

Guidelines – Grants for women’s health work with Gypsy, Roma and Traveller people

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1. About the grants

Note: although we use the term women we recognise that trans, non-binary, intersex and gender-expansive people require women’s health services and we are working to ensure services are accessible and inclusive for all.

The aim of these grants for women’s health is to improve health outcomes and reduce health inequalities through:

- Improving access to women’s health information or services
- Improving patient experience or quality of women’s health services

With a specific focus on the following groups of people:

- Gypsies and Travellers (including Romany Gypsies and English Gypsies, Scottish Gypsies and Travellers, Welsh Gypsies and Travellers, and Irish Travellers)
- Roma (understood to be more recent migrants from Central and Eastern Europe)
- Other Travellers such as: Showpeople, Circus Groups, New Travellers, Boaters, Bargees

Please review Appendix 1 for more information on who the grants are aiming to reach. If your organisation is not working with these groups, the Integrated Care Board (ICB) will not consider funding the project.

Applications must also relate to **at least one** of the following women’s health services:

- menstrual problems assessment and treatment
- menopause assessment and treatment
- contraceptive counselling and provision of the full range of contraceptive methods
- preconception care
- breast pain assessment and care
- pessary fitting and removal
- cervical screening
- screening and treatment for sexually transmitted infections (STIs) and HIV screening

Applications can also cover other health areas mentioned in the [national guidance](#) on 'Women's Health Hubs' of particular importance to these groups.

The aims of these grants contribute towards outcomes in the Bristol, North Somerset, and South Gloucestershire (BNSSG) System Outcomes Framework.

2. How much will be awarded?

We will award one off grants from £5,000 to £20,000 (inclusive of VAT). We are likely to award a mix of smaller and larger grants dependent on applications. Our total funding pot is £30,000. We expect that projects will start from January 2025 and that funding will be spent by September 2025.

This funding comes from one-off 'Women's Health Hubs' funding allocated to Bristol, North Somerset, and South Gloucestershire Integrated Care Board to improve women's health services in the community. The national guidance on 'Women's Health Hubs' can be found here: [Women's health hubs: core specification - GOV.UK](#)

The grant can fund your whole project or be used in conjunction with other funding streams.

3. Who can apply?

Applications must be from groups or organisations based and working in Bristol, North Somerset, or South Gloucestershire in the voluntary, community and social enterprise (VCSE) sector, or working closely with VCSE organisations (e.g. charity, social enterprise, a specialist health service). See the application form for more detail.

We strongly encourage applications from organisations and projects which involve people from the communities we are aiming to reach (see section 1). **If your organisation is not working with these groups, the ICB will not consider funding the project.**

We encourage partnership applications. For example, a joint application from a larger charity or specialist health service, and a community group.

Please get in touch before applying if you would like support from the ICB women's health programme team to make connections with health services or clinicians that can support your application bnssg.womenshealth@nhs.net

4. What can be funded?

We are open to different ways of addressing women’s health needs for the groups and health areas outlined in section 1, including medical and non-medical interventions.

Grant funding can cover a variety of costs, including core running costs or specific project costs. Please detail in the application form the breakdown of proposed activities to be funded.

5. How to apply and what is the deadline?

Please email the application form to the ICB women’s health programme team at bnssg.womenshealth@nhs.net no later than **9am on Thursday 12th December 2024**.

6. What will happen next?

Applications will be reviewed by a panel of women’s health experts, VCSE Alliance representatives and BNSSG Integrated Care Board colleagues.

The panel will use the responses in your application form to evaluate bids in the following key areas on a scale of 0-4:

- Trust and relationships with the groups we are aiming to support (20% weighting)
- Involvement of the community or people with lived experience in the project (30%)
- Potential ongoing benefit and reach of this work (20%)
- Realistic costing and value for money (20%)
- Experience and/or expertise of the delivery team (10%)

The panel will also consider how well the project meets the aims of the women’s health grants, economic and financial standing of the organisation applying, and distribution of projects across Bristol, North Somerset, and South Gloucestershire.

