The Health and Wellbeing of Gypsy and Traveller communities in the UK

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■ Do Gypsy and Travellers experience homelessness?



- What are the health consequences?
- What is the evidence base for inequality?
- What can policy makers and service providers do to address inequalities?



Brief Overview



- Estimated population at 300,000 (Clements & Morris, 2002)
- Recognised ethnic minority groups

- Assimilation three-quarters UK resident Gypsies and Traveller now live in conventional (Commission for Racial Equality, (2004))Gypsies and Travellers: A strategy for the CRE, 2004-2007. London: CRE
- Included in national Censes 2011



Homelessness within the Gypsy and Traveller community at crisis point –Why?

- A National Shortage of Traveller sites (well documented fact)
- Equality & Human Right Commission 2011 review of GTANs -5,800 additional pitches a gross underestimate
- Based on current rates of progress it will take 16 years to meet those needs, & 27 if temporary & personal permissions are excluded
- Homes and Communities Agency (HCA) funding -£60m available for the 2011 -2015 (For new and refurbishments)
- Mismatch between need and allocation of funds.
- Largest populations Essex, Kent, Cambridgeshire, Surrey, and Hertfordshire
- Reality of Localism



Letter from Eric Pickles responding to Council of Europe Commissioner, Thomas Hammarberg's criticisms of the impacts of Government policies on Travellers' Human Rights,

• Rather than imposing top down targets which fuelled opposition to development, we are offering councils real incentives to develop additional traveller sites in their area. We are providing £60 million in England up until 2015 to help local authorities and other registered providers provide new and refurbished traveller sites in consultation with local communities. Successful bids totalling £47 million were announced on 5th January, which will help provide over 750 new and refurbished pitches for travellers, and will, in turn, help to reduce the number of unauthorised sites, which create tensions between travellers and the settled community.



The Forgotten Minority
GYPSIES AND TRAVELLERS





EHRC, 2009, Inequalities experienced by Gypsies and Travellers

Poor quality or inappropriate accommodation, including as a result of forced movement, inevitably exacerbates existing health conditions as well as leading to new problems (Van Cleemput, 2008a).

Being forced to move on, results in a lack of continuity of care, the treatment of symptoms rather than causes, the late detection of abnormalities, and sometimes the misdiagnosis of maternal and child health complications





■ A recent study undertaken by ITMB of 44 Gypsy Traveller Accommodation Assessments (GTAAs) found that 26 (60%) made specific reference to the impact of insecure accommodation on Gypsies and Travellers health and access to health services with 18 (41%) of these citing primary data to support their case.



Poor Health Outcomes

Ministerial Working Group on Tackling Inequalities Experienced by Gypsic Travellers, Progress Report, April 2012

- 39% of Gypsies and Travellers have a long-term illness compared with 29% of age and sex matched comparators, even after controlling for socio-economic status and other marginalised groups
- Travellers are 3 times more likely to have chronic cough or bronchitis, even after smoking is taken into account
- 22% of Gypsies and Travellers reported having asthma and 34% reported chest pain compared to 5% and 22% of the general population
- Gypsies and Travellers are nearly three times more likely to be anxious than average and just over twice as likely to be depressed
- Irish Travellers are 3 times as likely to die by suicide than the general population
- There is an excess prevalence of miscarriages, stillbirths and neonatal deaths in Gypsy and Traveller communities and high rates of maternal death during pregnancy and shortly after childbirth
- A high prevalence of diabetes has been reported in Gypsy and Traveller communities, and a lack of community knowledge of the risk factors
- Studies show that Gypsy and Traveller women live 12 years less than women in the general population and men 10 years less, although recent research suggests the life expectancy gap could be much higher.

To read full report go to:

http://www.communities.gov.uk/documents/planningandbuilding/pdf/2124046.pdf



Impact on Physical health

- The infant mortality rate for Traveller & Gypsy communities is 3 times higher than national average
- Travellers & Gypsy of all ages have much higher mortality rates than people from the general population
- Traveller & Gypsy women live on average 12 years less than women in the general population
- Traveller & Gypsy men live on average 10 years less than men in the general population
- Male Traveller & Gypsies have over twice the risk of dying in a given year than settled males. For female Travellers the risk is more than 3 times.



Impact -Mental health

Gypsies and Travellers have been found to be nearly three times more likely to be anxious than others, and just over twice as likely to be depressed, with women twice as likely as men to experience mental health problems'

Parry et al (2004) The Health Status of Gypsies and Travellers: Report of Department of Health Inequalities in Health Research Initiative, University of Sheffield.

To read full report go to:

http://www.shef.ac.uk/polopoly_fs/1.43714!/file/GT-final-report-for-web.pdf



Traveller Men's Health



- Suicide among young Traveller men is an emerging issue. No primary data UK. (Eire 13 times more likely)
- Drug use among young Traveller men is increasing at an alarming rate. No primary data.



Impact of Environmental Factors



- Process of securing appropriate accommodation lengthy and stressful
- Site location –often located on waste ground-high risk toxic waste and atmospheric pollution
- Lack of LA sanitation services

The Barriers to Inclusion



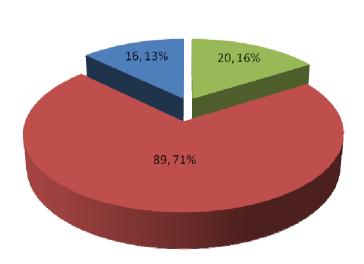


No standard ethnic monitoring

- Gypsies and Travellers are not included in NHS's16+1 national ethnic codes despite being a ethnic category in the 2011 national census.
- Nationally up to 85% of PCT's do not conduct ethnic monitoring of Gypsies and Travellers resulting in non-inclusion in JSNA's, Health and Wellbeing Strategies etc....

