

Life & Health in Herefordshire Gypsy Roma & Traveller Communities

Core20PlusConnectors

This report outlines our learning and progress to date, while also identifying the areas where further action is needed to strengthen access and engagement with these communities.

The logo for Healthwatch Herefordshire. The word "healthwatch" is in a bold, dark blue sans-serif font. The letter "e" is replaced by a solid pink circle, and the letter "a" is replaced by a solid green circle. Below "healthwatch", the word "Herefordshire" is written in a smaller, dark blue sans-serif font.

healthwatch
Herefordshire

Background & Approach

The Core20Plus Connectors Programme funds and supports systems to develop and mobilise the model of Core20Plus Connectors locally for 12 months. The rationale of the programme is to develop and support community-based action on healthcare inequalities. The programme recruited and deployed community connectors to support system level action to drive improvement in the 5 clinical areas for the Core20Plus population.

Community connectors are part of those communities who are often less well supported by existing services, experience health inequalities. Connectors and help to change these services to support their community better. This approach recognises that people and communities often know what they need and what would work, and that the NHS needs to hear from these communities. Acting as a voice to focus on barriers and enablers to reduce health inequalities and connect people with decision-makers.

In Herefordshire, the community connector was recruited to work, engage and build relationships specifically with Gypsy Roma & Traveller (GRT) communities - focused on understanding barriers to engagement for cardiovascular disease (CVD), Cancer and Chronic Respiratory Disease.

Key outcomes and measures that were scoped for this work were as follows:

- Collate a report for Herefordshire outlining the barriers to engagement and access for the target groups, the solutions recommended by communities to improve access and engagement in health and prevention services.
- Increase the education & awareness these communities have about what services are available and how to access them.
- Create lasting relationships with GRT communities to improve health equity.



Gypsy, Roma & Travellers

The term 'Gypsy, Roma & Traveller' (GRT) describes a range of long-established ethnic groups with nomadic ways of life, either historic or still practised. These groups include Romany Gypsies, Welsh Gypsies, Irish Travellers and Scottish Gypsy Travellers, all of whom have protected ethnic status under the Equality Act of 2010.

Historical Context

Eastern European Roma migrants have been present in England in significant numbers since the 1980s. Although many Roma are employed across a range of contemporary industries many of the trades which were traditional to Gypsy and Traveller communities have reduced or disappeared in an increasingly digitised and regulated age. These occupations might have included agricultural labour, landscaping, tree felling, construction and tarmac laying.

Discrimination

Attitudes towards these communities have been described as 'the last acceptable form of racism' as written in the Traveller Movement in 2017.

Gypsy, Roma and Traveller people remain among the most discriminated against communities in the UK, facing prejudice so entrenched that it impacts their health, education, housing, and basic trust in public services.

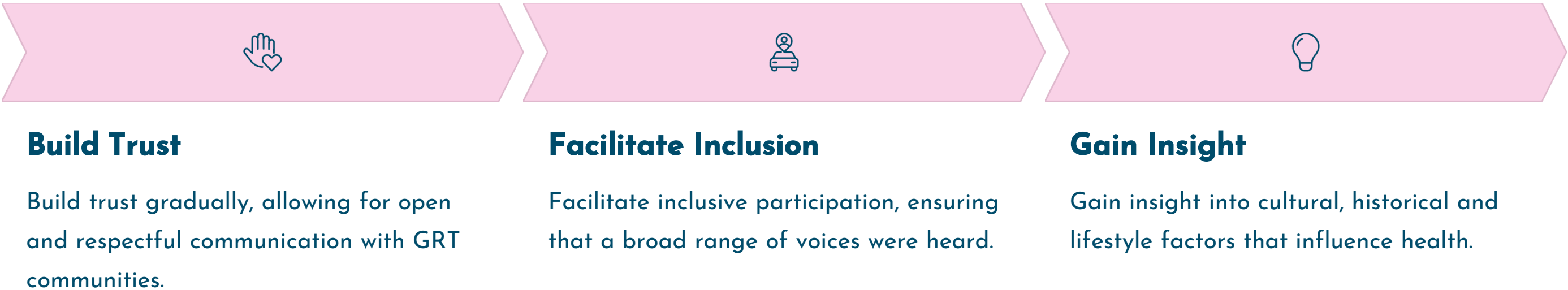
Current Challenges

There are important differences in the history and situation of Gypsy, Roma and Traveller people, but this report shows that each group experiences serious problems in their inclusion, employment, education, health and housing.

