

KERNOW HEALTH CIC

**WORKING WITH GYPSY AND TRAVELLER
COMMUNITIES IN KERNOW ON VACCINE
AWARENESS AND HEALTH INEQUALITIES**

PREPARED FOR:
KERNOW HEALTH CIC

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BACKGROUND AND CONTEXT

Gypsy and Traveller communities represent one of the most marginalised groups in the UK, facing some of the worst health outcomes of any ethnic group. Life expectancy can be up to **10–12 years lower** than the national average. Barriers to healthcare include:

- Limited trust in health authorities, often shaped by past experiences of discrimination.
- Difficulties accessing or maintaining GP registration, especially for transient families.
- Low health literacy, compounded by inconsistent communication or lack of culturally appropriate materials.
- Practical obstacles such as transport, digital exclusion, and fear of judgment when accessing services.

Vaccination hesitancy in these communities is often less about rejection of medical science and more about a lack of trusted relationships and accessible, respectful dialogue. This report summarises community perspectives on vaccines gathered through informal discussions and community engagement sessions.



ENGAGEMENT WITH THE COMMUNITY

Engagement sessions were held with a mix of parents, young people, and community representatives from Gypsy and Traveller groups in Devon, Cornwall and beyond. Questions were posed directly by community members, providing valuable insight into the kinds of conversations that NHS staff may encounter in outreach work.

The sessions were designed not as lectures but as two-way conversations — where community members could share knowledge, experiences, and uncertainties in a safe, non-judgmental environment.



KEY QUESTIONS AND CONCERNS ABOUT VACCINES

Q1: “HOW DO VACCINES KEEP YOUNG CHILDREN SAFE? I WORRY THAT THE VACCINES GIVE THE CHILDREN THE ILLNESS.”

This reflects a common misunderstanding about how vaccines work. Clear, simple explanations help — for instance, explaining that most vaccines use only a tiny, harmless piece of the germ (or a weakened version) to help the body learn how to fight it, without causing the illness itself.

Community members said that they often heard mixed messages from peers or online sources, which reinforced doubts. Face-to-face conversations with trusted health visitors or local nurses were described as the most reassuring.



KEY QUESTIONS AND CONCERNS ABOUT VACCINES

Q2: “THERE ARE 11 VACCINES FOR 1–15-YEAR-OLD CHILDREN. THAT FEELS LIKE A LOT OF JABS – DO THEY REALLY NEED ALL OF THEM?”

This question points to concerns about ‘overloading’ the child’s system. Participants wanted to know how vaccines are tested and whether they could safely be spaced out.

Providing clear visual guides to the NHS vaccine schedule, along with information about why each vaccine matters, could help parents make informed decisions. A few families said they would appreciate “talking through each one” rather than being handed a leaflet.

KEY QUESTIONS AND CONCERNS ABOUT VACCINES

Q3: “WHAT’S THE LIKELIHOOD THAT A CHILD IN SECONDARY SCHOOL WILL BE EXPOSED TO ANY OF THE ILLNESSES THE JABS PROTECT FROM?”

This concern shows an awareness of risk but a perception that many diseases are “rare now”. Explaining that diseases like measles and whooping cough still circulate — and that outbreaks occur when vaccination rates drop — helps make the benefits feel more relevant.

Locally relevant data (for example, Cornwall cases of measles or HPV uptake) can help to ground the message in reality.

KEY QUESTIONS AND CONCERNS ABOUT VACCINES



Q4: “WHAT ABOUT SIDE EFFECTS? I WORRY I MAY BE GAMBLING WITH MY CHILD’S HEALTH.”

Many parents expressed anxiety about side effects, especially when stories circulate within tight-knit communities. NHS staff should acknowledge that all medicines can have side effects but stress that serious reactions are extremely rare.

Providing transparent, accessible information — for example, “what’s normal after a jab” versus “what to look out for” — can make families feel more confident and in control.

KEY QUESTIONS AND CONCERNS ABOUT VACCINES

Q5: “PARENTS WANT REASSURANCE THAT VACCINES DO NO HARM AND TO KNOW EXACTLY WHAT INGREDIENTS MAKE THEM UP. CAN NHS PROFESSIONALS PROVIDE THIS?”

This question reflects a desire for honesty and transparency, not hostility. Health professionals can build trust by offering printed ingredient lists or directing parents to NHS or UKHSA (UK Health Security Agency) resources.

Families valued being told, “you can always ask what’s in it — we won’t be offended.” Open, factual communication was seen as a mark of respect.

KEY QUESTIONS AND CONCERNS ABOUT VACCINES



Q6: “MY CHILDREN ARE EDUCATED AT HOME — HOW DO I KNOW WHEN AND WHERE TO GET THE JABS DONE?”

Contact your school age immunisation team before call your GP.

