



Irish Traveller Movement in Britain

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The Health and Wellbeing of Gypsies and Travellers



An Irish Traveller Movement in Britain Briefing

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About ITMB: The Irish Traveller Movement in Britain (ITMB) was established in 1999 and is a leading national policy and voice charity, working to raise the capacity and social inclusion of the Traveller communities in Britain. ITMB act as a bridge builder bringing the Traveller communities, service providers and policy makers together, stimulating debate and promoting forward-looking strategies to promote increased race equality, civic engagement, inclusion, service provision and community cohesion. For further information about ITMB visit www.irishtraveller.org.uk

1. Introduction and Background

- 1.1 Despite a lack of national data on the health status of Gypsies and Travellers, studies have revealed their health outcomes to be much poorer than the general population and also poorer than others in socially deprived areas.¹ Gypsies and Travellers have the lowest life expectancy of any group in the UK and experience an infant mortality rate which is three times higher than the national average. Despite this, the Department of Health (DoH) do not include Gypsies and Travellers as one of the 16 ethnic minority categories monitored by the NHS.²
- 1.2 ITMB consider these poor health outcomes unacceptable and are willing to work with the government, local health service providers and Gypsy and Traveller communities to address these issues.
- 1.3 This briefing summarises research on Gypsies and Travellers health and wellbeing outcomes, evaluates how existing and emerging health policy affect these groups, and highlights models of good practice that pave the way forward.

2. Public Health

Shorter life expectancy and general health outcomes

- 2.1 Consecutive studies have found that the health status of Gypsies and Travellers is much poorer than the general population. The most comprehensive of these is the 2004 University of Sheffield report published for the Department of Health.³
- 2.2 The Sheffield report accepts that the life expectancy of Gypsies and Travellers is between 10 and 12 years less than the settled population.⁴ This evidence is supported by the 2005 Leeds Racial Equality Council (LREC) Baseline Census, which found Gypsies and Travellers average life expectancy to be 50 years compared to the general population of Leeds which was 78 years of age.⁵ The even greater disparity in life expectancy found by the LREC is supported by the DoH, who, according to Traveller

¹ Parry et al (2004) *The Health Status of Gypsies and Travellers: Report of Department of Health Inequalities in Health Research Initiative*, University of Sheffield, Executive Summary, para 3
http://www.shef.ac.uk/polopoly_fs/1.43714!/file/GT-final-report-for-web.pdf

² Department of Health, 2001, *A practical guide to ethnic monitoring in the NHS and social care*, para. 33
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_5319155

³ Parry et al (2004) *The Health Status of Gypsies and Travellers: Report of Department of Health Inequalities in Health Research Initiative*, University of Sheffield
http://www.shef.ac.uk/polopoly_fs/1.43714!/file/GT-final-report-for-web.pdf

⁴ Ibid, p. 6, 69

⁵ Baker, M., Leeds Racial Equality Council, 2005, *Leeds Baseline Census 2004-2005*, p. 10
<http://www.grtleeds.co.uk/information/census.html>

organisation Friends, Families and Travellers, accept that Gypsies and Travellers life expectancy is likely to be nearer 20 years less than the life expectancy for the rest of the population.⁶

2.3 In terms of general health outcomes, the authors of the Sheffield report (Professor Parry and her team) found that:

- Even after controlling for socio-economic status and comparing to other marginalised groups, Gypsies and Travellers have worse health than others: 38 per cent of a sample of 260 Gypsies and Travellers had a long-term illness, compared with 26 per cent of age- and sex-matched comparators.
- Significantly more Gypsies and Travellers reported having arthritis, asthma, or chest pain / discomfort than in the comparison group (22, 22 and 34 per cent, compared with 10, 5 and 22 per cent respectively).
- They were over three times more likely to have a chronic cough or bronchitis, even after smoking status had been taken into account.
- Mobility problems were reported by 25 per cent of Gypsies and Travellers and 15 per cent of the comparison group. Saunders (2007) reported a high prevalence of diabetes and a lack of community knowledge of risk factors or of the implications of having the condition.
- For Gypsy Travellers, living in a house is associated with long term illness, poorer health state and anxiety. Those who rarely travel have the poorest health.