These challenges are not historic relics; they are present-day realities with profound impacts on health, wellbeing, and community life in Herefordshire.

Community Connector Approach

This report was developed through using a community connector approach, which prioritised building trusted relationships and sustained engagement with this community. Through recognising the historical mistrust and marginalisation often experienced by these communities we have been able to:

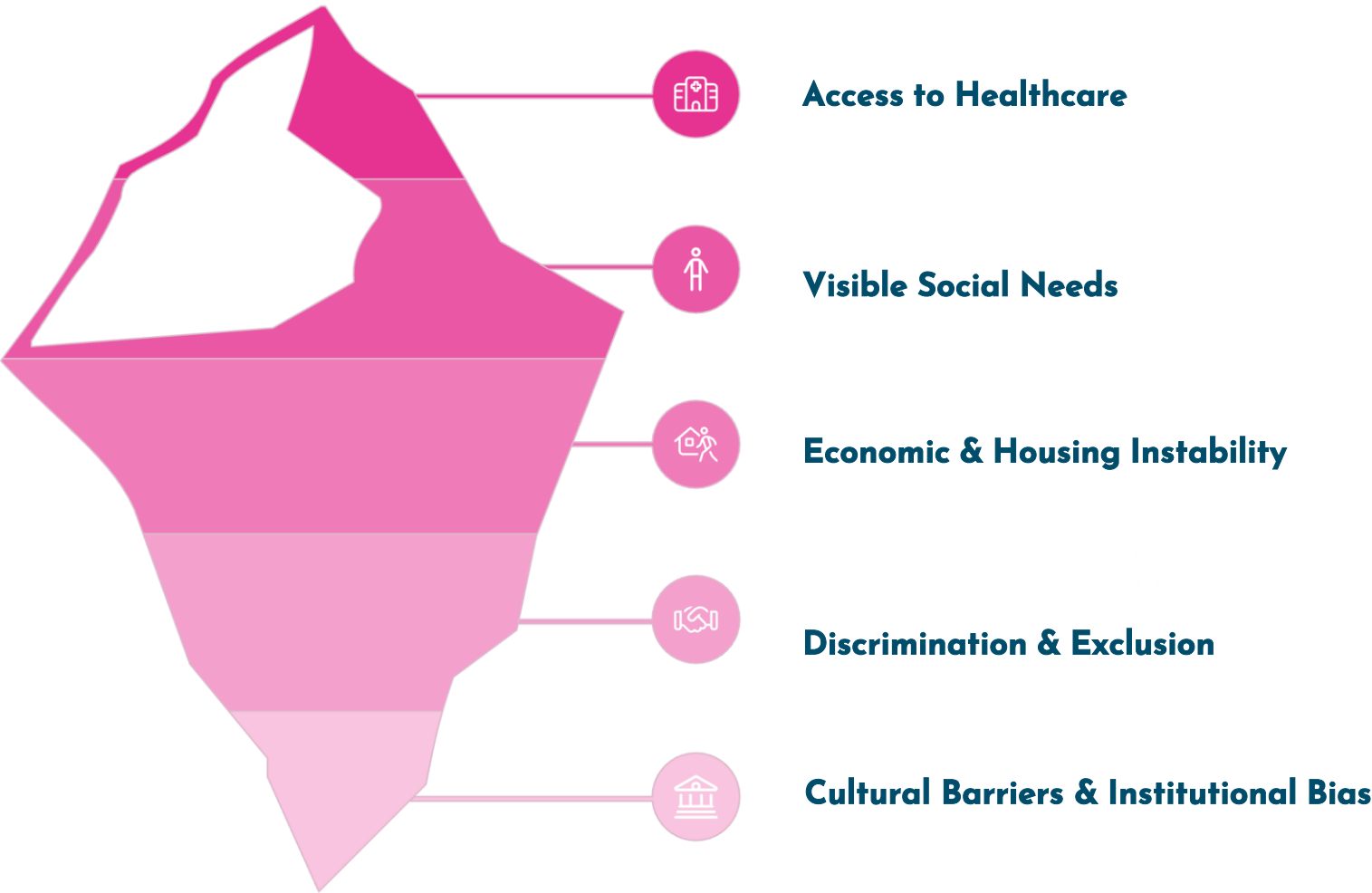


Our aim was to understand the root causes behind poorer health outcomes, identify cultural and systemic barriers to healthcare access and co-produce community-led solutions.

Key findings highlight deep-seated discrimination, cultural disconnect (in some parts) with mainstream services, and lifestyle impacts related to GRT heritage. However, meaningful engagement has also demonstrated the resilience of these communities and their willingness to collaborate in shaping inclusive, preventative healthcare solutions.

Wider Determinants of Health

While health engagement with GRT communities has been the priority of the community connector role in the project time, it was notable that all other engagement that has happened often focusses on improving access to healthcare services alone, this project has highlighted the pressing need to address the wider social determinants of health that significantly shape outcomes.



In Herefordshire GRT communities face a complex web of socioeconomic exclusion, poverty, environmental challenges and insecure housing conditions that collectively undermine their ability to prioritise health or engage with preventative services.

It's important to understand and acknowledge these challenges to be able to better support them in having better health and wellbeing outcomes.

Key Challenges Affecting Health



Insecure & Poor-Quality Housing

A major barrier for GRT communities in Herefordshire is the lack of safe, secure and culturally appropriate accommodation. Many families live on unauthorised sites, roadside encampments or in overcrowded conditions and in some cases without basic utilities being maintained or provided where needed especially in relation to running water and heating.



Exclusion & Disadvantage

