Improving the health of Gypsies and Travellers

January 2015

About The Traveller Movement

The Traveller Movement (TM) is a leading national charity, working in partnership with the Gypsy, Traveller and Roma communities, service providers and policy makers developing forward-looking strategies to challenge discrimination and promote increased race equality, social inclusion and community cohesion.

Summary

- Gypsies and Travellers continue to experience some of the poorest health outcomes in our society, including the lowest life expectancy of any group in the UK and high infant mortality rates.
- Urgent action is required by Government to address the wider social determinates (particularly accommodation) of Gypsies’ and Travellers’ health; the effective commissioning of health services to these communities; their inclusion in NHS data monitoring systems and up-to-date research and the need for community engagement training to frontline staff engaging these groups.
- Effective policy measures addressing Gypsies’ and Travellers’ health will not only improve health and wellbeing outcomes but also reduce pressure on local health services and the financial burdens associated with high levels of poor health.

Key issues

Poor health outcomes: Gypsies and Travellers have a life expectancy of over 10% less than the general population, although another study has stated that the general population were living up to 50% longer than Gypsies and Travellers. Other health issues such as high infant mortality rates, high maternal mortality rates, low child immunisation levels, mental health issues, substance misuse issues and diabetes are also seen to be prevalent in the Gypsy and Traveller communities.

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3 Ibid, p.12
Wider social determinates of health: Accommodation insecurity, poor living environment, low education attainment, economic exclusion, community isolation and discrimination all have a negative impact on Gypsies’ and Travellers’ physical and mental health. Approximately 14-20% of Gypsies and Travellers living in caravans are situated on illegal sites and as such are legally classified as homeless, whilst half of all local authority Traveller sites in England suffer from environmental problems relating to adjoining land. These communities also experience low rates of economic activity and have the highest proportion with no qualifications for any ethnic group (60 per cent) – almost three times higher than for England and Wales as a whole (23 per cent). All these factors are compounded by high levels of discrimination and marginalization.

Access to health services: Gypsies and Travellers face numerous challenges in accessing primary care service including registration (requiring proof of identity and address); poor literacy skills (including Roma communities); fear of discrimination (resulting in non-engagement and hiding ethnicity); over reliance on A&E services (especially mobile and/or homeless Gypsies and Travellers). Meanwhile many health professionals lack the skills, support and cultural understanding/awareness of these communities while commissioners may not have the financial incentives to deliver high quality care to these groups.

Data monitoring and research: The NHS National Data Dictionary does not include Gypsies and Travellers alongside the 16+1 other ethnic categories which are currently monitored. This means the NHS is unable to collect nationally representative data on the health needs of these ethnic minority groups. There is also dearth of robust research on the health and wellbeing outcomes of Gypsies and Travellers with the last large-scale DH funded epidemiological study being carried out by the University of Sheffield over ten years ago (2004).

Recommendations

Government needs to address the wider social determinates (particularly accommodation) of Gypsies’ and Travellers’ health

- Implement the key recommendations and guidance produced by the National Inclusion Health Board (NIHB) and support the continued work of the NIHB.4
- DH and DCLG should produce guidance on developing healthy, safe and cohesive Gypsy and Traveller communities (with an emphasis on accommodation security, improving health outcomes and social and economic inclusion).
- Local Planning Authorities should, as routine, engage Clinical Commissioning Groups and/or Health and Wellbeing Boards when reviewing planning applications for Traveller sites.

Effective commissioning of health services to these communities

- Each CCG should have a lead/champion for the four groups vulnerable to poor health (as classified by the NIHB and inclusive of Gypsies and Travellers).

Update data monitoring systems and research

- The NHS data dictionary should be updated to include Gypsies and Travellers and DH should commission a large scale epidemiological study similar to that undertaken by University of Sheffield in 2004.

Community participation and community engagement training to frontline staff

- Community engagement training should be provided to all frontline service providers, including social care, housing and planning officers, health professionals who are working with Gypsies, Travellers and Roma.
- Support third sector organizations to increase the number of Gypsies, Travellers and Roma employed/engaged in health and social care initiatives.

4 https://www.gov.uk/government/groups/national-inclusion-health-board