■ Yes ■ No ■ Other

PCT's ethnic monitoring of Gypsies and Travellers: Service use and Health & Wellbeing outcomes







Inclusion and ethnic monitoring of Gypsies and Travellers in the NHS: ITMB research

- Of the 125 responding PCTs, just 20 (16%) had monitoring procedures in place (or were in the process of introducing them) to assess Gypsies and Travellers service use and health and wellbeing outcomes.
 - The majority of respondents (71%, 89/125) conducted no ethnic monitoring of Gypsies and Travellers and 16 (13%) said either the information was not held or gave an inconclusive response categorized as other

Pre-eviction Dale Farm: Mary Ann McCarthy's chalet





Post-eviction Dale Farm: Mary Ann McCarthy's chalet restored to the Green Belt







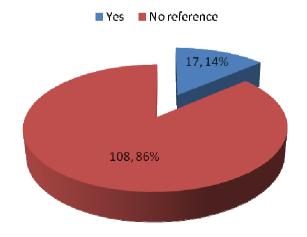
The importance of Joint Strategic Needs Assessments (JSNA's)

Health and Wellbeing Boards will conduct JSNA's

Gypsy and Traveller inclusion in JSNA's is crucial to ensuring equality in health provision and improving outcomes

Research by ITMB indicates that just 14% of PCT's make reference to Gypsies and Travellers in their JSNA's

Gypsy and Traveller reference in JSNA







Reluctance of GP's to register Gypsies and Travellers

Travellers are not always compliant with medication, this can result in GP's purposefully excluding them because it does not comply with target and funding (e.g. there is 95% target for immunisation, including Gypsies and Traveller can tip GP's under 95% leading to cuts in their funding)

Measles Outbreak (August 2012)



Over the summer, there has been an increase in the number of measles cases reported among members of the Gypsy and Traveller communities. Children and adults who are catching measles are those who haven't had both MMR jabs or haven't had measles before.

What is measles?

Measles is an infection that can spread very easily from person to person. It can make people very ill. Babies under one year old, teenagers and older people can get particularly with measles. At the beginning, someone with measles can feel like they have a bad cold, they get a fever and can have a dry cough. They may have red eyes or eyes which are sensitive to light. A few days later, a red-brown spotty rash appears which usually starts behind the ears, then spreads around



the head and neck before spreading over the rest of the body. The rash lasts up to 8 days.





Barriers....

- Lack of information
- Standard package of care
- Poor literacy
- Lack of targeted services





Moving Forward-Leavers for change

The Health and Social Care Act 2012: New health inequalities duties

The Health and Social Care Act 2012 contains specific legal duties on health inequalities for:

- Secretary of State!
- NHS Commissioning Board
- Clinical Commissioning Groups

This is the first time that health legislation has outlined specific legal duties on health



Duty for Secretary of State for Health

"In exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England with respect to the benefits that they can obtain from the health service".

(Section 1C of the NHS Act 2006, as amended by the 2012 Act)

The phrase "health service" incorporates both the NHS and public health. This duty will also impact on Department of Health in terms of its role to establish NHS and public health systems



Duty for Clinical Commissioning Groups

Each clinical commissioning group must, in the exercise of its functions, have regard to the need to –

- (a) reduce inequalities between patients with respect to their ability to <u>access</u> health services; and
- (b) reduce inequalities between patients with respect to the <u>outcomes</u> achieved for them by the provision of health services." (Section 14T)



Moving Forward- Proactive Health Promotion and joined up thinking

- Inclusion in JSNA is vital
- Ethnic monitoring
- Environmental and socio-economic factors
- Culturally appropriate Health Promotion Programmes (ITMB health advocacy training programme)
- Adaptation of literature
- Use of posters, DVDs (ITMB's Mental Health DVD) leaflets and photo packs on a wide range of health topics.

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Capacity building: ITMB Health & Wellbeing Advocacy Course









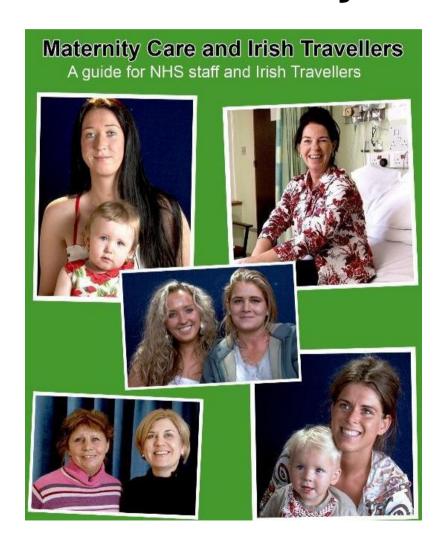


ITMB Community Health & Wellbeing Advocates





Capacity building: ITMB & Royal Free Maternity Course

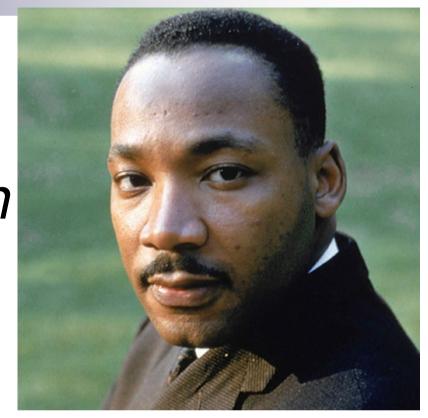








"Of all the forms of inequality, injustice in health care is the most shocking and inhumane"



Martin Luther King Jr

Convention of the Medical Committee for Human Rights held in Chicago in March 1966



The Irish Travellers Movement

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