Research shows that GRT communities are among the most socially, digitally and economically deprived groups in the UK, in Herefordshire we heard how many experience; high levels of unemployment, local educational attainment, limited digital skills and access, low or no literacy, limited access to benefits and financial support and discrimination in the workplace and wider society.



Institutional & Structural Discrimination

Long-term experiences of anti-Gypsyism, institutional neglect and policy exclusion have made GRT families feel alienated from the 'state' and its services. The threat of eviction, child safeguarding interventions or legal consequences further discourages engagement with official bodies, including the NHS.



Cultural & Practical Barriers

Life for many GRT families remains community-oriented, mobile and informal. This lifestyle can conflict with bureaucratic systems built around the permanent addresses, fixed appointments, digital access and written communication.

"They don't understand our way of living – if they see our caravan or how we bring up our children, they think it's neglect."

Quote from a mother living on her own yard on her land in Herefordshire.

Cultural Priorities for Health & Wellbeing

Through direct engagement and trust-building over the past year, it has become clear that wellbeing for Gypsy, Roma and Traveller (GRT) communities is rooted in values and practices that go beyond traditional healthcare definitions. For many GRT families in Herefordshire, wellbeing is inseparable from lifestyle, culture, family unity and dignity – and any attempt to address health inequalities must start with an understanding of what they value.



Family Ties

Strong family connections are central to wellbeing, many undertaking caring responsibilities across generations



Mobility & Freedom

Ability to travel and maintain traditional lifestyle



Cultural Identity

Maintaining traditions and cultural practices



Self-Reliance

Independence and ability to make own decisions

The Vital Role of Elders

Elders hold a central and highly respected position in GRT families. They are seen as:

- Custodians of tradition and oral history
- Providers of wisdom and guidance
- Pillars of family structure and decision-making

Their wellbeing is a family and community responsibility, not something to be outsourced. Caring for elders at home is considered a duty and a sign of honour, reflecting deep-rooted values of loyalty, respect and protection.

