demand a response that goes beyond generic service improvements. Targeted outreach, culturally competent practice, proactive engagement with the Irish Traveller community, and meaningful accountability for discriminatory behaviour are essential if health services are to meet their obligations to one of the most disadvantaged communities in England. Without such action, the high frequency of GP contact will continue to signal unmet need, and dental care will remain a source of anxiety, exclusion, and deepening inequality.

4. Discrimination in Healthcare

Given the recognised vulnerability of Irish Traveller communities to inequitable treatment within health services, interviewers explicitly probed experiences of discrimination in healthcare as a topic of particular interest throughout the interviews. Experiences of discrimination emerged as a significant and concerning theme. While some participants reported positive interactions with healthcare services, many described instances of both direct and indirect discrimination that reflect a broader pattern of systemic marginalisation documented extensively in national research.[35]

The accounts gathered in Brent are not isolated incidents but rather exemplify the pervasive inequalities that Romani (Gypsy), Roma and Irish Traveller communities encounter across England. These experiences must be understood within the wider context of what the Equality and Human Rights Commission has described as the last 'respectable' form of racism in Britain,[36] where prejudice against these communities remains overt, common and frequently unchallenged.

Table 6: Experiences of Discrimination

Experience	Number reporting	Key concern
Treated fairly	5	Positive
Experienced discrimination	6	Reception staff, dentists
Feel misunderstood	7	Cultural assumptions
Don't disclose identity	10	Fear of prejudice

Mixed Experiences of Healthcare Encounters

When asked whether they felt treated fairly when accessing healthcare, responses were notably mixed, reflecting the uneven and inconsistent nature of service provision encountered by Irish Traveller families. Some participants described positive experiences characterised by respectful, welcoming care:

These positive accounts, whilst encouraging, contrast with the experiences of other participants and highlight the inconsistency of healthcare provision. The House of Commons Women and Equalities Committee[37] concluded that the disparities in health care reflect both structural barriers within the healthcare system and the cumulative impact of discriminatory attitudes and practices.

Direct Experiences of Discrimination

Several participants described significant and distressing experiences of discrimination that went beyond poor service to actively harmful treatment. These accounts reveal how prejudicial attitudes among healthcare staff can directly compromise patient safety and wellbeing:

35 Friends, Families and Travellers (2022) Briefing: Health inequalities experienced by Gypsy, Roma and Traveller communities. Available at: Briefing: Health inequalities experienced by Gypsy, Roma and Traveller communities.

36 Cemlyn, S. et al. (2009). Inequalities Experienced by Gypsy and Traveller Communities: A Review. Equality and Human Rights Commission Research Report Series 12. Available at: research_report_12inequalities_experienced_by_gypsy_and_traveller_communities_a_review.pdf

37 House of Commons Women and Equalities Committee (2019) 'Tackling inequalities faced by Gypsy, Roma and Traveller communities'. Available at: Tackling inequalities faced by Gypsy, Roma and Traveller communities

Some of the doctors and some of the people working on reception discriminate against Travellers and make me feel judged. **- Female**

This participant's experience of feeling judged by reception staff is consistent with national findings. Research by the House of Commons Women and Equalities Committee[38] identified that discriminatory practices at the point of initial contact, particularly with reception staff, represent one of the most frequently cited barriers facing Romani (Gypsy), Roma and Irish Traveller people in accessing healthcare. The Committee heard evidence that some GP practices continue to require documentation not legally required for registration, such as proof of address or photographic identification, effectively excluding those without conventional housing arrangements or formal paperwork.

Asked the GP to call an ambulance for me when I was unwell but they refused to do it. I ended up in intensive care for 2 weeks. Made a complaint to the GP surgery as this was negligence. **- Female**

This account raises profound concerns about clinical negligence and the potential for discriminatory attitudes to influence clinical decision-making.

One time when speaking with a paediatrician when exploring whether my son had Autism, he asked whether 'me and my husband were related?'. I don't think he would ask other people this, and he was making assumptions. **- Female**

This encounter illustrates what researchers have termed 'cultural incompetence' in healthcare provision, the application of stereotypical assumptions that bear no relation to individual patient circumstances. Such questioning reflects deeply embedded prejudices about Traveller communities and demonstrates how healthcare encounters can become sites of humiliation rather than healing. In one qualitative study of 'Gypsy and Traveller' health-related beliefs and experiences, found that many participants expressed the need not for specialist services but for doctors and nurses who are simply taught to respect people. [39]

Maternal Healthcare and Tragic Outcomes

A particularly devastating account was shared by one participant, highlighting the potentially fatal consequences of discriminatory attitudes in maternity care. This experience must be understood within the context of national evidence showing that Romani (Gypsy) and Irish Traveller mothers experience disproportionately poor maternal health outcomes. Research has found that 29% of Romani (Gypsy) and Irish Traveller parents are likely to experience one or more miscarriages (compared to 16% among non-Traveller populations), and that Romani (Gypsy) and Irish Traveller mothers are 20 times more likely than the general population to experience the premature death of a child.[40]

A particularly devastating experience was shared by one participant:

At Queen Charlottes hospital had experience with them that was very bad. It felt that because I was an Irish Traveller I didn't know what was going on and they didn't listen

38 ibid

39 Van Cleemput, P., Parry, G., Thomas, K., Peters, J. and Cooper, C. (2007) 'Health-related beliefs and experiences of Gypsies and Travellers: a qualitative study'. Available at: https://pubmed.ncbi.nlm.nih.gov/17325396/

40 Friends, Families and Travellers (2023). Briefing: Health inequalities experienced by Gypsy, Roma and Traveller communities. FFT. Available at: Briefing: Health Inequalities experienced by Gypsy, Roma and Traveller Communities

to me. Told them all my fears though they didn't listen to me and discharged me. My unborn son died 2 days later. **- Female**

This tragic account exemplifies the concept of 'institutional betrayal' in healthcare,[41] where patients from marginalised communities place their trust in systems that subsequently fail them in ways that compound existing disadvantage. The participant's perception that her identity as an Irish Traveller directly contributed to her concerns being dismissed reflects a wider pattern documented in research,[42] which found that discrimination in maternity services, including inappropriate assignment of drug and alcohol specialist midwives based solely on Traveller status, and records being flagged with incorrect assumptions about substance use, continues to affect Romani (Gypsy) and Irish Traveller mothers across England. A systematic review of perinatal health outcomes for Romani (Gypsy), Roma and Irish Traveller communities found significantly higher rates of preterm births, lower birth weight, and infant mortality compared to non-Romani (Gypsy), Roma and Irish Traveller populations, with discrimination and poor engagement with healthcare services identified as key contributing factors.[43]

Identity Disclosure and Fear of Prejudice

When asked whether they disclosed their Irish Traveller identity to healthcare professionals, most participants indicated they did not actively disclose it, though they felt the GP already knew it from their address. This pattern of non-disclosure reflects what researchers have identified as a protective strategy employed by members of stigmatised communities to avoid anticipated discrimination. Several participants expressed caution about disclosure that reflects a rational response to an environment where revealing one's identity carries a genuine risk of prejudicial treatment:

I just don't tell them. It is not my first thing to say. It's probably a bit of caution as well, because I don't want them to prejudge me, so I wouldn't tell them. **- Female**

I think they already know that because of the address. I wouldn't disclose too openly due to fear of discrimination. **- Female**

These accounts illustrate what Paradies et al. (2015) describe in their systematic review and meta-analysis of racism as a determinant of health: the anticipation of discrimination itself becomes a stressor that shapes health-seeking behaviour and can lead to delayed or avoided care.

In contrast, one participant described a deliberate choice to disclose for advocacy reasons:

And the reason I do that [tell them], is so that they're aware of the specific difficulties that Travellers face in healthcare. **- Male**

41 Gómez, J.M. (2015) ‹Microaggressions and the enduring mental health disparity: Black Americans at risk for institutional betrayal›. Available at: Microaggressions and the Enduring Mental Health Disparity

42 Friends, Families and Travellers (2023). Briefing: Health inequalities experienced by Gypsy, Roma and Traveller communities. FFT. Available at: Briefing: Health Inequalities experienced by Gypsy, Roma and Traveller Communities

43 Dawson, A. et al. (2024) 'Perinatal health outcomes of women from Gypsy, Roma and Traveller communities: A systematic review'. Available at: Perinatal health outcomes of women from Gypsy, Roma and Traveller communities: A systematic review

This participant's approach reflects an important dimension of healthcare engagement: the desire to educate professionals and improve services for the wider community. However, placing the burden of educating healthcare providers on patients from marginalised groups is itself indicative of systemic failure. The need for health professionals to be culturally competent is increasingly apparent as communities become diverse and health disparities emerge, yet training in this area remains inadequate.

Summary

This section has provided a deeply troubling pattern of discrimination experienced by Irish Traveller residents of Brent when accessing healthcare services. While some participants reported positive and respectful encounters, these welcome exceptions only serve to underscore the inconsistency of provision and highlight how much depends on the attitudes of individual practitioners rather than on robust systemic safeguards. The experiences documented here, from feeling judged by reception staff to culturally incompetent questioning, are not isolated failings but manifestations of the systemic marginalisation that Romani (Gypsy), Roma and Irish Traveller communities endure across England.

Our recommendation is that Brent Council and the Integrated Care Partnership work to deliver mandatory and ongoing cultural competency training that specifically addresses the history, culture and health needs of Irish Traveller communities. This training must move beyond generic equality and diversity programmes to confront the specific prejudices that this community faces, including challenging the stereotypical assumptions that continue to shape clinical encounters. GP practices across Brent should be audited to ensure that registration processes comply fully with NHS England guidance and do not unlawfully demand documentation such as proof of address or photographic identification that effectively excludes those without conventional housing arrangements. Furthermore, Brent must establish clear and accessible pathways for Irish Traveller patients to raise concerns and complaints, ensuring that these processes are culturally sensitive and that outcomes are communicated transparently, so that the current pattern of unchallenged discrimination is not allowed to persist.

5. Immunisation and Screening Uptake

Immunisation and screening are critical preventive health measures. This section examines attitudes towards and uptake of immunisations and cancer screening among the Brent Irish Traveller community, drawing on survey style questions and qualitative interviews to identify barriers, facilitators, and gendered patterns of engagement.

Adult Immunisation Uptake

Attitudes towards immunisation were mixed, with notable differences between adult and childhood vaccination. Some of the respondents (n=6) reported receiving adult immunisations such as the flu jab, while more than half (n=10) explicitly declined and a small number (n=1) attended only occasionally. This stands in marked contrast to national figures: seasonal influenza vaccine uptake among adults aged 65 and over, reached 74.9% during the 2024/25 season, and 40% of those aged 6 months to under 65 in clinical risk groups were vaccinated.[44] The Brent Irish Traveller adult uptake rate is substantially below even the lowest-performing ethnic groups nationally.

Table 7: Adult Immunisation Uptake

Do you visit healthcare providers for immunisations such as the flu jab?	Number
Yes	6
No	10
Sometimes	1

The UKHSA National Immunisation Programme Health Equity Audit 2025 identifies that 'White Gypsy and Irish Traveller' ethnic groups experienced among the lowest COVID-19 vaccination uptake of all ethnic categories in England, with Irish Traveller adolescents aged 12-15 showing the lowest uptake alongside Gypsy/Roma and Black Caribbean groups. This national pattern of under-vaccination is clearly reflected in the Brent data.[45] A notable gender difference emerged in the sample, and this is particularly striking given the limitations identified earlier with the male sample group having an under-represented voice. Among male respondents, over one third (n=2) reported accepting immunisations, whilst over one third (n=2) declined, and the remainder (n=1) accepted them only sometimes. Female respondents showed lower uptake: one third (n=4) accepted immunisations and two thirds (n=8) declined. This finding is unexpected given UK-wide research on Traveller health-seeking behaviours, which found that men and women generally described similar barriers and facilitators to immunisation,[46] although mothers were typically the primary decision-makers for childhood vaccinations. The finding that men in this sample reported higher adult immunisation uptake than women run counter to broader patterns where women tend to be more engaged with health services. Whilst the sample size is relatively small, this difference is noteworthy and warrants further investigation to understand whether it reflects a genuine divergence in adult immunisation attitudes or is particular to the local context.

Qualitative data illuminate the reasons underlying low adult uptake. Mistrust of health services and government emerges as the dominant theme, stemming from prior discrimination and barriers to healthcare. Most adult participants expressed scepticism or distrust of adult immunisations, particularly the flu vaccine:

44 UK Health Security Agency (UKHSA) (2025). Seasonal influenza vaccine uptake in GP patients in England: winter season 2024 to 2025. Available at: seasonal-influenza-vaccine-uptake-in-gp-patients-winter-season-2024-to-2025

45 ibid

46 Jackson, C. et al (2017). Needles, Jabs and Jags: a qualitative exploration of barriers and facilitators to child and adult immunisation uptake among Gypsies, Travellers and Roma. BMC Public Health, 17, 254. Available at: Needles, Jabs and Jags: a qualitative exploration of barriers and facilitators to child and adult immunisation uptake among Gypsies, Travellers and Roma

Never really needed them and don't trust them. - **Female**

I don't like taking jabs as we hear so much bad news about them - **Female**

I just don't trust the flu jab that is done. - **Female**

These comments very much align with research findings that "vaccination decisions overall were affected by distrust of health services and government, which stemmed from prior discrimination and barriers to healthcare." [47] COVID-19 appears to have amplified this suspicion. Participants specifically referenced the compressed development timeline and perceived safety concerns:

They got the COVID vaccine too quickly - **Female**

I don't believe what they're putting into them is good, have too many side effects. - **Female**

Negative personal experience also crystallises into lasting refusal, as one participant described:

Got my flu jab last year but was very sick after so I didn't get the jab again this year, - **Female**

However, the data is not uniformly negative. Positive personal experience and accessible, trusted local provision can overcome hesitancy, as these responses demonstrate:

Always used to get severe flu until had the flu jab. It makes me better over winter. - **Male**

[attend] my local chemist [for] the shingles injection. - **Male**

These insights suggest that positive personal experience and accessible, trusted local provision can overcome hesitancy.