There is no process for appealing against panel decisions.

Grant payments will be made in full as soon as possible after due diligence, reference checks and grant agreements have been finalised. As this grant programme welcomes applications from smaller organisations, and we know that cash flow can sometimes be challenging, the intention is that 100% of the awarded grant will be transferred when the grant agreement is finalised. Terms and conditions will be included in the grant agreement.

See the table below for an anticipated timeline.

Date	Action
13 Nov 2024	Application process opens
13 Nov – 11 Dec 2024	Guidance and support to build any partnership applications (see section 8)
12 Dec 2024 (9am)	Deadline for applications
20 Dec 2024	Applicants notified about grant results by email

23 Dec 2024 - early Jan 2025	Due diligence, reference checks completed, and grants payments processed
Jan 2025	Projects start
Jan – Sep 2025	Period of funded activities
Oct 2025	Final project evaluations completed

7. Reporting on the use of the grant

There is a requirement to report back on progress regularly and to provide a final evaluation of the project. A proportionate evaluation plan, given the size of grants, will be agreed with successful applicants. It is likely to include simple data on activities and engagement, and feedback on impact from people involved such as video logs or case studies.

8. Further guidance and support

[Register](#) to join an online grant information session on Monday 25th November at 10.30am. If you cannot make this time the presentation will be recorded, so please register to receive the recording, and you can request a follow up chat with the ICB women’s health programme team. Email bnssg.womenshealth@nhs.net to book a time.

In BNSSG there are three VCSE sector support agencies that often offer VCSE organisations support with completing applications like this. Contact them for more information:

- [VOSCUR in Bristol](#) - info@voscur.org
- [Voluntary Action North Somerset \(VANS\)](#) - info@vansmail.org.uk
- [CVS South Gloucestershire](#) - info@cvs-sg.org.uk

We want to make this grants process as accessible as possible. If you require any additional support to complete this application, please get in touch at bnssg.womenshealth@nhs.net.

Appendix 1

1. Who are the grants aiming to reach?

The £30,000 pot of grants for women's health is aimed at Gypsy, Roma and Traveller (GRT) groups in Bristol, North Somerset and South Gloucestershire.

GRT groups fall under a national NHS England (NHSE) definition of 'inclusion health', an umbrella term used to describe people who are socially excluded, who typically experience multiple interacting risk factors for poor health, such as stigma, discrimination, poverty, violence, and complex trauma¹.

Inclusion health groups tend to have poor experiences of healthcare services because of barriers created by service design and these negative experiences can lead to people avoiding future contact with services and being least likely to receive healthcare despite having high needs. This can result in significantly poorer health outcomes and earlier death. These groups require an explicit, tangible focus in BNSSG Integrated Care System (ICS) efforts to reduce healthcare inequalities^{2 3}. Tackling health and systemic inequalities is a key part of the ICS Strategy and this grant programme has been designed with the ICB's VCSE Integration principles:

- Invest in VCSE activities as a positive action to address systemic and health inequalities
- Design for smaller
- Grant first

These changes to our processes should allow the inclusion of community groups that do not usually bid for contracts. The next two sections provide more detail about the groups we are aiming to reach with these grants including key health needs and barriers.

Definition

The term Gypsy, Roma and Traveller is used to describe a range of ethnic groups or people with nomadic ways of life who are not from a specific ethnicity.⁴

In UK data collection, such as the Census, it is common to differentiate between:

- Gypsies and Travellers (including Romany Gypsies and English Gypsies, Scottish Gypsies and Travellers, Welsh Gypsies and Travellers, and Irish Travellers)
- Roma (understood to be more recent migrants from Central and Eastern Europe)

¹ [NHS England \(2023\) A national framework for NHS – action on inclusion health](#)

² [Public Health England \(2021\) Inclusion health: applying All Our Health](#)

³ [Pathway \(2023\) Beyond Pockets of Excellence: Integrated Care Systems for Inclusion Health](#)

⁴ [UK government \(2022\) Gypsy, Roma and Irish Traveller ethnicity summary](#)

BNSSG Census data (2021)⁵ reported the following number of people living locally:

	Population by ethnic group (% of overall population and number of people by Local Authority)		
	Bristol	South Gloucestershire	North Somerset
White: Roma	0.2% (966)	0.1% (373)	0.1% (187)
White: Gypsy and Traveller	0.1% (273)	0.2% (443)	0.1% (169)

Note: Roma was included for the first time in the 2021 Census.