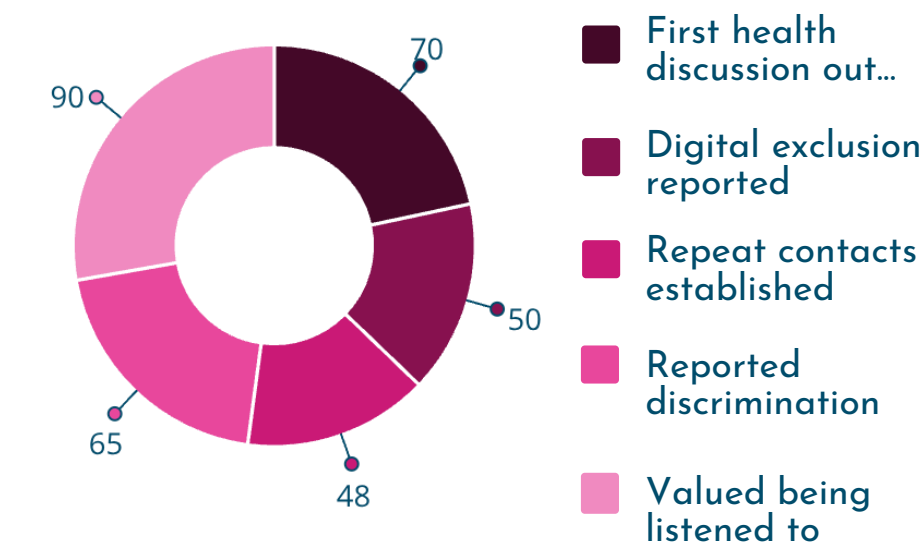
“The old ones guide us – they’ve seen everything and know what’s right for our families.” - Quote from a Son of a 90-year-old Romany at Watery Lane, Hereford.

Engagement Activities & Findings

Summary of Engagement Activities

- Community Visits - over 30 visits to local sites, encampments & housed GRT populations across Herefordshire
- One-to-One Conversations - conducted 25+ informal interviews and listening sessions with individuals and families
- Focus Groups - facilitated several thematic group discussions (women's health and elders & youth) & hosted within their own space and trusted environments
- Partnership Building - regular liaison with Taurus Healthcare, public health teams, environmental health teams, adult social care and local support charities
- Mobile Health Checks - 2 mobile health check visits carried out in conjunction with Hereford General Practice and their Talk Wellbeing NHS Service

What matters to us?



Participants highlighted 'being listened to' and 'not being judged' as the most important factors in engaging with health and other professional services.

"It's nice talking to someone who ain't already made their mind up about us." - Quote from a Mother at Open Fields, Bromyard.

Key Engagement Findings

Barriers to Healthcare Access

- Discrimination & Mistrust - historic and ongoing experiences of prejudice from professionals have fostered deep mistrust
- Cultural Incompatibility - health services often overlook the cultural norms of GRT communities, such as gendered role, mobility and oral communication
- Digital Exclusion - low digital literacy and access prevent engagement with modern booking systems and health portals
- Fear of Authority - concerns that seeking help might trigger unwanted attention from social services or housing authorities
- Mobility & Transience - regular movement impacts continuity of care and registration with local health services
- Low levels of literacy