Access for home-educated children was a recurring theme. Some families said they were unaware of how to arrange vaccinations outside school programmes.

A simple, clear pathway — for example, “call your GP to book” or “contact the school immunisation team directly” — should be promoted through Traveller sites, community networks, and local organisations. Outreach visits or pop-up clinics on sites could also help bridge the gap.

KEY QUESTIONS AND CONCERNS ABOUT VACCINES



Q7: “MY CHILD IS / I AM SCARED OF NEEDLES — ARE INJECTIONS THE ONLY WAY?”

This question opens the door to discussing available alternatives (e.g., nasal spray flu vaccine) and ways to reduce anxiety. Techniques such as distraction, breathing exercises, and having a familiar adult present were appreciated.

Some parents said they delayed vaccines due to their child’s fear, suggesting a need for more support and reassurance at appointments.

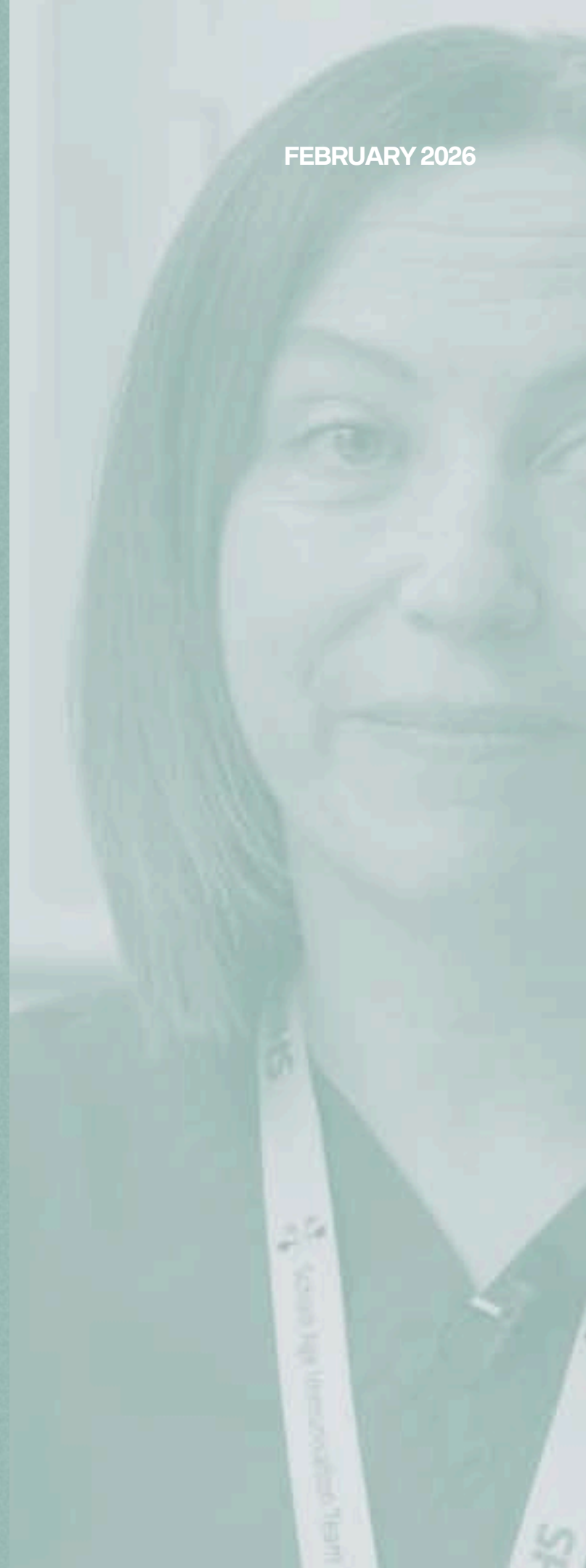
KEY QUESTIONS AND CONCERNS ABOUT VACCINES

Q8: “I DON’T ALWAYS TRUST WHAT I HEAR. WHY SHOULD I BELIEVE YOU?”

This question reflects the heart of the issue: **trust**.

Several community members spoke about negative past experiences with healthcare — feeling judged, dismissed, or spoken down to. Building trust requires consistency, presence, and respect.

Community-based, relationship-focused work — such as having the same nurse or health visitor return regularly and investing in local champions from within Gypsy and Traveller communities — is essential to improving confidence.



BROADER HEALTH INEQUALITIES

These conversations about vaccines sit within a wider pattern of health inequalities experienced by Gypsy and Traveller people across the UK including Devon and Cornwall.

Common themes include:

- **Limited access to preventive care** (screening, dental, mental health).
- **Barriers to continuity of care**, especially for mobile families.
- **Poor health literacy** and limited awareness of entitlements.
- **High rates of chronic conditions**, including respiratory illnesses and mental health issues.
- **Distrust of statutory services**, often linked to experiences of discrimination or fear of data sharing with local authorities.