A preference for natural immunity also appears reflecting what the NIHR-funded UNITING study identified as a minority view among English-speaking Travellers. [48]

Every time I catch something, I prefer to let nature take its course, - **Female**

Childhood Immunisation Uptake

The picture shifts markedly for children's immunisations. Among women respondents, half (n=6) reported full compliance, whilst a few (n=2) showed partial compliance, and one third (n=4) gave no answer. No women explicitly refused childhood immunisation, a strong divergence from adult patterns. This aligns with the UNITING study's finding of "broad acceptance of childhood and adult immunisation across and within communities, with current parents perceived as more positive than their elders." [49] It also aligns with the local general practice data, which shows immunisation uptake in Lynton Close at a similar level to that in the rest of Brent.[50]

47 Kuhlbrandt, C., McGowan, C.R., Stuart, R., et al. (2023). COVID-19 vaccination decisions among Gypsy, Roma, and Traveller communities: A qualitative study moving beyond "vaccine hesitancy". Vaccine, 41(26), 3891-3897. Available at: COVID-19 vaccination decisions among Gypsy, Roma, and Traveller communities: A qualitative study moving beyond "vaccine hesitancy"

48 Jackson, C. et al (2017). Needles, Jabs and Jags: a qualitative exploration of barriers and facilitators to child and adult immunisation uptake among Gypsies, Travellers and Roma. BMC Public Health, 17, 254. Available at: Needles, Jabs and Jags: a qualitative exploration of barriers and facilitators to child and adult immunisation uptake among Gypsies, Travellers and Roma

49 Ibid

50 Brent Joint Strategic Needs Assessment: Brent Open Data (Aug 2025), Health conditions, healthcare use and wider determinants of Health Romani (Gypsy), Roma and Irish Traveller communities in Brent. Available at: Brent Joint Needs Assessment: Brent data

Table 8: Childhood Immunisation Uptake	
Do you get immunisations for your children?	**Number**
Yes	6
No	0
For some	2
No answer	4

The childhood immunisation data must be interpreted with caution given the small sample size. While half of respondent (n=6) reported full compliance, the one third (n=4) that gave no answer constitutes a substantial proportion of this cohort. In community-based participatory research with Irish Traveller populations, non-response to direct questioning often signals discomfort with the question format or interview context rather than genuine uncertainty. However, it may also mask tacit non-compliance. Service planners should treat this "no answer" group as an unknown clinical risk rather than an absence of concern.

The pattern – explicit refusal for oneself, silence or partial compliance for one's children – suggests that childhood immunisation occupies a distinct moral category in which mothers feel greater social expectation, guilt, or hope, perhaps making outright refusal harder to articulate.

Qualitative responses reveal nuanced decision-making. One mother explained:

> *When I weigh up the pros and cons, it's the best thing for them. I have seen more good than bad in immunising my children. I was fully immunised as a child and think that also influences me.* **- Female**

This statement captures three critical facilitators: rational deliberation, positive observation, and intergenerational transmission of trust.

Conversely, declining trust across children within the same family is evident:

> *1st child had all injections, 2nd child had few of the injections, 3rd child after the 3rd set had no more.* **- Female**
>
> *Not any more since the third child - don't trust them. Will do immunisations when he is older and not on their timetable.* **- Female**

This pattern reveals a relationship between birth order and immunisation completion. Two respondents described a trajectory of full compliance for first children, partial compliance for second children, and cessation by the third. This "parity effect" – where experience with the immunisation system erodes rather than reinforces trust – has significant implications for Brent's immunisation teams. One comment explicitly links disengagement to the NHS timetable ("not on their timetable"), suggesting that rigid scheduling may clash with culturally distinct family routines. Notably, these mothers do not reject immunisation in principle.

Research in this area is limited and non-specific to Romani (Gypsy), Roma and Irish Traveller communities. However, international studies in middle- and lower-income countries have identified that "zero-dose prevalence increased monotonically with birth order and number of siblings." [51]

New Vaccine and Screening Uncertainty

Trust, speed of development, and side effects emerged as central concerns regarding new vaccines and screening programmes. Among twelve female participants, ten expressed substantive concerns about new vaccines and screening, compared with only two of five males. This aligns with national research findings that women in Ireland were significantly more likely to report COVID-19 vaccine hesitancy, with perceived vaccine risk and negative attitudes being key correlates. [52] Women's concerns centred on three interconnected themes: the speed of development, unknown side effects, and distrust of ingredients.

> *[COVID vaccine] came from nowhere in a couple of months … [and] if something sounds too good to be true, it probably is.* **- Female**
>
> *Wait at least a year for others to try out first.* **- Female**

These comments capture scepticism about compressed safety testing. The "guinea pig" framing appeared across genders, yet women linked it to specific feared outcomes:

> *Panic and get stressed. Concerns from the community that kids can get autism. Heard there is a new one for chicken pox – why is it new?* **- Female**
>
> *Too many side effects of people. And I think your body's fine. You don't need it.* **- Female**

A collective sense of uncertainty about vaccine composition pervaded female participants' responses:

> *Well, we don't know really what's in the jabs and what benefits they have. We feel like there may be more side effects than benefits, and that's terrifying.* **- Female**

Male scepticism was narrower and less emotionally laden. Whilst men also expressed a desire for proof of vaccine suitability, their statements were briefer and declarative, without women's elaborated reasoning. Notably, two men reported no concerns, a position absent among women.

51 Costa, F. S et al (2024). Child immunization status according to number of siblings and birth order in 85 low- and middle-income countries: a cross-sectional study. eClinicalMedicine, 71, 102547. Available at: Child immunization status according to number of siblings and birth order in 85 low- and middle-income countries: a cross-sectional study

52 Murphy, J., et al. (2022) Psychological and behavioural correlates of COVID-19 vaccine hesitancy in Ireland and the UK. BMC Public Health. Available at: Psychological and behavioural correlates of COVID-19 vaccine hesitancy in Ireland and the UK.

Screening Uptake

Among women asked about breast and cervical screening uptake, most (n=8) believed women do attend, whilst the remainder (n=4) were unsure. Qualitative responses reveal that this uncertainty partly reflects a cultural emphasis on privacy:

> *I can't talk about other women, though yes, I do [attend screening].* **- Female**
>
> *We don't just tell each other's business.* **- Female**

National data contextualises these findings. The All-Ireland Traveller Health Study[53] found twice as many Traveller women attended breast and cervical screening as the majority population, attributed to Traveller Primary Healthcare Workers. [54] However, research[55] has identified persistent barriers to women's screening including inequality, fear, literacy and education. A 2025 national survey found 72.6% of eligible Traveller women had attended breast screening and 65.4% cervical screening, yet bowel screening uptake remained low at 19.2%; fear and embarrassment were the highest barriers, with Community Health Workers identified as key facilitators. [56]

Among men, the majority (n=4) knew which cancers affect men only, and all these (n=4) had attended screening. While seemingly positive, the small sample and absence of qualitative data limits interpretation. Healthcare professionals note male Travellers' reluctance to seek health information, describing "fatalism" among older men and delayed presentation until symptoms are severe. [57]

The data reveals meaningful gendered differences across immunisation and screening. Women demonstrate greater vaccine scepticism through detailed, emotionally resonant narratives about risk and trust, alongside greater screening engagement tempered by cultural privacy norms. Men show lower vaccine concern but may hold more fatalistic screening attitudes, though their voices are underrepresented qualitatively. These findings underscore the need for gender-sensitive health communication addressing women's vaccine safety concerns while tackling cultural and structural barriers to men's screening engagement. The central role of Traveller Community Health Workers, identified across multiple national studies, remains critical to building trust and addressing these inequalities.

53 All Ireland Traveller Health Study (2010). Our Geels: All Ireland Traveller Health Study. School of Public Health, Physiotherapy and Population Science, University College Dublin. Available at: All Ireland Public Health Study

54 Pavee Point (2017) Travellers' health: vaccination awareness through peer led approach. European Commission. Available at: Travellers' health: vaccination awareness through peer led approach

55 Keane, E., et al. (2022) Identifying barriers to Irish Traveller women attending breast screening. Journal of Radiography. Available at: Identifying barriers to Irish Traveller women attending breast screening.

56 NCCP & Pavee Point (2025) Cancer Awareness and Attitudes among the Traveller Community. Available at: Cancer Awareness and Attitudes among the Traveller Community

57 O'Sullivan, J., et al. (2025) Barriers and Enablers to Cancer Prevention Among Travellers in Ireland. European Journal of Oncology Nursing. Available at: Barriers and Enablers to Cancer Prevention Among Travellers in Ireland

SUMMARY

Summary

This section reveals a complex picture of immunisation and screening engagement among the Brent Irish Traveller community, characterised by significant divergence between adult and childhood immunisation attitudes, notable gender differences, and the central role of trust in shaping health behaviours.

Adult immunisation uptake is critically low, with only 35% of respondents reporting acceptance of vaccines such as the flu jab – far below national benchmarks. Mistrust of health services, government, and vaccine safety constitutes the primary barrier, amplified by negative personal experiences and the rapid development of COVID-19 vaccines. However, positive experiences with trusted local providers demonstrate that hesitancy can be overcome through accessible, relationship-based care.

Childhood immunisation presents a more encouraging picture, with no explicit refusals and 50% full compliance. Yet the substantial proportion of non-responses (33%) and the documented "parity effect", where trust erodes across successive children, signal significant risks. Mothers' nuanced decision-making, shaped by rational deliberation, observed outcomes, and intergenerational experience, suggests that engagement strategies must respect this complexity rather than treating non-compliance as simple refusal.

Gender emerges as a critical dimension. Men's higher reported uptake of adult immunisation contradicts national patterns and warrants further investigation. Women's more complex vaccine concerns, whilst reflecting greater scepticism, also indicate deeper engagement with health information. In screening, women's greater participation, albeit tempered by cultural privacy norms, contrasts with men's apparent fatalism and delayed help-seeking.

Across all domains, trust stands as the foundational determinant of health engagement. The consistent identification of Traveller Community Health Workers as facilitators of screening and immunisation uptake in national research points to the essential role of culturally grounded, trusted intermediaries. For Brent's health services, the implications are clear: reducing immunisation and screening inequalities requires sustained investment in community-based health worker programmes, flexible service delivery that accommodates cultural routines, and gender-sensitive communication strategies that address the distinct concerns of men and women within this community.

6. Health Risk Behaviours and Help Seeking

This section examines health risk behaviours and help-seeking patterns among Irish Traveller communities in Brent, drawing on both quantitative survey data and qualitative testimony from community members.

The findings reveal a community with exceptionally high awareness of health risk behaviours yet marked by a profound disconnect between this awareness and visible help-seeking. While a majority (n=12) of participants acknowledged the presence of health risk behaviours within their community, just over half (n=9) were unsure whether anyone had sought support for them. This gap illuminates how stigma, secrecy, taboo and low trust in services function as powerful barriers to engagement, compounding the already elevated rates of smoking, problematic drinking and preventative care avoidance documented in national research.

The section explores not only what behaviours are prevalent but how community members themselves understand, contextualise and resist pathologising narratives, offering essential insight for designing interventions that are culturally safe, non-stigmatising and genuinely responsive to community-defined need.

Health Risk Behaviours: Quantitative Analysis

Participants were asked about health-risk behaviours within their community, including smoking, alcohol consumption, vaping, and other lifestyle factors. The responses reveal a high level of awareness, with a significant majority acknowledging the presence of such behaviours.

Table 9: Reported Health Risk Behaviours

Response	Number
Yes	12
No	3
Unsure	2

A substantial majority (n=12) of participants affirmed that health risk behaviours exist within their community. Only a small minority (n=3) indicated that such behaviours were not present, while a few (n=2) expressed uncertainty. Notably, no participants declined to answer this question, suggesting a willingness to engage with the topic.

These findings align with extensive national research documenting elevated rates of health risk behaviours among Romani (Gypsy) and Irish Traveller communities. A landmark population study, [58] analysing data from 226,339 adults in England between 2013 and 2025, found that current smoking prevalence among Romani (Gypsy) and Irish Traveller people was markedly higher at 33.0% compared with 18.7% among the 'Other White' ethnic group, and exceeded estimates across all other ethnic groups. Among those who smoked, Romani (Gypsy) and Irish Travellers also reported smoking more cigarettes per day (geometric mean=12.5) than the 'Other White' group (geometric mean=9.0).

58 Taylor, E., Tattan-Birch, H., Oldham, M. et al. (2026) 'Smoking and drinking among the Gypsy and Traveller communities: a population study in England', Addiction, 121(5), pp. 1128-1139. Available at: Smoking and drinking among the Gypsy and Traveller communities: A population study in England

Similarly, an Irish study[59] on smoking awareness found that daily or occasional smoking was significantly higher among Irish Travellers (35.4%) compared with the general population (16.5%), with higher rates among males (44%) than females (32%). The study also found that more Travellers vaped daily (12% vs 8% in the general population), indicating that vaping has emerged as a notable health behaviour within these communities.