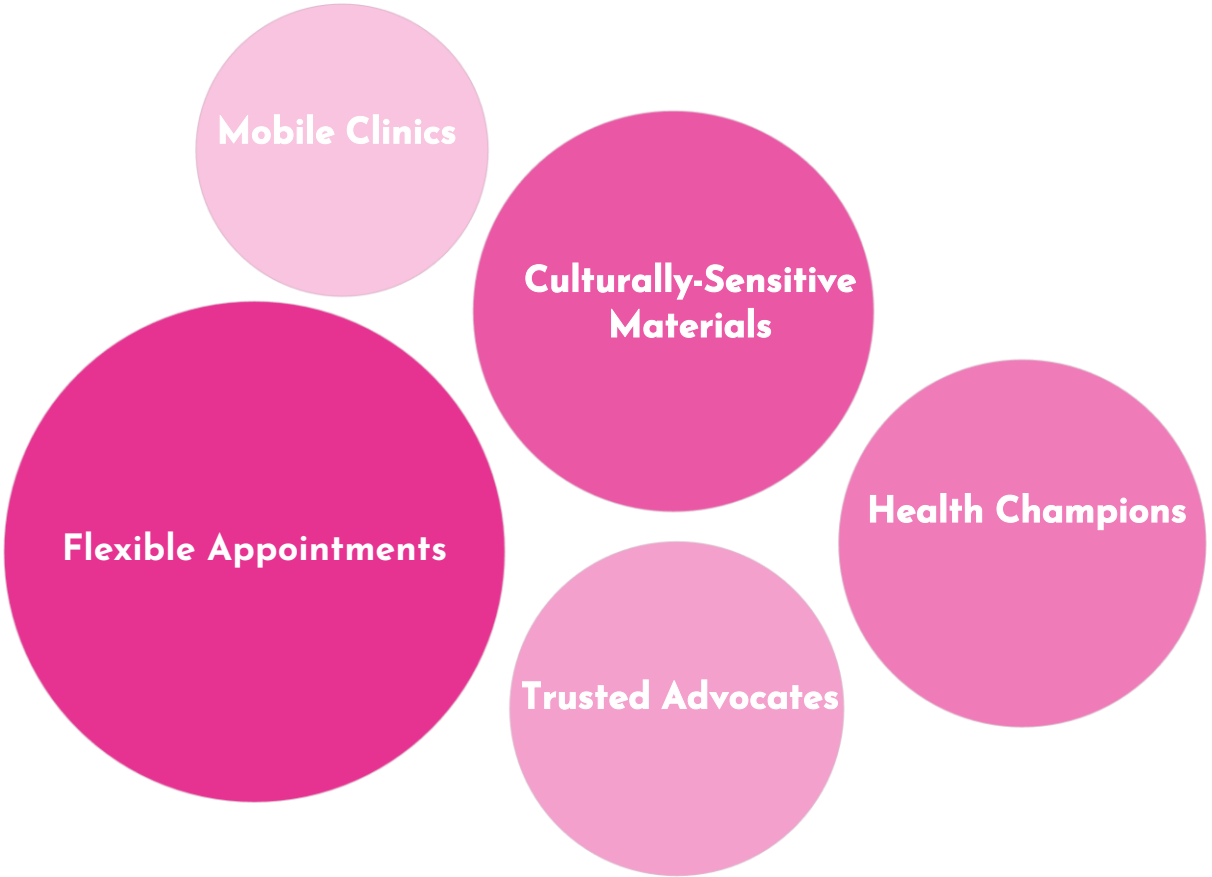
Health Beliefs & Lifestyle

- Diet & Smoking - high rates of smoking and a diet rich in processed or convenience foods are contributing to poor cardiovascular and respiratory health
- Physical Activity - many individuals associate being healthy and manual/physical labour being the solution, leading to late detection of underlying conditions
- Health as Crisis-Driven - preventative care is often unfamiliar or not prioritised, healthcare is usually sought only in emergencies
- Fear of finding out - history of serious illness drives a fear of coming forward for a diagnosis

Heritage & Discrimination

- Pride & Privacy - cultural values of self-reliance, privacy and resilience impact willingness to seek help
- Institutional Exclusion - participants reported feeling judged, marginalised, or not taken seriously by local health services
- Generational Impact - the effects of chronic exclusion are passed down, influencing how younger generations perceive healthcare services

Community-Identified Solutions:



Engagement...The Real Picture

Men's Mental Health

Men's mental health is a significant issue of concern within GRT communities. Traditional values of pride, strength, and self-reliance often make it difficult for men to speak openly about struggles with stress, anxiety, or low mood. At the same time, the ways of earning a living that many families have relied on for generations – such as trading, manual work, or self-employment – are becoming harder to sustain in today's society. This combination of cultural expectations and economic pressures can leave men feeling isolated, under strain, and without accessible support.

Housing & Identity

Housing is a major challenge for GRT communities. The high costs of living in chalets or vans on sites often push families towards taking settled accommodation, but this is rarely compatible with cultural traditions and can create new problems of isolation and exclusion from vital support networks. At the same time, the lack of a legal transient site anywhere in the county leaves families with no safe stopping places. This forces some into unauthorised encampments, which can trigger complaints, anti-social behavior concerns, and tensions with local residents. These situations fuel negative stereotypes and stigma, further disadvantaging GRT people who are already trying to maintain their way of life.