However, professional estimates are far higher than the above figures and local insights have highlighted a large proportion of Romanian Roma living in the Bristol area⁶.

Reluctance to disclose in the census is due to several possible factors:

- Reluctance to disclose ethnicity due to fear of discrimination/victimisation
- Literacy or digital literacy barriers precluding involvement
- A generalised distrust of the state and/or public services
- Low levels of existing knowledge about the census, and why data is being recorded⁷.

The term Traveller can also encompass groups not from a specific ethnic group. This includes, but is not limited to, New Travellers, and cultural travellers such as Boaters and Bargees, Fairground and Travelling Showpeople (Showmen), Circus groups^{8 9}.

GRT groups each have very different customs, religion, language, and heritage¹⁰. Although most groups see a nomadic lifestyle as part of their identity, they do not all live in permanent caravans or mobile homes on Traveller sites (some of which are private field sites and some local authority managed sites). They may also live on the road, move regularly, or live in permanent 'bricks and mortar housing'¹¹.

There is also a growing number of people living in vehicles, particularly in Bristol since the Covid pandemic. Living in vehicles as a lifestyle choice has been around for many years with links to New Traveller communities. However, the growing number is no longer seen as a lifestyle choice for many, but as necessity of homelessness¹².

⁵ [Office for National Statistics \(2024\) Ethnic group, England and Wales: Census 2021](#)

⁶ 'Local insights' is used to refer to local professional insights collated by the ICB women's health programme team.

⁷ [The Traveller Movement \(2023\) Making sense of the Census 2021 for the outcomes and experiences of Gypsy, Roma and Traveller people](#)

⁸ [UK government \(2022\) Gypsy, Roma and Irish Traveller ethnicity summary](#)

⁹ [The Stopping Place. Advice & information about Gypsy, Roma and Traveller Groups \[Accessed 8 Nov 2024\]](#)

¹⁰ [The Traveller Movement. Romani \(Gypsy\). Roma and Irish Traveller History and Culture \[Accessed 30 Aug 2024\]](#)

¹¹ [South Gloucestershire Council - Gypsy, Roma and Travellers in South Gloucestershire \[Accessed 30 Aug 2024\]](#)

¹² [Bristol City Council \(2023\) Health Needs Analysis of People Living in Vehicles in Bristol](#)

General health

Health outcomes for GRT groups are very poor compared to other ethnic groups^{13 14}. A key healthcare problem is people accessing primary and secondary health services. For example, problems with registering and accessing GP services, immunisation services, maternity care and mental health provision. 74 out of 100 UK GP surgeries failed to register mystery shoppers who identified as GRT¹⁵.

A Friends, Families and Travellers (2022)¹⁶ briefing highlights key health inequalities GRT people face, including people facing life expectancies between ten and 25 years shorter than the general population and experiencing significantly higher prevalence of long-term illness, health problems or disabilities, which limit daily activities or work. It also outlines structural inequalities, social exclusion, and barriers to healthcare services that contribute to poor health outcomes for GRT communities:

1. Chronic exclusion across the wider determinants of health.
2. Invisibility in mainstream datasets, meaning needs aren't identified within services.
3. Lack of trust in services as a result of fear of and experiences of discrimination.
4. Wrongful registration refusal in primary care.
5. Digital exclusion and lack of accessible information.
6. Inequalities in access to healthcare waiting lists for nomadic populations.
7. Inequalities in mental health and access to mental healthcare.
8. A failure within services to account for premature onset of typically age-related conditions.