Community members also raised **practical safety concerns** about some Traveller sites, noting that poor site design, overcrowding, and the limited space allocated for families — many of whom traditionally have several vehicles — can make it difficult for **emergency service vehicles to gain access in an emergency**, increasing feelings of vulnerability and neglect.

Addressing vaccine hesitancy therefore cannot be separated from addressing these systemic and environmental inequalities, which continue to impact both access to healthcare and confidence in public services.



RECOMMENDATIONS FOR KERNOW NHS

1. Build long-term trust through consistent presence.

Regular visits by the same named health professionals to sites and community settings.
Invest in community health champions from Gypsy and Traveller backgrounds.

2. Provide culturally appropriate information.

Use plain language, visual materials, and verbal explanation rather than text-heavy leaflets.
Develop short videos or audio messages that can be shared via WhatsApp or Facebook — channels widely used in the community.

3. Improve access and flexibility.

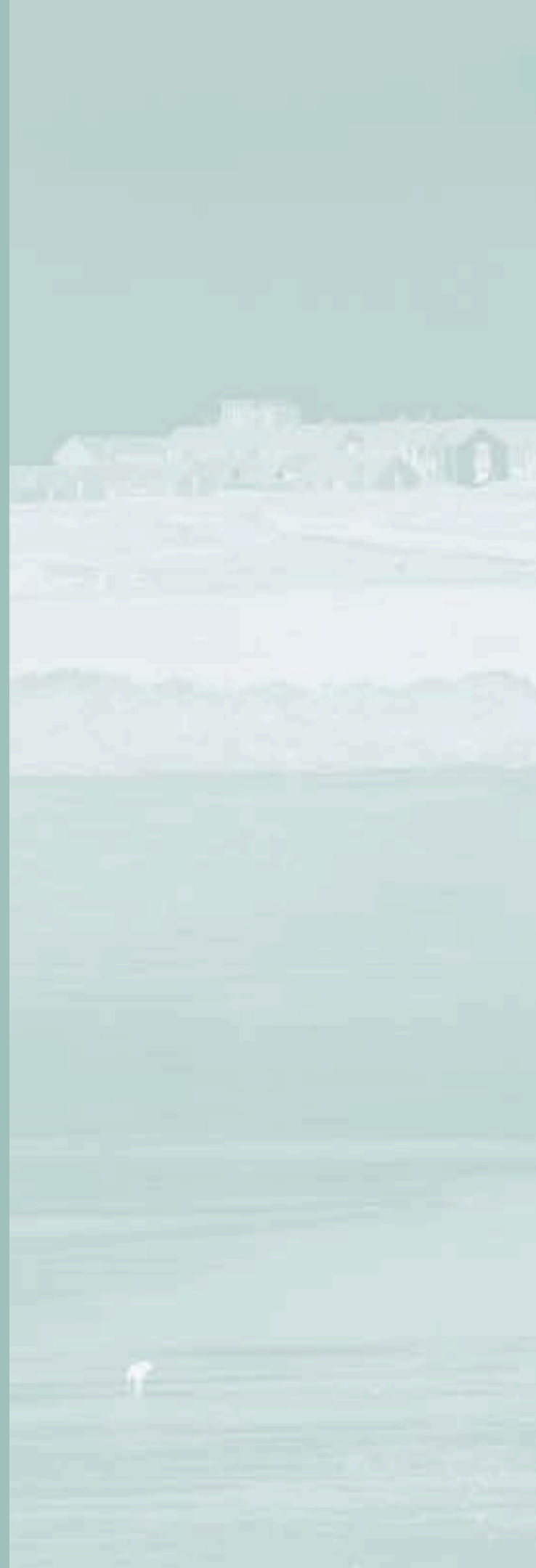
Offer pop-up vaccine sessions at Traveller sites, fairs, and community hubs.
Ensure home-educated children are clearly included in vaccination communications.

4. Emphasise informed choice and transparency.

Encourage open questions and provide written ingredient lists or trusted NHS links.
Frame vaccine conversations as collaborative rather than persuasive.

5. Strengthen collaboration across services.

Link vaccine outreach with broader health initiatives (e.g., cervical screening, dental checks).
Train frontline staff in cultural competence and unconscious bias awareness.



CONCLUSION

The Gypsy and Traveller communities in Devon and Cornwall. have expressed thoughtful, legitimate questions about vaccines — not rejection, but a desire for **respectful, honest information** and to feel safe in healthcare spaces.

Kernow Health CIC can lead by example in developing trust-based, flexible, and culturally informed approaches to vaccine delivery. Doing so will not only improve vaccination uptake but also contribute to tackling the broader health inequalities that have persisted for generations.



THANK YOU

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