Immunisations

For GRT families, childhood immunisations are a mixed picture. Many children are fully up to date, but where there are gaps it's usually because of practical things like moving around, travel, or trouble getting to a GP, rather than worries about the vaccines themselves. Similar challenges are seen with adult vaccines like flu and COVID. Some people do take them up, but others miss out because it's hard to get appointments or services aren't flexible enough. Making vaccines easier to access – through drop-ins, outreach, or mobile clinics – would help more families stay protected.

Understanding their Health

Health findings within our GRT communities show a high prevalence of specific conditions and risk factors. Children are more likely to be affected by special educational needs and disabilities (SEND), and there are concerns around bullying and, in some cases, eating disorders. Among adults, long-term conditions such as COPD, asthma, cancer, diabetes, and hypertension are common, with smoking, alcohol use, and occasional drug use acting as contributing risk factors. These challenges are often compounded by barriers to healthcare access, lower engagement with preventive services, and the impact of discrimination, all of which contribute to poorer health outcomes compared to our wider Herefordshire populations.

Risk Factors and Barriers to Care

Environmental and Housing Conditions:

Many communities we met reside in locations with poor environmental standards and poor housing, leading to stress, anxiety, and respiratory conditions.

Discrimination and Stigma:

Persistent discrimination, stigma, and social exclusion create distrust of health services and contribute to poor engagement with local healthcare systems..

Socioeconomic Exclusion:

Factors like poverty, unemployment, and housing insecurity are closely linked to poorer physical and mental health outcomes.

Access to Services:

Communities we met face barriers including digital exclusion, lack of accessible information, and "wrongful registration refusal" at some primary care services.

Cultural Factors:

We have learned health is sometimes considered "unclean" and not discussed, and some individuals from these communities avoid health services due to negative experiences or cultural taboos.

Lack of Trust and Communication:

A lack of culturally sensitive communication and a history of discriminatory experiences can lead to a lack of trust in health professionals and delayed presentations of serious conditions.

Invisibility in Data:

GRT communities are often not well-represented in mainstream datasets, leading to a lack of identification of their specific needs within services.

Additional Support

Energy support & goods gained

- 20 applications made & issued through The Living Room Hereford for The Household Support Fund
- Those 20 applications gave out a total of £4200 to various families we met.
- Severn Wye Energy partnered with us to support families struggling with excessive energy costs, the breakdown below shows a breakdown from Severn Wye;
 - Open Fields, Bromyard - 6 households.
 - Orchard Caravan Site, Watery Lane - 12 households.
 - Romary Close, Grafton - 9 households.
 - Croft Lane. Luston - 7 households.
 - Tinkers Corner, Bosbury - 5 households.
- In general, each household received:
 - 4 x fuel vouchers (£49 each)
 - 1 x gas cylinder (£70 per 47kg cylinder)

Benefits and forms

- Help with 5 PIP forms
- 12 families Help with DWP benefits, and carers allowance
- 4 individuals supported with Hospital & GP letters and referrals
- 1 individual supported to access hearing screening tests
- 2 individuals supported with court-related paperwork

Care assessments

- 2 referrals to Occupational health
- 2 referrals for adult social care
- Referral into mental health services

"I got help with the forms for my bills, and it made a real difference. It's good to have someone who understands." - Quote from an elder living with respiratory illnesses at Open Fields, Bromyard



Listening Event

We spent an evening with a group of Traveller women in the comfort of their own home, using a relaxed “health and beauty” theme to create a welcoming atmosphere and break down barriers to conversation. The session offered simple beauty treatments, prizes and free samples and self-care tips alongside informal chats about health, lifestyle, family and daily challenges.

By creating a friendly, non-clinical environment, the women felt at ease to share their experiences openly. Conversations happened naturally around topics such as access to healthcare, having children with a neurodiversity, the importance of family, fears about engaging with services, gender roles in the GRT community and the pressures of balancing traditional roles in more difficult times. They spoke candidly about the impact of discrimination and how cultural misunderstandings can lead to mistrust.