Regarding alcohol consumption, research[60] identifies that while the proportion of Romani (Gypsy) and Irish Travellers reporting any current alcohol consumption was lower (61.5%) than 'Other White' ethnicities (77.1%), the prevalence of heavy drinking (11.3%) and possible alcohol dependence (3.5%) was greater than all other ethnic groups. This suggests polarised drinking patterns within these communities, characterised by either abstinence or heavy consumption.

Health Risk Behaviours: Qualitative analysis

The qualitative responses provide important nuance, revealing the specific health risk behaviours identified by participants and the complex ways in which community members understand and contextualise these issues.

Table 10: Types of Health Risk Behaviours Reported

Risk	Number
Smoking	9
Vaping	5
Alcohol consumption	7
Energy drinks	5
Tanning bed/sunbed use	2
Lack of exercise	2

Smoking and Vaping

Smoking and vaping were the most frequently cited concerns. Multiple female participants identified these as significant issues within their community:

> *Particularly smoking and energy drinks - 'Red Bull diet'.* **- Female**
>
> *A lot of people took up vaping, smoking and energy drinks. Some people using tanning beds too much.* **- Female**
>
> *Smoking, vaping and energy drinks. If there is a party I will have some drinks though don't smoke vape or do energy drinks.* **- Female**
>
> *Couple of smokers but not the majority. Energy drinks. Use of sunbeds - particularly the young ones.* **- Male**

59 Fitzpatrick, P. et al. (2025). Awareness of smoking risks and lung cancer signs in Irish travellers. Tobacco Induced Diseases, 23 (Suppl 1), A363. Available at: Awareness of smoking risks and lung cancer signs in Irish travellers

60 Taylor, E., Tattan-Birch, H., Oldham, M. et al. (2026) 'Smoking and drinking among the Gypsy and Traveller communities: a population study in England', Addiction, 121(5), pp. 1128-1139. Available at: Smoking and drinking among the Gypsy and Traveller communities: A population study in England

These accounts are consistent with national data, which attribute high levels of smoking among Romani (Gypsy) and Irish Traveller communities to multiple intersecting factors: high levels of discrimination leading to stress and anxiety, with smoking used as a coping mechanism; structural barriers in employment resulting in manual occupations or economic inactivity; and limited access to, or awareness of, smoking cessation support. Qualitative research also describes how health beliefs within these communities, such as low expectations of health and a need for self-reliance – may reduce engagement with support services.

The emergence of vaping as a significant concern is particularly noteworthy. One participant explicitly noted the transition from smoking to vaping: "some of the women have tried to give up smoking but have started vaping instead". This pattern reflects broader population trends but carries specific implications for Irish Traveller communities, who may perceive vaping as a harm-reduction strategy without fully understanding its own health risks.

Energy Drink Consumption

The frequent reference to energy drink consumption, described by one participant as a 'Red Bull diet', emerged as a distinctive health behaviour. While energy drink consumption is not extensively documented in the academic literature on Irish Traveller health, its identification by multiple participants suggests it warrants attention.

The co-occurrence of energy drink consumption with smoking and vaping, as described by several participants, may reflect broader patterns of stimulant use and self-medication for fatigue, stress, or low mood. One participant connected energy drink use directly to mental health: "Red Bull, because they were saying that they're anxious or tired" (Female participant). This connection suggests that addressing this behaviour may require attention to its underlying psychosocial determinants.

Alcohol Use

Alcohol was identified by several participants as a health risk behaviour, though accounts varied in their framing:

> *Personally smoking and alcohol. I know the risks as been diagnosed with emphysema. Been smoking since I was 17. I do drink when I get down.* **- Female**
>
> *Yes all sorts in the communities smoke and have a drink. Some don't get enough exercise.* **- Male**
>
> *One woman had an issue with drink, but nothing else. I haven't heard anything else.* **- Female**

The connection made between drinking and emotional distress ("I do drink when I get down") is significant. Research on mental health among Irish Traveller men notes that drinking patterns can aggravate mental health problems, as binge drinking is associated with impulsivity and compounds clinical depression. This research highlights the disintegration of traditional family structures, decline of religious certainty, chronic unemployment, and difficult daily relations with the general population as compounding factors that create poor self-esteem and self-efficacy in an unsupportive environment.

Tanning Bed Use

The use of tanning beds was mentioned by two participants, with one noting it was particularly prevalent among young people. While tanning bed use is not widely documented in Irish Traveller health research, its identification here suggests it may represent an emerging concern.

In discussion with participants, tanning bed use was noted particularly among younger men. This behaviour carries well-established health risks, including an increased risk of skin cancer and premature skin ageing. The identification of this behaviour by community members themselves suggests an awareness of its potential harms.

Preventative Healthcare Avoidance

One of the most analytically significant responses came from one Irish Traveller Male respondent, who identified not taking up preventative healthcare as a health risk behaviour in itself:

> *Not taking up preventative health care so you're not attending for regular appointments, and skipping and missing them and purely because they dismiss them as they're you know, they're not of any importance, where they could have great importance, very aware of men's, some men's bad attitudes, and that's what it's about. It's about bad attitudes.* **- Male**

This response highlights a critical and often overlooked dimension of health risk: the avoidance of preventative care. This aligns with extensive research documenting low uptake of preventative services among Traveller communities. The All-Ireland Traveller Health Study found that Travellers had high utilisation rates of Accident and Emergency services but low usage rates of preventative services. The participant's reference to "bad attitudes" among men suggests gendered dimensions to help-seeking avoidance that merit further exploration.

Nuanced and Dissenting Perspectives

Not all participants identified health risk behaviours as a particular concern. Several offered important counter-perspectives:

> *It doesn't have anything to do with different communities. People everywhere have their own habits.* **- Female**

> *Probably no more than anyone else.* **- Female**

> *People are more aware of how unhealthy these things are/they make better choices these days.* **- Female**

These responses are significant for several reasons. They challenge the framing of health risk behaviours as specific to Irish Traveller communities, instead positioning them as universal human behaviours. This reflects a resistance to pathologising or stigmatising the community. They also offer an optimistic note, suggesting that health literacy may be improving.

These perspectives demonstrate that Irish Traveller communities are not homogeneous, and that individual awareness, attitudes, and behaviours vary considerably. They also highlight the importance of avoiding deficit-based framing that positions Irish Traveller communities as uniquely problematic in their health behaviours, when many of these behaviours are prevalent across all socioeconomic groups in society.

Help-Seeking Behaviours

Help-Seeking: Quantitative Analysis

Participants were asked whether they knew of any men or women who had needed to seek help because of any risk behaviours. The most striking finding is that more than half of the participants (n=9) were unsure whether community members had sought help. Only a small number (n=3) of participants confirmed knowing someone who had sought help, while an equal number (n=3) indicated they did not know of anyone. One participant did not answer this question.

The high proportion of 'unsure' responses suggests several possible interpretations: a genuine lack of knowledge about whether others have sought help (consistent with secrecy around health issues); limited engagement with health services within the community; or a reluctance to disclose others' health-seeking behaviours.

National Context for Help Seeking

These findings resonate with national research documenting significant barriers to help-seeking among Romani (Gypsy) and Irish Traveller communities. The All-Ireland Traveller Health Study found that despite high rates of mental health problems, uptake of support services was low, with strong stigma attached to mental health difficulties and services perceived as inadequate and not meeting Travellers' specific needs.

Further research confirms that within Romani (Gypsy), Roma, and Traveller communities, mental health difficulties are often met with shame and secrecy due to stigma. External discrimination reinforces barriers to accessing support, with concerns about judgement, reputation, and cultural norms influencing attitudes toward therapy and willingness to seek help. Family holds central value, and this strong support network can serve as a protective factor, yet it may also inhibit disclosure due to fears of family disruption or intervention by social services.

Help-Seeking Behaviours: Qualitative Analysis

The qualitative responses reveal powerful themes of secrecy, stigma, and systemic barriers that illuminate why so few participants were aware of others seeking help for health risk behaviours.

Secrecy and Taboo

Multiple participants highlighted the secrecy surrounding health issues:

> *Not aware as people keep things to themselves.* **- Female**
>
> *You wouldn't know if they have or not. Yeah, because there's a very big air of secrecy, and is about a lot of taboo.* **- Male**

This reference to secrecy and taboo encapsulates a fundamental barrier to help-seeking. This aligns with research findings that reluctance to disclose is shaped by a collective history of trauma linked to social service practices, including institutionalisation, which has fostered mistrust and heightened anxieties around family separation. The disclosure of health difficulties may be constrained by concerns relating to reputation, marriage prospects, and social standing.

Limited Awareness of Others' Help-Seeking

Several participants indicated that while health risk behaviours were visible, whether people sought help for them was not:

> *Most women smoke or vape though I don't know if they get help.* - **Female**

> *We know they need to seek help because some of them have chesty coughs and everything, but we don't know if they have, I don't know if they have.* - **Female**

These responses are particularly poignant. The participants can observe the physical symptoms ("chesty coughs") that indicate a need for medical attention but remain uncertain whether those affected have sought help. The disconnect between visible health need and invisible help-seeking underscores the private nature of health service engagement within this community.

Informal Help-Seeking

Some participants described informal or self-directed approaches to addressing health risk behaviours:

> *They have used nicotine patches.* - **Female**

> *Some of the women have tried to give up smoking but have started vaping instead.* - **Female**

These responses suggest that some community members do attempt to address their health risk behaviours but may do so through self-directed means rather than through professional services. The transition from smoking to vaping described, reflects a harm-reduction approach that may or may not involve professional guidance. Research by Taylor et al. noted that although the majority of 'Gypsy or Irish Travellers' show a willingness to quit smoking (61%), few have used health services, prescription medication or alternative nicotine products to help with cessation (31%). This suggests a significant gap between motivation to change and engagement with evidence-based cessation support.

Barriers to Professional Help-Seeking

Several participants' responses implicitly or explicitly identified barriers to professional help-seeking. One participant revealed the frustration of attempting to intervene with health risk behaviours when community members "don't listen":

> *Red Bull, because they were saying that they're anxious or tired. But you kind of know them because of the Red Bull, like you, explain to them that it isn't good though sometimes they don't listen.* - **Female**

This suggests that informal advice from within the community may be insufficient to change entrenched behaviours, yet professional support is not being accessed.

> *I haven't [sought help], but I wouldn't be, maybe against it.* - **Female**

The ambivalence may reflect uncertainty about what help is available, whether it would be effective, or concerns about the consequences of acknowledging health problems.

SUMMARY

Summary

This section reveals a paradox: Irish Traveller communities demonstrate acute awareness of health risk behaviours, smoking, vaping, energy drinks and alcohol, yet profound barriers prevent help-seeking. Participants resist pathologising narratives, highlighting the need for culturally safe, non-stigmatising approaches that understand these behaviours as responses to sustained marginalisation rather than cultural deficits.

Priority recommendations for Brent include redesigning smoking and vaping cessation services with Traveller input, delivered in trusted community settings by workers who understand the discrimination, unemployment and poor mental health driving tobacco use. Energy drink consumption, linked to anxiety and low mood, should be addressed through integrated mental health programmes rather than isolated messaging.

Policy changes should prioritise community-based health champions to normalise health conversations and bridge the awareness-to-action gap. Preventative healthcare must be co-designed with communities through flexible appointments and outreach clinics that rebuild trust following discriminatory experiences. All service commissioning should embed anti-stigma and anti-discrimination frameworks, recognising that health taboos are rational responses to marginalisation. Confidential, culturally competent services that respect community autonomy offer the best path to closing the dangerous gap between recognising health risks and accessing support.

7. Maternal and Infant Care

• Methodological Note

It is important to acknowledge the limitations of this dataset. With n=12, the quantitative findings should be treated as indicative rather than statistically generalisable. Two respondents had no children and were not applicable to several questions, further reducing the sample for some items. However, the richness of the qualitative data provides valuable insight into the lived experiences of this under-researched population. All participant quotes are presented verbatim to preserve the authenticity of their voices.

Maternal and infant health represents a critical priority for Romani (Gypsy), Roma and Irish Traveller communities in Brent, reflecting well-documented and persistent inequalities in health outcomes at the national level. Irish Traveller mothers are twenty times more likely to experience the death of a child than the wider population, and Romani (Gypsy), Roma and Irish Traveller women collectively face the highest maternal mortality rate in the United Kingdom.61 Addressing these disparities requires a thorough understanding of both the systemic barriers to care and the lived experiences of the families accessing maternity services in the borough.