Local insights¹⁷ have identified similar barriers which prevent Gypsy, Roma, Traveller and Showpeople from accessing healthcare. These include:

- Discrimination towards communities.
- Lack of trust.
- Differences in cultural norms around parenting and fear of having children removed.
- Written communication and physical letters to postal addresses.
- Charges for maternity care.

Example needs and barriers around women's health

Below are some examples of women's health needs and barriers for different GRT groups, which could aim to be addressed through the grants available.

- A review of evidence relating to Roma women highlighted poor communication and lack of provision of information in a language they could understand as a significant issue¹⁸.

¹³ [Bristol City Council \(2023\) JSNA Health and Wellbeing Profile 2023/24](#)

¹⁴ [NHS Race and Health Observatory \(2022\) Ethnic Inequalities in Healthcare: A Rapid Evidence Review](#)

¹⁵ [Friends, Families & Travellers \(2021\) Locked out: A snapshot of access to General Practice for nomadic communities during the COVID-19 pandemic](#)

¹⁶ [Friends Families and Travellers \(2024\) Briefing: Health inequalities experienced by Gypsy, Roma and Traveller communities](#)

¹⁷ 'Local insights' is used to refer to local professional insights collated by the ICB women's health programme team.

¹⁸ [NHS Race and Health Observatory \(2022\) Ethnic Inequalities in Healthcare: A Rapid Evidence Review](#)

- High rates of Caesarean birth, miscarriage, pregnancy loss and/or child loss are reported by GRT people and health professionals¹⁹.
- Local insights and VCSE research highlight secondary care charges for undocumented migrant women (including some Roma women), particularly around maternity care²⁰, leading to erosion of trust which undermines quality of care.
- Younger Roma generations, from less traditional groups have a better understanding of different mental health problems. However, many are not aware that women can suffer from mental health issues after birth, such as post-natal depression, and not aware that help is available.²¹
- Research with the Irish Traveller community in Ireland²² highlights that menopause is still a taboo subject but things are getting better. Some women felt they didn't have the means to express how to ask for help around menopause. As well as experiencing difficulties getting a GP or they felt the GP was too busy to listen.
- Many Roma women were forcibly sterilised on access to health services across parts of mainland Europe, with the last known case of this as recent as 2007 in the Czech Republic. These abhorrent events demonstrate concerted action is needed to build trust with Roma communities²³.
- Local insights²⁴ outline that some Roma women do not have good awareness of contraception options which may result in unwanted back-to-back pregnancies.
- Cancer is described as a taboo disease and for breast, bowel and cervical screening, there may be embarrassment about the parts of the body²⁵.
- There is little quantitative data on the extent of domestic abuse and violence against women and girls in GRT communities, but agencies and individuals report it as a significant problem²⁶.

¹⁹ [Friends, Families and Travellers \(2023\) Guidance: Tackling Maternal Health Inequalities in Gypsy, Roma and Traveller Communities](#)

²⁰ [Maternity Action \(2019\) Duty of Care: The impact on midwives of NHS charging for maternity care](#)

²¹ [Friends, Families and Travellers \(2024\) Tackling Mental Health Inequalities for Gypsy, Roma and Traveller People](#)

²² [Soffe \(2024\) Leaving no woman behind": Communicating Menopause Information to the Irish Traveller Community](#)

²³ [Friends, Families and Travellers \(2022\) Briefing: Health inequalities experience by Gypsy, Roma and Traveller communities](#)

²⁴ Local insights' is used to refer to local professional insights collated by the ICB women's health programme team

²⁵ [Condon \(2021\) Knowledge and experience of cancer prevention and screening among Gypsies, Roma and Travellers: a participatory qualitative](#)

²⁶ [Women and Equalities Committee \(2019\) Tackling inequalities faced by Gypsy, Roma and Traveller communities](#)