The evening showed that meeting people on their own terms and in their own environments/own space, builds trust far more quickly than formal settings. The women valued being listened to without judgement, and several commented that this was the first time anyone had asked about their health and wellbeing in a way that felt respectful and genuine. The event not only gave valuable insight into their lives but also strengthened relationships, opening the door for continued dialogue and future engagement.

Success of Recruiting GRT Community Connectors

Recruiting GRT community members as community connectors has been a key step in building trust and improving engagement with health and support services. These roles are essential because connectors act as a bridge between our GRT communities and services, helping to navigate barriers such as cultural misunderstandings, mobility, and mistrust of institutions. They provide a trusted point of contact, share information in ways that are culturally relevant, and encourage families to access healthcare, education, and support services.

However, it is important to be frank about the reality: one year is far from enough time to fully embed this role. Many individuals face immediate pressures and day-to-day demands that make long-term commitment challenging. Despite this, we have successfully established two or more community connectors on all Herefordshire sites. Maintaining regular contact with these connectors allows us to continue nurturing these relationships, build trust, and ensure continuity of support.

To make the model work for GRT communities, we are adapting the Community Health Champion (CHC) programme approach to be more flexible and culturally responsive, recognising the unique challenges, mobility patterns, and priorities of these communities. Over time, these connectors will be crucial in improving health outcomes, reducing inequalities, and empowering GRT families to access the services they need in ways that work for them.

"They help us when we need it, but they also get us – they don't tell us how to live our lives. It makes things easier and feels respectful." - Quote from a young family at Tinkers Corner - Bosbury.



Recommendations & Conclusions

Sustain Community Connector Role

Establish permanent community connector positions to maintain the trust and relationships built during this project. These roles should be funded long-term and ideally filled by individuals from GRT backgrounds or with deep understanding of GRT culture.

Cultural Competence Training

Develop and deliver cultural awareness training for healthcare staff, focusing on GRT history, traditions, and specific health needs. This should be co-designed and co-delivered with GRT community members to ensure authenticity.

Mobile Health Services

Invest in regular mobile health clinics that visit GRT sites and communities, offering comprehensive health checks, preventative screenings, and basic treatments. These should operate on flexible schedules and without requiring formal appointments or digital access.

Community Health Champions

Recruit and train GRT community members as paid health champions who can provide peer education, support navigation of health services, and act as trusted intermediaries between communities and healthcare providers.

Accessible Communication

Develop visual, oral, and easy-read health & wellbeing resources specifically tailored to GRT communities, focusing on key health issues like cardiovascular and respiratory conditions. Ensure these are distributed through trusted channels and community networks.

Flexible Service Design

Redesign appointment systems and registration processes to accommodate mobility and transience, including options for walk-in services, temporary registrations, and non-digital access routes.

Address Wider Determinants

Establish a cross-sector working group to address the social determinants affecting GRT health, including housing, education, employment, and discrimination. This should involve representatives from all relevant agencies and GRT community members.

Monitoring & Accountability

Implement specific monitoring of GRT health outcomes and service access, with regular reporting and community feedback mechanisms to ensure accountability and continuous improvement.

Recommendations & Conclusions

Conclusion

This 12-month engagement and piece of work has provided a powerful start to the insights into the lived experience of GRT communities in Herefordshire. Health disparities in cardiovascular and respiratory conditions cannot be addressed without recognising the legacy discrimination, cultural disconnection and systemic exclusion. However, the solutions are within reach – and must begin by listening, trusting and working **with communities not on them**.

Healthwatch Herefordshire has built vital, trust-based relationships with Gypsy, Roma and Traveller communities across the county. By meeting people where they are – on sites, in homes, and at community gatherings – and listening without judgement, we have created safe spaces for honest conversations about health, lifestyle, and the everyday realities of life in Herefordshire. These connections have allowed us to better understand the barriers to health equity, from discrimination and service inaccessibility to fears of statutory involvement.

Our work has shown that engagement is not a one-off exercise but an ongoing commitment. The relationships formed are now strong enough to serve as a foundation for lasting change – giving the community a voice in shaping health services, improving screening uptake, and tackling health inequalities.