National Context

The evidence base concerning Romani (Gypsy), Roma and Irish Traveller maternal and infant health outcomes is robust and deeply concerning. The largest study of its kind in the UK found that 'Gypsies and Travellers' have 'possibly the highest maternal death rate among all ethnic groups.' One in five Romani (Gypsy), Roma and Irish Traveller mothers will experience the loss of a child, compared to one in one hundred in the non-Traveller population. [62] The All-Ireland Traveller Health Study reported an infant mortality rate of 12.0 per 1,000 live births among Irish Travellers in 2009 – 3.7 times the rate of the general Irish population. [63] More recently, a systematic review across 13 European countries confirmed that Romani (Gypsy), Roma and Irish Traveller infants experience higher rates of preterm birth, lower birth weight, higher rates of intrauterine growth restriction, and elevated infant mortality compared to non-Romani (Gypsy), Roma or Irish Traveller populations. [64]

Barriers to accessing maternity care are multifaceted and well-documented. Friends, Families and Travellers have identified lack of effective communication, barriers to maintaining continuity of care, discrimination (both direct and structural), fear and mistrust of public services, and lack of awareness of cultural norms as key obstacles. [65] The Traveller Movement has further highlighted the 'data desert' whereby Romani (Gypsy), Roma and Irish Traveller ethnicities are not adequately captured in NHS data systems, rendering systematic outcome monitoring and inequality tracking impossible. [66]

61 Friends, Families and Travellers (2023). Health inequalities experienced by Gypsy, Roma and Traveller communities. FFT. Available at: https://www.gypsy-traveller.org/wp-content/uploads/2022/11/Briefing_Health-inequalities-experienced-by-Gypsies-and-Travellers-in-England.pdf

62 Parry, G. et al. (2007). Health status of Gypsies and Travellers in England. Journal of Epidemiology and Community Health, 61. Available at: Health status of Gypsies and Travellers in England

63 All Ireland Traveller Health Study (2010). Our Geels: All Ireland Traveller Health Study. School of Public Health, Physiotherapy and Population Science, University College Dublin. Available at: All Ireland Public Health Study

64 Ekezie, W., et al. (2024). Perinatal health outcomes of women from Gypsy, Roma and Traveller communities: A systematic review. Midwifery, 103, 103910. Available at: Perinatal health outcomes of women from Gypsy, Roma and Traveller communities: A systematic review - ScienceDirect

65 Friends, Families and Travellers (2023). Health inequalities experienced by Gypsy, Roma and Traveller communities. FFT. Available at: https://www.gypsy-traveller.org/wp-content/uploads/2022/11/Briefing_Health-inequalities-experienced-by-Gypsies-and-Travellers-in-England.pdf

66 Traveller Movement (2023), Briefing: Making sense of the Census 2021 for the outcomes and experiences of Gypsy, Roma and Traveller people. Available at: 2023.06-Making-sense-of-the-Census-2021-for-the-outcomes-and-experiences-of-Gypsy-Roma-and-Traveller-people.pdf

Experiences with Maternity Care

Participants were invited to share their experiences of healthcare provision for their babies and children through an open-ended question. Of the ten women with children who responded, accounts ranged from highly positive to deeply troubling, revealing significant variation in the quality of care received across Brent maternity services.

Positive Experiences

Several participants reported positive engagement with maternity services, highlighting compassionate individual care during difficult circumstances:

> *Really poor experience with my first child, though the nurses in the ICU were brilliant and had been really caring during subsequent tricky births.* **- Female**

> *When my kids were babies we had excellent care.* **- Female**

Negative Experiences

Concerning accounts were also shared, particularly regarding staff attitudes and the capacity of services to provide individualised care. One participant described a maternity system under pressure where asking questions was met with judgement:

> *The problem with maternity care is that there isn't enough staff to give individual care and if you ask for help, you're made to feel like you are doing something wrong. If you don't know something and ask, they can be harsh and judgemental.* **- Female**

This experience of feeling judged for seeking information is particularly significant given the documented barriers to healthcare engagement among Romani (Gypsy), Roma and Irish Traveller communities. Research has found that perceived discrimination and poor staff attitudes are major determinants of trust and engagement with health services among 'Gypsy/ Traveller' populations.[67] Another respondent provided a more mixed perspective, reflecting the inconsistency that characterises many Romani (Gypsy), Roma and Irish Traveller women's experiences:

> *Been okay. Sometimes the support is really good, sometimes not good.* **- Female**

This variability in care quality is a recurring theme in the national literature. Guidance by Friends, Families and Travellers on tackling maternal health inequalities notes that Romani (Gypsy), Roma and Irish Traveller women's experiences are often characterised by inconsistency, with some receiving excellent individual care while others encounter significant barriers and discrimination.[68]

67 McFadden, A. et al. (2018). Enhancing Gypsy, Roma and Traveller peoples' trust: using maternity and early years' health services and dental health services as exemplars of mainstream service provision. Available at: GRT_Trust_and_Engagement_Final_report

68 Friends, Families and Travellers (2023). Health inequalities experienced by Gypsy, Roma and Traveller communities. FFT. Available at: https://www.gypsy-traveller.org/wp-content/uploads/2022/11/Briefing_Health-inequalities-experienced-by-Gypsies-and-Travellers-in-England.pdf

Health Visitor and Midwife Support

Participants were asked to rate the support offered by health visitors and midwives, followed by an open-ended qualitative question. The combined quantitative and qualitative data reveal a predominantly positive picture tempered by significant concerns among a minority of respondents.

Experiences were largely positive: the majority (n=8) of women rated the support as 'Good' or 'Very Good/Excellent', while 2 respondents rated it as 'Poor' or 'Very Poor'. Excluding the two respondents without children, the proportion reporting positive experiences rises to a significant majority.

Table 11: Rating of Health Visitor and Midwife Support

Response	Number
Very poor	1
Poor	1
Average	0
Good	3
Very good/Excellent	5
Not applicable – no children	2

The qualitative responses provide important nuance to these ratings. One participant offered a detailed and overwhelmingly positive account of comprehensive postnatal support:

> *They were absolutely amazing. They'd visit up until about 3,4,5, weeks after you had the baby, checking the baby, checking the mom, checking everything was healing properly and every way they should be. They'd leave you information and leaflets as to what to do next.*
> **- Female**

However, other accounts revealed areas of concern. One participant noted that the focus on infant wellbeing could overshadow maternal needs:

> *…with health visitors a lot is about the baby and not enough focus on the mum. Particularly new mums it seems to be about checking the baby is doing well.* **- Female**

This observation is consistent with national evidence on perinatal mental health, where the focus on infant wellbeing can sometimes overshadow maternal psychological needs. The Royal College of Midwives has emphasised the importance of holistic care that addresses both maternal and infant wellbeing.[69]

A particularly concerning account highlighted the need for cultural awareness and appropriate professional boundaries. One participant described her daughter's experience:

> *My daughter had an uncomfortable experience where a midwife who had not been to a Traveller site before asked to see her home, take a look around her home. This made her feel nervous.* **- Female**

69 The Royal College of Midwives (2025). Strengthening Perinatal Mental Health Roadmap. Available at: Strengthening perinatal mental health

Research[70] has documented similar experiences where Romani (Gypsy), Roma and Irish Traveller women felt scrutinised rather than supported by health professionals visiting their homes, with some participants reporting being inappropriately assigned specialist midwives for drug and alcohol use based on prejudicial assumptions about Traveller sites. Other participants reported a decline in service quality over time

> *They were very good and helped if I had issues or problems. Though they seem to have slacked back over last few years.* - **Female**

This perception of deteriorating services aligns with broader concerns about the impact of austerity and resource constraints on health visiting services. Research[71] has documented the significant reductions in health visitor numbers since 2015, with potential disproportionate impacts on vulnerable communities.

Most alarmingly, one participant described a life-threatening experience where her daughter's concerns were initially dismissed:

> *Did have an experience where healthcare professional dismissed my daughter's concerns about her newborn child. My daughter refused to leave the hospital until the doctor examined the newborn. It came about that the child had meningitis.* - **Female**

Access to Antenatal Care

Access to antenatal care is a critical determinant of maternal and infant health outcomes. Early booking and regular attendance enable identification and management of risk factors, screening for conditions, and preparation for birth. Participants were asked whether they found it easy to access and attend all recommended antenatal appointments and scans.

Table 12: Ease of Accessing Antenatal Appointments and Scans

Response	Number
Yes, accessed all	8
No, didn't access any	0
Accessed some	1
Unsure/can not remember	1
Not applicable – no children	2
Not applicable – no children	2

70 Friends, Families and Travellers (2023). Health inequalities experienced by Gypsy, Roma and Traveller communities. FFT. Available at: https://www.gypsy-traveller.org/wp-content/uploads/2022/11/Briefing_Health-inequalities-experienced-by-Gypsies-and-Travellers-in-England.pdf

71 Liu, M. et al (2024), Local area variation in health visiting contacts across England for children underage 5: a cross-sectional analysis of administrative data in England 2018–2020, International Journal of Population Data Science. Available at: View of Local area variation in health visiting contacts across England for children under age 5: a cross-sectional analysis of administrative data in England 2018-2020

Women overwhelmingly accessed antenatal care, with most of the respondents (n=9) indicating that they accessed all or some recommended appointments and scans. The absence of any respondent reporting complete non-access is encouraging, particularly given national evidence of significant barriers. However, it should be noted that this sample may reflect women who have successfully navigated the system and may not capture the experiences of those who are most marginalised or who have disengaged from services entirely.

The predominantly positive quantitative picture is reinforced by qualitative accounts:

> *Attended every single one [appointment].* - **Female**
>
> *Really good, me and my husband used to take turns attending the appointments.* - **Female**

The latter account of supportive partner involvement is noteworthy, as research[72] has documented that some maternity services inappropriately question the absence of male partners at appointments, failing to understand cultural norms around gender roles in Irish Traveller communities. One participant noted a practical barrier relating to transport:

> *If I couldn't drive then would need someone to take me. Also often waiting a long time. Other than that all good.* - **Female**

This comment highlights the importance of transport access, a known barrier for Romani (Gypsy) and Irish Traveller communities who may live on sites with limited public transport connections.

Cultural Understanding and Respect

A critical dimension of maternity care quality is the extent to which services understand and respect the cultural traditions and practices of the communities they serve. Participants were asked whether they felt midwives or neonatal staff understood and respected their traditions and the way their community cares for new mothers and babies.

Table 13: Cultural respect from Midwives and Neonatal staff

Response	Number
Yes	7
No	2
Unsure	1
Not applicable – no children	2

More than half of respondents (n=7) felt that their culture and traditions were respected by midwives and neonatal staff. Excluding respondents without children, this figure rises to a significant majority, indicating a mostly positive though not universal response.

While the surface-level data suggests cultural respect, the qualitative responses reveal a more complex and variable landscape. One woman provided an exemplary account of professionals who invested time in building relationships within the community:

72 Friends, Families and Travellers (2023). Health inequalities experienced by Gypsy, Roma and Traveller communities. FFT. Available at: https://www.gypsy-traveller.org/wp-content/uploads/2022/11/Briefing_Health-inequalities-experienced-by-Gypsies-and-Travellers-in-England.pdf

Well, the ones that I came across, yes, they were very respectful. And these two actually come into our community, come in and sit in the room to have a cup of tea and chat, and they were lovely. - **Female**

However, other accounts reported feeling diminished or misunderstood, concerns that are significant in the context of documented health inequalities. Research has found that Romani (Gypsy), Roma and Irish Traveller participants 'unanimously felt that they were treated differently within healthcare services because of their Gypsy, Roma and Traveller background,' with one participant stating that when their surname was mentioned, 'That's when they give me dirty looks.'[73] Respondents in this survey recorded similar reservations:

Think midwives don't really understand the culture as they always ask a lot of questions. - **Female**

Midwife made me feel small as though I didn't know what I was doing. - **Female**

One participant offered a particularly nuanced perspective, suggesting that while staff may have been caring, they may not have fully appreciated the specific cultural context of Irish Traveller motherhood:

They did [respect my traditions], though less about Traveller community, more about looking after new mums. - **Female**

The need for culturally competent maternity care has been emphasised by the Royal College of Obstetricians and Gynaecologists, which has identified that understanding cultural practices around birth, postpartum care, and infant feeding is essential for providing equitable care to women.[74]

Postnatal Support

The postnatal period represents a critical window for both maternal and infant health. Effective support for infant feeding, baby health checks, and maternal wellbeing can have lasting impacts on outcomes. Participants were asked to rate the support they received from hospitals and health visitors for infant feeding and baby health checks.

Table 14: Rating of Postnatal Care

Response	Number
Very poor	1
Poor	0
Average	2
Good	4
Very good/Excellent	2
Unsure	1
Not applicable – no children	2

73 ibid

74 Royal College of Obstetricians and Gynaecologists (2024) Cross-cultural communication and language support: Standards for Maternity Care and Women's Health. Available at: https://www.rcog.org.uk/guidance/browse-all-guidance/other-guidelines-and-reports/cross-cultural-communication-and-language-support-standards-for-maternity-care-and-women-s-health/

This subsection recorded the most variable results across the Maternal and Infant Care survey. Half of the women (n=6) rated the care as 'Good' or 'Very Good/Excellent'. Excluding respondents without children, this figure rises to a majority, indicating a mostly positive though mixed response.

> *The qualitative data reveals both strengths and gaps in postnatal support. Several participants provided highly supportive accounts: [staff] were really good and always asked if I needed help.* **- Female**
>
> *I had caesareans…. [and]'was kept in for a week after the birth. Had good care while in the hospital.* **- Female**
>
> *…good care including advice, support, telephone numbers, leaflets, flyers, and all the advice you need [as well as dietitian support].* **- Female**
>
> *Other reports suggest that the service received has improved with time: better with more recent children but not older children.* **- Female**

Another participant noted how historical support had been removed and is no longer available:

> *We would get tokens towards baby formula. The support was good then as part of the NHS though I don't think that happens now.* **- Female**

This last observation is significant in the context of very low breastfeeding rates among Romani (Gypsy), Roma and Irish Traveller communities. Research has documented breastfeeding initiation rates as low as 3% among English and Welsh Gypsies and Scottish and Irish Travellers, with formula feeding being the cultural norm.[75] The withdrawal of formula support without adequate alternative provision may create additional challenges for these communities.

SUMMARY

Summary

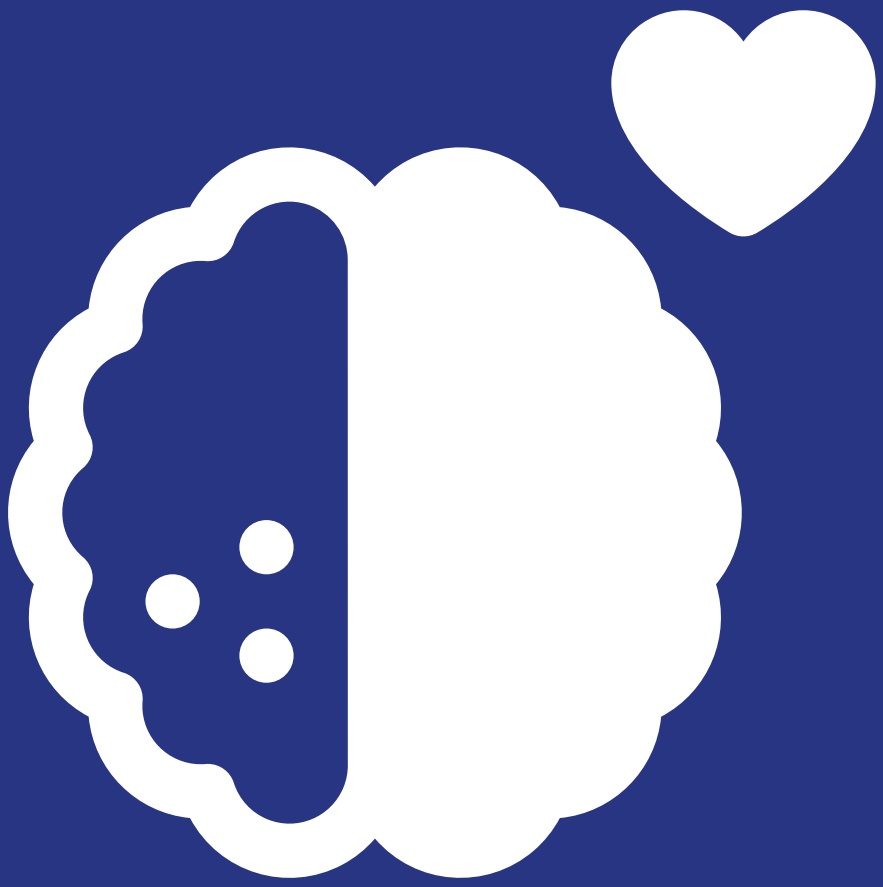
This section of the Health Needs Assessment reveals a complex picture of maternal and infant care for Irish Traveller families in Brent. While the majority of women accessed antenatal services and reported positive experiences with health visitors and midwives, significant concerns persist around cultural competence, service consistency, and the impact of resource constraints on vulnerable families.

National evidence demonstrates that Romani (Gypsy), Roma and Irish Traveller communities face the highest maternal and infant mortality rates in the UK, driven by systemic barriers including discrimination, poor cultural awareness, and inadequate data collection. The Brent data, though drawn from a small sample (n=12), echoes these national patterns while also highlighting areas of good practice, particularly where individual professionals have built trusting relationships with the community.

Key concerns emerging from this analysis include: the dismissal of parental concerns leading to delayed diagnosis; inappropriate home visits driven by cultural ignorance rather than clinical need; declining service quality linked to austerity; and the withdrawal of practical infant feeding support without culturally appropriate alternatives. These findings recommend targeted policy and practice responses.

75 Condon, L. (2015). 'You likes your way, we got our own way': Gypsies and Travellers' views on infant feeding and health professional support. British Journal of Midwifery, 23(9), 641-649. Available at: 'You likes your way, we got our own way': Gypsies and Travellers' views on infant feeding and health professional support - Condon - 2015 - Health Expectations - Wiley Online Library

8. Mental Health



Mental health emerged as the most significant and consistently raised health concern throughout this assessment. All seventeen participants identified it as an important issue in their community, a unanimity that reflects both profound local awareness and extensive national evidence of severe, persistent inequalities affecting Romani (Gypsy), Roma and Irish Traveller communities across the United Kingdom and Ireland.

This section presents survey style questions supported by qualitative testimony that provides the depth, context and lived experience statistics alone cannot convey. It examines the mental health conditions affecting community members, the challenges around men's mental health and suicide, barriers to accessing support, and concerns regarding children's wellbeing, before concluding with an overview of national policy context and evidence.

Scale of Mental Health Challenge

When asked whether mental health was an issue within their community, all seventeen respondents answered affirmatively, a unanimous recognition rate that suggests not merely awareness but active, ongoing concern. Amongst women specifically, all twelve respondents felt the community would benefit from additional mental health support. When asked about children's mental health needs, eight of these twelve women reported knowing children who had required support, two said no, and two were unsure.

These figures demonstrate that mental health is not an abstract concern but one grounded in direct knowledge and experience. The fact that two-thirds of women respondents knew of children requiring support underscores the intergenerational dimension of this issue.

Table 15: Mental Health in the Community – Summary of Responses

Question	Respondents	Key Finding
Is mental health a challenge in the community? (All participants)	17	100% Yes
Would the community benefit from mental health support? (Women participants only)	12	100% Yes
Do you know children needing mental health support? (Women participants only)	12	8 Yes / 2 No / 2 Unsure

Types of Mental Health Conditions

Participants described a range of specific conditions affecting community members. Depression and anxiety were the most frequently cited, followed by neurodevelopmental conditions in children including ADHD and autism. Participants also reported post-natal depression amongst women, suicidal ideation, and completed suicides, predominantly amongst men. These findings align with local general practice data that shows a high prevalence of depression (32%), anxiety (28%) and learning disability in Irish Travellers in Lynton Close. This level of mental health conditions is three times the level seen in the rest of Brent [add link to quant report].

Table 16: Mental Health Conditions Reported by Participants		
Mental health issue identified	**Number**	**Key examples**
Depression	6	Including diagnosed cases and medication use
Anxiety	5	Including medication use
Suicide (completed)	3	Male family members/community members
Suicidal ideation	2	Community members
Post-natal depression	2	Including dismissed case
ADHD/Autism in children	5	Community-wide concern

The qualitative testimony reveals the depth behind these numbers. One woman described using medication for both anxiety and depression; another spoke of these conditions as "definite issues in the Traveller community." An older male participant noted that previous generations typically received medication for depression. The presence of post-natal depression amongst reported conditions highlights the vulnerabilities women face at critical life stages.

A recurring theme was the fear of a breach of confidentiality in close-knit communities where privacy is difficult to maintain. As one woman explained:

> *Mental Health is an increasing issue in the community. As everyone knows everyone in the community, things can spread so people may not want to talk about something that's harming them, even though they may need to talk.* **- Female**

Men's Mental Health and Suicide

Suicide emerged as the most devastating mental health issue affecting the community. Three participants reported knowing male family members who had died by suicide, and two described community members experiencing suicidal ideation. These personal losses sit within a broader national picture of profound inequality: the All-Ireland Traveller Health Study, the largest community-based census survey of Traveller households ever conducted, found that suicide accounts for approximately 11% of all Traveller deaths. The suicide rate for Irish Traveller men is 6.6 times higher than the general population, and five times higher for women.

Participants spoke with raw honesty about the reality of men's mental health, and the particular challenges men face in seeking help:

> *Men feeling suicidal and have taken their own life. That horrible feeling. Do think men are more liable. Maybe pressures of bringing family up.* **- Male**

> *With suicide men tend to hide struggles more than women. They can find it hard to ask for help.* **- Female**

One woman spoke powerfully about the hidden nature of male suffering and her own family's experience of loss:

> *Mental health needs to be spoken about more. It needs to be more publicised that you can appear happy but could be suffering.* **- Female**

She went on to discuss male members of her family who had died by suicide, explaining that "men in the community don't want to be a burden on others."

Another man addressed the cultural dimensions of this tragedy directly:

> *Individual men should talk more and access support where they need it. Need to lose this macho image and ask for help.* - **Male**

He shared the devastating experience of a family member, who sought help and received medication but ultimately took his own life. He noted that suicide rates in Traveller communities are estimated to be six to seven times higher than the general population, asking a profound question: "Why? It's about not losing face, particularly for the men. Need to seek help early and not let the male image stop them."

Another man highlighted the barriers men face in accessing counselling:

> *No support for men talking about depression. From GP, its medication and no counselling. For men to go to a mental health place is 'taboo'.* - **Male**

However, he also offered a note of hope, describing counselling he received whilst in prison:

> *I had counselling….and that was really helpful. I couldn't believe how much it helped – have spoken to some of the young men about this.* - **Male**

Barriers to Accessing Mental Health Support

When asked about their experience of accessing mental health support, participants revealed a pattern of significant systemic and cultural barriers. A minority described straightforward access to medication through their GP: one woman found it "easy to get support through my GP," whilst another described her GP as "brilliant for mental health."

For most, however, the picture was one of considerable difficulty. Several participants described the gap between medication and talking therapies:

> *With the doctor it's straightforward to get medication though with the talking therapies I am really struggling arranging a repeat appointment and follow up…It's a difficult process.* - **Female**

More troubling were accounts of catastrophic failures of institutional support. One woman described how a man who took his own life had been failed by the services meant to protect him:

> *In one example a man took his life and was failed by the institutions. One day the mental health team called to say that they were coming to see him. They turned up at the site though saw it was a caravan site and turned away. He got bad and needed sectioning. They put him in with 3 women and though he complained they ignored him. They let him home after a couple of days and he committed suicide a short time afterwards.* - **Female**

Another woman described the same tragic case, illustrating how cultural misunderstanding can have fatal consequences:

> *There was one person who was seeking help and was in a clinic for depression. He was put in a room with women, which was inappropriate. They discharged him too early because they saw him doing exercises – though this was actually how he helped manage his stress. He ended up taking his own life.* - **Female**

One respondent made an important observation about how physical activity is used as a coping mechanism: "Men mostly, though some women, use physical activity to release and clear their head. The issue is that when they go seeking help, this is used against them."

Other participants described inadequate telephone support, being told to speak to someone on a one-off basis, only to be placed on a waiting list where the promised call-back never came. One woman identified a cultural mismatch in service design:

> *The doctor, when you if you do ring your doctor, they can be a bit like, we'll send you to like, like, one of them hub places. And I don't think many Traveller women would be comfortable with going on one of them things.* **- Female**

She suggested an alternative: "We need something a bit more professional — like you come for meetings, maybe once a week for a couple of sessions, to proper therapy sessions."

One man spoke of the secrecy surrounding mental health support and the paradox that whilst everyone knows, nobody speaks about it:

> *Challenging, I wouldn't know again, it was done in a blanket of secrecy. Yeah, well, suppose the secrecy everybody knew, but nobody talked.* **- Male**

Children's Mental Health

The need for mental health support for children was identified as a growing concern. Of the twelve women who responded, eight knew children who had needed support, two did not, and two were unsure.

Participants identified several pressures facing young people. One woman noted the impact of social media:

> *There are more challenges for young people and children now. With social media it is difficult for kids to realise this isn't real life. Kids are increasingly needing more support.* **- Female**

Another identified bullying as a significant factor:

> *Particularly kids who might be struggling in schools (for all sorts of reasons) and being constantly teased about it. This sometimes gets physical.* **- Female**

Neurodevelopmental conditions were raised by several participants. One woman spoke about her son with autism and the fear of labelling:

> *Youngest lad has autism. Others on the site know though when he was first diagnosed I didn't tell anyone – only mum and dad. Once child is labelled with disability there is no going back from it in the community. They can be treated differently.* **- Female**

Another woman noted: "Most young people have ADHD. On the site there are kids with autism, though no-one really discusses. We know what it is though don't treat any different." This was reinforced by another participant who observed that "maybe this support is needed for children who experience bullying and/or for children with autism as there are many children on the site who are autistic."

One woman spoke with poignancy about the long-term consequences of unmet childhood mental health needs:

> *Well over the years yes, because we've had so far, well, they're older now. Some of them are dead, actually, so if they had to get maybe the proper mental health support maybe they would have been alive.* **- Female**

Her testimony underscores the life-or-death stakes involved in timely mental health intervention for children.

Community Preferences for Mental Health Support

All twelve women who responded felt the community would benefit from mental health support. Their preferences reveal important insights into how services should be designed to be acceptable and effective.

Confidentiality and discretion emerged as paramount concerns:

> *I do think it would help, though it would need to be done privately.* **- Female**

> *Someone to speak with in confidence. Probably best based off-site as don't want everyone knowing your business.* **- Female**

> *Any mental health support should be off site. Maybe fine for physical health to have on site in the hut, once its ready.* **- Female**

The distinction between physical and mental health service location is significant. Whilst participants were open to on-site provision for physical health, mental health support was consistently viewed as requiring off-site, discrete delivery – reflecting the heightened stigma attached to mental health conditions and the greater need for privacy. One woman articulated the nuance around location:

> *Not sure if onsite support or offsite. Very much depends on the individual. Some are able to attend offsite. In extreme cases someone coming to the site would be helpful though, the visits need to be discrete.* **- Female**

Another Female participant highlighted the gendered dimension of support needs:

> *With men definitely, as they are the protectors. Definitely need support, talking therapies, around this, as just need someone to listen to.* **- Female**

Talking therapies and counselling were consistently preferred over medication alone. One woman observed:

> *We can get medication from the GP though sometimes you want to talk and that type of support is hard to find.* **- Female**

This aligns with the earlier transformative experience of one man with counselling and his efforts to encourage young men to seek similar support.

National Evidence on Mental Health Inequalities

These local findings sit within a well-established national evidence base demonstrating severe mental health inequalities for Romani (Gypsy), Roma and Irish Traveller communities. The All-Ireland Traveller Health Study[76] found that 56% of Irish Travellers reported that poor physical and mental health restricted normal daily activities, compared to 24% of the General Medical Services population. In England, research[77] for the Inclusion Health Board found that Romani (Gypsies) and Irish Travellers are nearly three times more likely to experience anxiety and just over twice as likely to experience depression compared with the general population. A 2024 report by Friends, Families and Travellers and the Roma Support Group[78] found that 55% of Roma Support Group Mental Health Project beneficiaries suffer from depression (compared with a 20% incidence rate across the UK), and 32% suffer from anxiety.

Several national policy frameworks are relevant to addressing these inequalities. The NHS Long Term Plan[79] explicitly identified Gypsies, Roma and Travellers as experiencing "some of the most significant barriers to accessing health care and poor health outcomes," committing to improving primary care for inclusion health groups and working with voluntary sector partners to reduce inequalities. NHS England's Core20PLUS5 approach includes Gypsy, Roma and Traveller communities within the 'PLUS' groups requiring accelerated improvement. The NHS England National Framework for NHS Action on Inclusion Health sets out five principles: committing to action; understanding the characteristics and needs of inclusion health groups; developing the workforce; delivering integrated and accessible services; and demonstrating impact and improvement. [80]

The NHS Race and Health Observatory[81] has made significant recommendations for policy and practice, including calls for long-term investment in co-production in the planning, design and delivery of mental health services; better epidemiological data; mandated anti-racist training relating to Gypsies, Roma and Travellers in all health and care training; and ensuring that national and local mental health and suicide prevention policies take specific account of the needs of these communities. The social determinants of mental health are extensively documented. The Marmot Review[82] established that health inequalities result from social inequalities, and that action is required across the social determinants, including early years, education, employment, housing, and communities, to reduce health inequalities.

76 All Ireland Traveller Health Study (2010). Our Geels: All Ireland Traveller Health Study. School of Public Health, Physiotherapy and Population Science, University College Dublin. Available at: All Ireland Public Health Study

77 Aspinall, P.J. (2014). Inclusion Health: Applying All Our Health. Public Health England. Available at: https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health/inclusion-health-applying-all-our-health

78 Friends, Families and Travellers and Roma Support Group (2024). Tackling Mental Health Inequalities for Gypsy, Roma and Traveller People. Available at: Tackling-Mental-Health-Inequalities-for-Gypsy-Roma-and-Traveller-People

79 NHS England (2019). NHS Long Term Plan. Available at: https://www.england.nhs.uk/long-term-plan/

80 NHS England (2023). A National Framework for NHS Action on Inclusion Health. Available at: a-national-framework-for-nhs-action-on-inclusion-health

81 NHS Race and Health Observatory (2023). Inequalities in Mental Health Care for Gypsy, Roma and Traveller Communities. Available at: Inequalities-in-mental-health-care-for-Gypsy-Roma-and-Traveller-communities

82 Marmot, M. et al. (2010). Fair Society, Healthy Lives: The Marmot Review. UCL Institute of Health Equity. Available at: https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

SUMMARY

Summary

Mental health is the most significant health concern affecting Irish Traveller communities in Brent, a finding unanimously supported by all seventeen respondents. Depression and anxiety were the most reported conditions, alongside serious concerns about suicide, particularly amongst men. Multiple participants shared devastating experiences of losing male family members and community members to suicide, describing the profound and lasting impact these deaths have on families.

Accessing mental health support remains profoundly difficult. Participants reported services turning away from caravan sites, inappropriate placement, premature discharge, long waiting lists, and an over-reliance on medication rather than talking therapies. Stigma presents a critical additional barrier: cultural expectations, particularly for men; fear of confidentiality breaches within close-knit communities; and the taboo associated with attending mental health services all prevent individuals from seeking help.

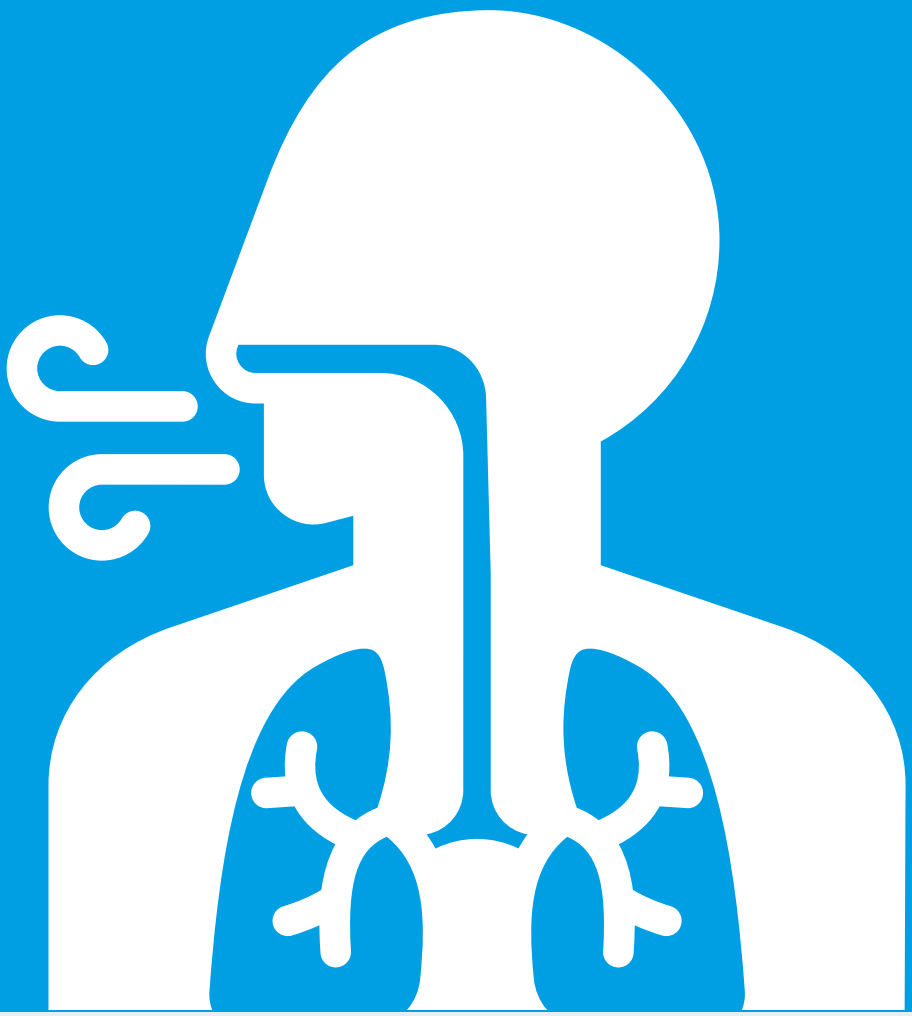
Children's mental health represents a further area of urgent concern, with two-thirds of women respondents knowing children who had needed support. Issues including social media, bullying, autism and ADHD were raised, alongside powerful testimony about the long-term consequences of unmet needs in young people.

The community has clear preferences for how services should be designed: confidential, off-site and discrete mental health support that includes talking therapies and counselling, delivered with genuine cultural awareness and sensitivity. These local findings align with extensive national evidence showing that Romani (Gypsy), Roma and Irish Traveller communities experience some of the most severe mental health inequalities in the UK. Traveller men face suicide rates up to seven times higher than the general population, whilst anxiety and depression rates are two to three times higher, yet access to culturally sensitive support remains grossly inadequate.

However, it is vital to recognise the considerable strengths within this community that can be harnessed to address these challenges. The openness with which participants discussed mental health, the powerful testimony of the man who found counselling transformative and now encourages young men to seek support, and the unanimous desire for better services all demonstrate a community ready for positive change. The resilience shown by families who have supported loved ones through mental health crises and the deep compassion evident in participants' accounts are assets upon which any mental health strategy must build. This is not a community lacking in capacity; it is a community lacking in appropriate support.

Addressing these inequalities requires action across multiple levels: improving access to culturally appropriate mental health services; investing in community-based and co-produced support; tackling the social determinants, including accommodation, education and employment; and confronting the stigma that prevents help-seeking. The voices in this assessment demonstrate that the community is not passive in the face of these challenges. There is a strong desire for change, a clear vision of what supportive services should look like, and a willingness to engage, provided that services are designed and delivered with the community, rather than simply for it.

9. Respiratory Care and Support



Respiratory health emerged as a significant health concern among Irish Traveller residents. The intersection of environmental factors, housing conditions, and hereditary predisposition has created a complex landscape of respiratory illness that demands targeted intervention. This section presents both the scale of respiratory conditions reported by the community and the lived experiences that illuminate how this health challenge affects daily life.

National Evidence and Research

The findings from Brent align closely with national research on Gypsy and Traveller health. Research found that Gypsies and Travellers reported significantly higher rates of respiratory problems than matched comparators from the general population: chronic cough (49% versus 17%), chronic sputum production (46% versus 15%), bronchitis (41% versus 10%), and asthma (65% versus 40%).[83] These disparities reflect a combination of environmental exposures, barriers to healthcare access, and socioeconomic factors that compound respiratory risk.

More recently, the Office for National Statistics qualitative study found that participants described chronic obstructive pulmonary disease (COPD), asthma, and other respiratory conditions as common health difficulties within their communities.[84] The ONS research highlighted how chronic respiratory conditions often go undiagnosed until they become severe, with community members normalising symptoms such as persistent breathlessness and chronic coughing.

Prevalence of Respiratory Conditions

The data reveals a high burden of respiratory illness among participating households. Of the 17 respondents, the majority (n=12) reported that they or an immediate family member had experienced respiratory health issues, whilst only a small number (n=4) reported no such issues. One respondent was unsure.

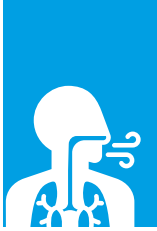
Table 17: Respiratory Health Issues Reported

Condition	Number affected	Notes
Asthma	9	Multiple family members
COPD/Emphysema	3	Including recent death
Bronchitis	3	Historical and current
Chest problems	2	General chest complaints

Asthma was the most frequently reported condition, with multiple participants noting that it affected several family members simultaneously. COPD and emphysema were also reported, including one recent bereavement attributed to COPD. Bronchitis appeared in both historical and current contexts, and general chest problems were noted even where no formal diagnosis had been given. Interestingly, the general practice data did not indicate a higher than Brent average prevalence of respiratory conditions. This may be due to high levels of respiratory ill

83 Parry, G. et al. (2007). Health status of Gypsies and Travellers in England. Journal of Epidemiology and Community Health, 61. Available at: Health status of Gypsies and Travellers in England Parry et al

84 Office for National Statistics (2022). Gypsies' and Travellers' lived experiences, health, England and Wales. Available at: Gypsies' and Travellers' lived experiences, health, England and Wales - Office for National Statistics



health across Brent or under-reporting and under-diagnosis of respiratory conditions among Lynton Close residents. Further work should be undertaken to ensure that children and adults with respiratory symptoms are seeing their doctor and, if appropriate, receiving diagnosis and treatment.

Community Experiences

The quantitative data is given depth by participants' accounts of living with respiratory illness. Several respondents described managing asthma as a routine part of daily life:

> *I have asthma and have an inhaler to keep under control.* **- Female**

> *I have Asthma and my son has asthma. Many people on the site have asthma.* **- Female**

The normalisation of respiratory symptoms within the community was evident, with one participant observing that asthma had become so commonplace on the site that it was almost expected:

> *Asthma is an issue on the site.* **- Female**

More severe conditions were also reported. One participant described living with emphysema, whilst another recounted a recent family bereavement from COPD that had come as a shock:

> *Personally have emphysema – feeling tired and breathless. I have 2 inhalers at the moment.* **- Female**

> *Yes, me…my [family member] just recently died a couple of weeks ago, and she died of COPD, and I could not understand it... So yes, so there's a lot of respiratory illnesses and infections in the traveling community.* **- Male**

Hereditary factors were raised by one participant, who noted that respiratory conditions appeared to run in families:

> *There's a lot of hereditaries. So it's not uncommon to see a whole family, traveller family, but every one of them have asthma* **- Male**

Perceived Causes of Respiratory Problems

When asked what they believed caused respiratory problems in their community, participants overwhelmingly identified environmental factors, particularly the cement factory adjacent to the site.

Table 18: Factors identified as causing respiratory problems *(respondents could select multiple options)*

Perceived cause	Number	%
Cement factory	14	82%
Car Fumes	2	12%
Smoking	1	6%
Diet	1	6%
Anxiety	1	6%
Don't know	2	12%

The cement factory was identified by a significant majority of respondents (n=14) as a contributing factor. Car fumes from the nearby North Circular Road were mentioned by some (n=2), whilst smoking, diet, and anxiety were each cited by one respondent. Two respondents said they did not know the causes. Air quality monitoring shows levels of NO_2 that are non-compliant with regulations around the Lynton Close area.[85,86]

Environmental Concerns

Participant accounts vividly describe the daily impact of industrial pollution:

> *The cement factory. You can clean the car today and would have to re-clean it again tomorrow because of the dust that comes from it. That can't be good for our health.* **- Female**

> *Dust from the cement factory and fumes from cars on the circular.* **- Female**

> *The cement factory is a real hazard. We ask them to put sprinklers on to dampen down the dust though doesn't always happen. The cars are always covered in dust.* **- Male**

The proximity of housing to industrial activity was a recurring theme:

> *We live right beside a factory. London in general is not the best place to live, but living literally so close to a factory, the dust is ridiculous.* **- Female**

> *Everybody believed and myself included, was the factories round the back, cement factory on the side of the site.* **- Female**

One participant recalled previous industrial activity that had since ceased but had left a lasting impression:

> *Cement factory. Had a tarmac place in the past and the fumes were horrific.* **- Male**

Impact of Living Environment on Respiratory Health

Participants were asked specifically how their living environment affected their family's breathing. The responses highlight a combination of industrial, infrastructural, and housing-related factors.

Table 19: Environmental factors affecting respiratory health (respondents could select multiple options)

Environmental Factor	Number
Proximity to cement factory	15
Damp / mouldy outbuildings	3
Proximity to North Circular Road	3
Damp trailers	2
Rat infestation	1
Lack of site maintenance	1
Proximity to railway	1

85 Air quality needs assessment, Brent Public Health 2025

86 Brent Joint Strategic Needs Assessment JSNA

Proximity to the cement factory was identified by the majority of respondents (n=15) as affecting breathing. Damp and mouldy conditions were also significant concerns, with some (n=3) citing damp or mouldy outbuildings and others (n=2) citing damp trailers. Proximity to the North Circular Road was mentioned by a minority of respondents (n=3), whilst rat infestation and lack of site maintenance were each identified by one respondent.

Housing and Site Conditions

Qualitative responses reveal how these environmental factors converge to create unhealthy living conditions:

> *The cement factory means the site is always dirty and muddy when it rains. Outbuilding is mouldy. This is really bad and not good for the kids' chests. The outbuilding also has rats and vermin. Repairs in the kitchen have not been completed to keep out vermin.* **- Female**

> *Living next door to a cement factory doesn't help. The trailers constantly have dust on them no matter how often we clean.* **- Female**

One participant noted the cumulative effect of multiple environmental stressors:

> *Cement factory is hugely negative. Mould affects people's health – in their homes and outbuildings. Living next to the north circular which isn't great but part of life.* **- Male**

Another respondent drew connections between the local environment and broader health patterns:

> *Dust (i.e. from the local factory), the local area (busy roads), or could be foods that people are eating.* **- Female**

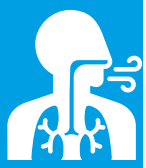
Summary

The evidence presented in this section demonstrates that respiratory health is a significant and multifaceted concern for Irish Traveller residents at Lynton Close. With a significant majority of respondents reporting respiratory issues in their immediate family, the prevalence far exceeds that of the general population and aligns with national research documenting health inequalities experienced by Romani (Gypsy) and Irish Traveller communities.

Three interconnected factors emerge as driving respiratory ill health. First, the cement factory adjacent to the site is identified by the overwhelming majority of participants as the primary environmental hazard, with dust deposition affecting daily life and perceived as damaging to respiratory health. Second, housing conditions, including damp trailers and mouldy outbuildings, compound these risks, particularly for children. Third, hereditary factors appear to interact with these environmental stressors, with multiple families reporting asthma across generations.

The finding that COPD can go unrecognised within families until it proves fatal, as described by one male respondent, demonstrates the urgent need for proactive respiratory screening and health education within this community. Addressing the environmental and housing determinants of respiratory health, alongside improving access to diagnostic and treatment services, should be prioritised in any health improvement strategy for this population.

SUMMARY



It is also important to recognise the community's own awareness and concern about respiratory health. Participants demonstrated a sophisticated understanding of the links between environmental factors and health outcomes, and their willingness to engage with this assessment reflects a genuine desire for change. Building on this awareness and working in partnership with families who have managed chronic respiratory conditions across generations offers a powerful foundation for targeted health improvement.

10. Health Information

Understanding how community members access, interpret, and trust health information is fundamental to designing effective health promotion interventions. For Irish Traveller communities, this understanding is particularly critical given longstanding disparities in health literacy, digital access, and culturally appropriate communication. This section examines how Irish Travellers in Brent seek health information, which sources they trust, and the extent to which existing health materials resonate with their lived experiences.

National Evidence

National research consistently highlights significant barriers to health information access among Romani (Gypsy), Roma, and Irish Traveller communities. Friends, Families and Travellers report[87] that over 45% of service users accessing their national services present with low or no literacy, creating substantial difficulty in engaging with standard health information formats such as leaflets, websites, and appointment letters. This literacy gap is compounded by digital exclusion, as many community members lack reliable internet access or the digital skills required to navigate online health resources.

The Kingston 'GRT Health Needs Assessment' identified digital exclusion and limited availability of accessible information as key challenges, noting that traditional written materials often fail to reach or engage Romani (Gypsy), Roma and Irish Traveller populations.[88] Research further emphasises "public health information is often provided through text-based media and... campaigns planned at the commissioning level often did not consider patients with low literacy".[89] These health campaigns rarely feature Romani (Gypsy), Roma or Irish Traveller voices or imagery, reinforcing a sense that these materials are not intended for Traveller communities. These national findings underscore the importance of delivering health information through trusted, community-based channels and in formats that account for varying literacy and digital capacity.

Sources of Health Information

Survey participants reported varied approaches to seeking health information, with multiple sources often used in combination. GP surgeries emerged as the most commonly identified source, cited by nearly half of respondents (n=8), followed by online searching (n=7). Notably, just less than a quarter of respondents (n=4) reported relying on family members to assist with online searches, indicating that digital access is often mediated through informal support networks rather than exercised independently.

Table 20: How participants usually search for health information (multiple responses permitted)

Source	Number
GP	8
Online	7
Family supports with searching online	4
NHS App	1
Priest	1
Magazines	1
Newspapers	1
Local media	1

87 Friends, Families and Travellers (2023). Health inequalities experienced by Gypsy, Roma and Traveller communities. FFT. Available at: https://www.gypsy-traveller.org/wp-content/uploads/2022/11/Briefing_Health-inequalities-experienced-by-Gypsies-and-Travellers-in-England.pdf

88 Royal Borough of Kingston upon Thames (2024), Needs Assessment 2024, Gypsy, Roma and Traveller communities in the Royal Borough of Kingston upon Thames. Available at: Needs Assessment 2024, Gypsy, Roma and Traveller communities in the Royal Borough of Kingston upon Thames

89 Dunn, M., Turner-Moss, E., Carpenter, B., Speed, E., Dixon, K., & Blumenfeld, T. (2024). The effects of literacy on health in Gypsies, Roma and Travellers (GRT): a systematic review and narrative synthesis. BMJ Global Health, 9(11), e017277. Available at: https://gh.bmj.com/content/9/11/e017277

These findings align closely with national evidence. The prominence of GP surgeries as an information source reflects both their accessibility within Brent and the established relationships many participants described with their practice staff. However, the significant proportion relying on family support for online searching suggests that digital exclusion remains a meaningful barrier, even where internet access is technically available. Other sources, including priests, magazines, newspapers, and local media, were each mentioned by only one respondent (6%), indicating limited reach for these channels within this community.

Trust in Information Sources

When asked which sources they trusted, participants again identified GP services most frequently, with almost half (n=8) expressing confidence in their GP as a reliable source of health information. The NHS App and NHS website were trusted by some (n=4), while nurses, medical reports, leaflets, posters, and pharmacists were each identified by a single respondent. Significantly, a small minority of participants (n=2) reported that they did not trust any sources of health information, and a further 2 respondents were unsure, indicating a meaningful minority for whom trust in formal health communication is either absent or uncertain.

Table 21: Sources of health information participants tend to trust (multiple responses permitted)

Source	Number
GP	8
NHS App / Website	4
Don't trust any (none)	2
Unsure	2
Nurses	1
Medical reports	1
NHS (general)	1
Leaflets	1
Posters	1
Ask other community members	1
Priest	1
Local media (health campaigns)	1
Pharmacist	1

The qualitative data illuminate the reasoning behind these trust patterns. One participant emphasised the value of personal authenticity in community-based provision:

> *Groups that have actual real people - don't want people around who are just there to 'tick boxes'.* **- Female**

This sentiment reflects a broader wariness of services perceived as performative or compliance-driven rather than genuinely invested in community wellbeing.

Another participant praised specific individuals who had demonstrated consistent reliability: "Sara from Brent Council, Children and Young People Safeguarding, is excellent," while a third highlighted the Brent Youth Centre, describing the staff there as "very good. Discrete and do stuff."

Conversely, when asked whether there were local community groups or individuals they trusted more than statutory services for health advice, a sizeable majority (n=15) of participants responded negatively. This finding, while appearing to contradict the positive qualitative comments about specific individuals, in fact reflects the limited availability of trusted alternative sources rather than inherent confidence in statutory provision. One participant explained:

> *Not that I wouldn't trust them, but I don't know them... I just feel better to go straight to my GP, okay, because they're brilliant there.* **- Female**

A recurring theme was the erosion of community-based provision due to funding constraints. One participant observed:

> *There used to be a lot more activities and groups coming on the site but these are all gone now due to funding cuts.* **- Female**

This reduction in visible, accessible community support appears to have reinforced reliance on GP services by default, even where participants might otherwise have welcomed alternative entry points for health advice.

Cultural Relevance of Health Materials

A critical finding concerned the perceived relevance of existing health information materials. When asked whether they had ever encountered health information, including leaflets, videos, or posters, that felt specifically designed for people like them or their community, 88% of participants responded negatively. Only 2 respondents recalled seeing materials they felt were intended for Irish Traveller communities.

The qualitative responses reinforced this stark statistic. While two participants mentioned having seen leaflets at their GP surgery, the dominant sentiment was one of disconnection. One participant's comment captured this powerfully:

> *I've seen them and never related to anything. I never felt like anything relates to me or Travellers.* **- Female**

Another observed that community members generally "rely on doctors and hospitals" rather than printed or digital materials, suggesting that the absence of culturally resonant information has conditioned a reliance on direct clinical contact as the default pathway.

This finding is consistent with national evidence indicating that health information campaigns rarely incorporate Romani (Gypsy), Roma or Irish Traveller perspectives, imagery, or messaging. The result is not merely a missed opportunity for health promotion but an active signal to Traveller communities that their health needs and identities are not reflected in mainstream public health communication.

SUMMARY

Summary

The data presented in this section reveal both strengths and significant gaps in health information provision for Irish Travellers in Brent. GP surgeries function effectively as trusted information hubs, benefiting from established relationships and accessible locations. However, heavy reliance on this single channel risks overwhelming primary care services and may disadvantage those who face barriers to visiting their GP.

Digital exclusion, whether through lack of skills, equipment, or confidence, remains a meaningful barrier, with a substantial minority depending on family members to mediate online access. The erosion of community-based services due to funding cuts has further narrowed the available pathways for health information, consolidating reliance on statutory provision even where participants expressed openness to alternative trusted sources.

Most critically, the near-universal perception that existing health information materials are not designed for Traveller communities represents a failure of health communication. The absence of culturally relevant materials not only limits the effectiveness of health promotion but reinforces a sense of exclusion from mainstream public health discourse. Addressing this gap will require co-produced materials developed in genuine partnership with Traveller communities, delivered through channels that combine statutory reliability with the personal authenticity and cultural competence that participants clearly value.

11. Conclusion

This Health Needs Assessment has provided a comprehensive examination of the health needs, experiences, and strengths of the Irish Traveller community in the London Borough of Brent. Through the voices of seventeen community members, we have gained invaluable insights into both the significant challenges they face and the remarkable resilience they demonstrate.

The findings paint a clear and urgent picture. Mental health emerges as the most pressing concern, with suicide affecting the community at rates six to seven times higher than the general population. Respiratory conditions, driven by environmental factors including the cement factory adjacent to Lynton Close, affect most families. Dental care experiences are characterised by discrimination and exclusion. And despite some positive relationships with local GP services, significant barriers to accessing care remain.

Yet this assessment also reveals a community of extraordinary strength. The strong social support networks, mutual aid, deep family connections, and sense of safety for children that characterise life on Lynton Close are powerful protective factors. The willingness of community members to participate in this assessment, despite histories of marginalisation, demonstrates a profound desire for positive change. The community is not passive in the face of these challenges; there is a clear vision of what supportive services should look like and a willingness to engage, provided that services are designed and delivered in genuine partnership.

The recommendations presented in this report offer a roadmap for action. From the immediate priorities of establishing mental health support and addressing housing conditions, through medium-term strategies for immunisation outreach and community-based health promotion, to long-term systemic changes in ethnic monitoring and environmental health, each recommendation is grounded in the evidence gathered and the experiences shared.

For Brent Council, the NHS, and all partner organisations, this report represents both a call to action and an opportunity. The commissioning of this assessment demonstrates a commitment to understanding and addressing health inequalities. The next step is to translate that commitment into sustained, resourced action that works in genuine partnership with the Irish Traveller community. The time for action is now. The health and wellbeing of one of the most disadvantaged communities in England depend upon it.

12. Key Findings

This Health Needs Assessment has identified significant health inequalities affecting Irish Traveller communities in Brent. The findings are consistent with national evidence demonstrating that these communities experience the worst health outcomes of any ethnic group in the UK. The following key findings emerge from this assessment:

1 **Mental health is the most significant health concern:** All 17 participants identified mental health as a critical issue. Depression, anxiety, and suicide affect the community at rates far exceeding the general population. The suicide rate for Irish Traveller men is 6-7 times higher than the general population. There is a lack of accessible, culturally appropriate mental health support, and stigma prevents people from seeking help.

2 **Respiratory conditions are considered prevalent across the community:** Asthma, COPD, and bronchitis affect multiple family members simultaneously. The cement factory adjacent to Lynton Close is identified by the majority of respondents as a major environmental risk factor. Housing conditions including damp and mouldy outbuildings further exacerbate respiratory problems.

3 **Dental care experiences are notably poor:** None of the respondents rated their dental experience as "Very Good/Excellent," while several 36% reported it as "Poor" or "Very Poor." Multiple participants report discriminatory treatment, being removed from dentist registers for missed appointments, and feeling that NHS dental services are shifting toward private care.

4 **GP access presents both positives and significant barriers:** While the majority rated their GP care as Good or Very Good, significant barriers remain. These include difficulty obtaining appointments (particularly the 8am phone system), perceived discrimination at reception, and a concerning case of post-natal depression being dismissed by a GP.

5 **Adult immunisation uptake is critically low:** Few respondents reported receiving adult immunisations such as the flu jab. Mistrust of health services and government, amplified by negative personal experiences and the rapid development of COVID-19 vaccines, constitutes the primary barrier.

6 **Childhood immunisation shows a "parity effect":** While many mothers reported full compliance for childhood immunisations, trust erodes across successive children. Mothers described trajectories of full compliance for first children, partial for second, and cessation by the third, suggesting experience with the system undermines rather than reinforces confidence.

7 **Accommodation conditions on Lynton Close significantly impact health:** Delayed repairs, rat infestations, mould, damp, and inadequate facilities cause significant stress and contribute to physical and mental ill health. The cement factory proximity (identified by many as affecting breathing) compounds these environmental risks.

8 **Discrimination in healthcare is pervasive and damaging:** Six participants directly experienced discrimination, seven felt misunderstood, and ten do not disclose their Traveller identity to healthcare professionals, in part, due to fear of prejudice. A devastating account of a stillbirth following dismissal of a mother's concerns exemplifies the potentially fatal consequences.

9 **Maternal care experiences are variable and inconsistent:** While a number rated health visitor and midwife support positively, others describe cultural insensitivity, inappropriate home visits driven by curiosity rather than clinical need, dismissal of parental concerns leading to delayed diagnosis, and declining service quality linked to austerity.

10 **Health risk behaviours are significant but understood as coping mechanisms:** Smoking, alcohol consumption, vaping and energy drink use were identified. Participants linked these behaviours to discrimination-related stress, anxiety, and low mood, suggesting they function as coping mechanisms for deeper structural burdens rather than cultural deficits.

11 **Community strengths are significant protective factors:** Strong social support networks, mutual aid, family connections, and a sense of safety for children are paramount. All participants rated community aspects such as "part of a community," "safe space for kids," and "feel safe and supported" positively. These strengths must be built upon in any health intervention.

12 **Health information is not culturally accessible:** 88% of participants reported that health information materials rarely feel designed for people like them. Digital exclusion and low literacy create additional barriers, with 24% relying on family members to assist with online searches.

13 **Men's mental health and suicide require urgent attention:** Three participants reported knowing male family members who died by suicide. Men face barriers including cultural expectations of self-reliance, the taboo of seeking help, and a lack of male-specific support services. Participants called for more open conversations and accessible talking therapies.

14 **Children and young people face growing mental health challenges:** Two-thirds of women respondents knew children who had needed mental health support. Concerns include social media pressures, bullying, autism, and ADHD. Participants highlighted the life-or-death stakes of unmet childhood mental health needs.

15 **Preventative healthcare avoidance is itself a health risk:** A critically important finding was that avoiding preventative healthcare was identified as a health-risk behaviour, particularly among men. This aligns with national evidence showing high A&E use but low uptake of preventive services, with secrecy and stigma preventing help-seeking.

Key Recommendations

This document presents the finalised recommendations from the Brent Health Needs Assessment for Irish Traveller communities in Brent. Drawing on extensive community engagement, qualitative research, and evidence from comparable assessments including the Kingston Gypsy, Roma and Traveller Health Needs Assessment (2024) and Hackney Council's Health Matters Project (2024).

The recommendations are organised across three implementation timeframes – short-term (0-6 months), medium-term (6-24 months), and long-term (2-5 years) – and structured around ten priority areas and one cross cutting theme identified through the assessment process. Each recommendation specifies the intended lead partners, including Brent Council, the NHS, and relevant community organisations.

Theme / Area	Short-Term (0-6 months)	Medium-Term (6-24 months)	Long-Term (2-5 years)	Lead Partner(s)
GP Access & Cultural Competence 	• Provide mandatory cultural competence training for all staff at practices with Irish Traveller patients. • Promote flexible appointment systems that do not rely solely on 8am phone queues – promote PATCHS and NHS App.	• Practices to appoint a named liaison person for the Irish Traveller community to facilitate communication and address concerns.	• Signal that inflexible appointment systems reflect a widespread national NHS policy rather than isolated local practice. • Engage with broader NHS GP commissioning bodies to push for system-level reforms that protect vulnerable patients.	**West & North London ICB** **Traveller Movement and other Romani (Gypsy), Roma and Irish, Scottish and Welsh Traveller organisations.** **Local GP Practices**
Dental Access & Accountability 	• Work with local dental practices to ensure culturally competent care. • Advocate for clear communication about NHS patient registration policies, including circumstances under which patients may be removed from practice lists following missed appointments. • Support practices to adopt fairer, more proportionate approaches to managing DNAs.	• Press the ICBs and Health Service Ombudsman to ensure complaints-handling staff are trained in cultural competency, equipped to recognise discrimination, and held accountable for reducing inequitable outcomes.	• Signal that punitive DNA policies reflect a widespread national NHS policy rather than isolated local practice. • Engage with broader NHS Dentistry commissioning bodies to push for system-level reforms.	**West & North London ICB** **Health Service Ombudsman** **Local Dental Practices** **Traveller Movement and other Romani (Gypsy), Roma and Irish, Scottish and Welsh Traveller organisations.**
Discrimination in Healthcare 		• Promote Romani (Gypsy), Roma and Irish Traveller cultural awareness training for all frontline health staff in Brent. • Training should include understanding of cultural practices, unconscious bias, and professional boundaries.	• Link health improvement to wider equalities work tackling hate crime, improving employment pathways, and reducing structural discrimination that drives poor health. • Advocate for clear escalation pathways so concerns raised by Irish Traveller parents are never dismissed.	**Brent Council (Public Health & Equalities)** **West & North London ICB** **Traveller Movement and other Romani (Gypsy), Roma and Irish, Scottish and Welsh Traveller organisations.**
Immunisation & Screening 	• Acknowledge and celebrate the community's strong record on childhood immunisation uptake, using this as a positive foundation for continued engagement. • Begin proactive conversations with community members to understand any remaining barriers to immunisation and screening, including concerns related to the parity effect, and identify trusted community messengers who can support outreach where gaps exist.	• Work with community members to co-produce immunisation and screening information materials that are culturally appropriate, accessible, and reinforce positive uptake behaviours. • Address any residual vaccine hesitancy or access barriers through trusted messengers, community-based education sessions, and flexible delivery that accommodates cultural routines, building on the community's already strong foundation of engagement.	• Establish a sustainable, community-led immunisation and screening programme that celebrates and maintains high uptake rates, with dedicated funding, trained community health champions, and regular evaluation of outcomes. • Use data to continuously improve approaches, share learning with other areas, and ensure any emerging barriers are identified and addressed promptly.	**Brent Council (Public Health)** **Brent Integrated Care Partnership** **Community Representatives**

Theme / Area	Short-Term (0-6 months)	Medium-Term (6-24 months)	Long-Term (2-5 years)	Lead Partner(s)
Smoking, Vaping & Cessation 	• Identify community-based settings and trusted intermediaries to facilitate early conversations about smoking and vaping	• Develop culturally appropriate cessation support in partnership with the community, delivered in trusted community settings rather than clinical environments. • Include vaping-specific education to address the misconception that it is a risk-free alternative to smoking. • Ensure outreach workers signpost to free nicotine replacement therapy and other cessation services.	• Integrate successful smoking and vaping cessation approaches into mainstream community health services with ongoing community oversight and adaptation.	**Brent Council (Public Health)** **Brent Integrated Care Partnership** **Community Representatives**
Maternal & Infant Care 	• Restore practical infant feeding support or provide culturally appropriate alternatives, recognising that formula feeding is the established cultural norm for many Irish Traveller families. • Promote awareness of the Healthy Start scheme, including the availability of vouchers for infant formula, and review uptake among families, checking whether non-take-up stems from lack of awareness of the scheme itself or from underlying non-claims of qualifying benefits (e.g., Income Support, Universal Credit). • Ensure any advice is delivered respectfully without judgement. • Conduct a review of transport support for antenatal appointments, particularly for women on sites with limited public transport access and identify quick-win solutions.	• Provide cultural competence training for midwives and neonatal staff, with specific modules on Irish Traveller cultural practices and challenging unconscious bias. • Appoint a dedicated Irish Traveller liaison midwife to improve continuity of care and build community trust. • Establish a Traveller Maternity Advisory Group comprising community members and service providers. • Commission targeted perinatal mental health provision addressing the specific needs of Irish Traveller mothers.	• Work with NW London NHS partners to ensure Irish Traveller ethnicity is accurately recorded across all maternity datasets to enable outcome monitoring and inequality tracking. • Embed cultural competence, liaison midwifery, and community oversight into standard maternity service delivery with regular review against inequality reduction targets.	**North & West London ICB (Maternity Services)** **Local Maternity Units** **Brent Council (Public Health)** **Community Representatives**
Mental Health 	• Commission confidential, off-site mental health support including talking therapies and counselling specifically for Irish Traveller communities. • Promote through trusted community channels, delivered by culturally competent practitioners. • Include male-specific services to address the suicide crisis. • Appoint a dedicated Traveller mental health worker to build trust and provide ongoing engagement.	• Build on initial mental health support to offer a comprehensive range of services including group support, family therapy, and crisis intervention. • Ensure all services maintain the culturally competent, confidential, off-site model that has established initial trust.	• Recruit and train Irish Traveller community members as health navigators who can bridge the gap between services and the community, normalising help-seeking and providing confidential first points of contact. • Integrate navigators into the broader community health workforce.	**Brent Integrated Care Partnership** **Brent Council (Public Health)** **Traveller Movement and other Romani (Gypsy), Roma and Irish, Scottish and Welsh Traveller organisations.** **Community Representatives**

Theme / Area	Short-Term (0-6 months)	Medium-Term (6-24 months)	Long-Term (2-5 years)	Lead Partner(s)
Respiratory Care & Environmental Health 	• Conduct an urgent environmental health assessment of the Lynton Close site including air quality monitoring of the cement factory's impact on residents' respiratory health. • Accelerate all outstanding repairs, address rat infestations comprehensively, improve kitchen facilities to prevent vermin entry, and tackle damp and mould through structural improvements.	• Deliver targeted respiratory health education through the community health worker, focusing on the links between housing conditions, air quality, smoking, and respiratory health. • Provide practical advice on mitigating environmental risks, e.g. information on helping keep your home damp free.	• Conduct ongoing air quality monitoring and assessment of the cement factory's health impact. • Advocate for stronger environmental protections for residents and explore relocation options if health risks cannot be adequately mitigated. • Ensure any new site development is away from any environmentally hazardous areas	**Brent Council (Environmental Health & Housing)** **UKHSA**
Health Information & Community Engagement 	• Initiate engagement with community members to co-produce health information materials. • Ensure early planning addresses the need for culturally appropriate formats accessible for those with low literacy and available in non-written forms.	• Co-produce accessible health information materials that are culturally appropriate, accessible for those with low literacy, and available in video and audio formats. • Fund a community health worker or health visitor specialising in Irish Traveller health to provide outreach, health education, and support accessing services.	• Acknowledge the dissenting voices in the research who rejected deficit-based framing and noted improving health literacy. • Build on this optimism by involving community members as equal partners in designing health interventions, avoiding stigmatising narratives. • Support and fund community-led initiatives that build on the strong social support networks and mutual aid identified in this assessment.	**Brent Council (Public Health)** **West & North London ICB** **Traveller Movement and other Romani (Gypsy), Roma and Irish, Scottish and Welsh Traveller organisations.** **Community Representatives**
Cross-Cutting Strategic Priorities			• Implement the Brent Romani (Gypsy), Roma and Irish Traveller Strategy with health in these communities as a core priority: ensure dedicated resources, clear accountability mechanisms, and regular progress reporting. • Work with West & North London NHS partners to ensure consistent and accurate recording of Irish Traveller ethnicity across all health records. • Create a health improvement partnership involving Brent Council, the NHS, the Traveller Movement, London Gypsies and Travellers, and community representatives to coordinate sustained action on health inequalities	**Brent Council (Strategic Lead)** **West & North London ICB** **Traveller Movement and other Romani (Gypsy), Roma and Irish, Scottish and Welsh Traveller organisations.** **NHS England**

The Traveller Movement,
40 Jeffrey's Road, Stockwell,
London, SW4 6QX

Tel 020 7607 2002

www.travellermovement.org.uk