2.4 Health Needs Assessments by Bedfordshire NHS Trust 2010 and West Sussex NHS 2010 indicate that little has improved since the 2004 Sheffield study. The assessments found:

*'the average age of death amongst siblings and close family was 65 years of age, bearing similarities to literature citing life expectancy among Gypsies and Travellers as 10-12 years less than the UK norm of 81.5 years.'*⁷
Bedfordshire NHS Trust 2010

'Some of those we interviewed expressed the belief that there are very few older people in the Gypsy and Traveller community, reflecting the lower life expectancy of Gypsies and Travellers. "In Gypsy culture they don't live to be old. Years ago, people would live to be old, but in these days, there's hardly

⁶ Friends, Families and Travellers, 2012, National Health Policy Work
<http://www.gypsy-traveller.org/about-fft/national-health-policy-work/>

⁷ Bedfordshire NHS and Ormiston Trust, 2010, *Health Needs Assessment of the Gypsy and Traveller Community in Bedfordshire (excluding Luton)*, Summary, p.3
http://www.bedfordshire.nhs.uk/downloads/hna_g_and_t_2010.pdf

any older people. During their late 50s, by that they're dead. If they live to be 60, that's a good age."⁸

West Sussex NHS 2010

- 2.5 Evidence from Gypsy, Traveller health assessments by Bedfordshire NHS 2010, NHS West Sussex 2010, Cambridgeshire County Council and Cambridgeshire PCT 2010 indicate little or no improvement has been made in Gypsies and Travellers life expectancy and general health outcomes. This conclusion is supported by the 2011 recommendations to the UK by the United Nations Committee on the Elimination of Racial Discrimination (CERD):

*'While noting that some efforts have been made by the State party to improve the well-being of Gypsies and Traveller communities, the Committee remains concerned that such efforts have not substantially improved their situation. The Committee thus regrets that these communities continue to register poor outcomes in the fields of health, education, housing and employment.'*⁹

Infant Mortality

- 2.6 The DoH Sheffield report found that Gypsies and Travellers experience an infant mortality far higher than the national average and the comparator group in the study:

'more Gypsy Travellers experienced one or more miscarriages – 43 (29%) and Caesarean sections – 33 (22%)....compared with 18 (16%), and 20 (14%) respectively of the non-Gypsy Traveller group with children.'

*'In response to the question "Are all your children still living?" 25 of 142 Gypsy Traveller women (17.6%) had suffered the death of a child (of any age but excluding miscarriages) compared with one of 110 matched comparators'*¹⁰

- 2.7 Since the 2004 Sheffield report there has been a dearth of up-to-date research and data on Gypsy and Traveller health and more specifically on incidences of infant mortality. However, considering more recent health indicators show little to no improvement in general health outcomes for Gypsies and Travellers, it is unlikely that infant mortality rates for the communities have improved since publication of the Sheffield report.

⁸ West Sussex NHS and West Sussex County Council, October 2010, *Health and Social care Needs of Gypsies and Travellers in West Sussex*, p. 57

http://www.westsussex.nhs.uk/domains/westsussex.nhs.uk/local/media/publications/Health-professionals/8031_Gypsies_Travellers_report_FINAL_Oct_10.pdf

⁹ United Nations CERD, 2011, Concluding Observations, para 27

<http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G11/454/89/PDF/G1145489.pdf?OpenElement>

¹⁰ Parry et al (2004) *The Health Status of Gypsies and Travellers: Report of Department of Health Inequalities in Health Research Initiative*, University of Sheffield, p. 33

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

Immunisation

2.8 Immunisation is a key focus for protecting Gypsies and Travellers against serious disease. The 2009 EHRC review *Inequalities experienced by Gypsies and Travellers* reported that "low levels of immunisation for children can be a particular problem where families are highly mobile, continuity of care is lacking, and specialist health visitors for the Gypsy and Traveller community are not available" and "concerns over the possible ill-effects of inoculations can also be an issue."¹¹

2.9 Health needs assessments by Cumbria NHS (2009), NHS West Sussex (2010), Cambridge PCT (2010), Surrey NHS (2011), NHS Luton (2009) report low levels of immunisation amongst Gypsy and Traveller children:

*'the percentage of Traveller children receiving the full immunisation programme (42 per cent) is significantly lower than that of the wider population of Cumbrian children (95 per cent).'*¹²
Cumbria NHS 2009

*'Several people we spoke to told us they had a fear or dislike of "needles"...Other interviewees were more wary about immunisations: "I take care of all that. There's certain vaccinations I won't let the kids have. They have had vaccinations but only the ones I want them to have.'*¹³
NHS West Sussex 2010

*'Preventative measures such as immunisation, contraception and cervical screening had poor uptake amongst Travellers.'*¹⁴
Cambridge PCT 2010

2.10 The above evidence reveals widespread low levels of immunisation take up amongst the Gypsy and Traveller communities. This can be for numerous reasons, including homelessness and mobility, cultural, discrimination and low literacy skills. Improved communication and education in all these areas is essential to effectively tackling this issue.

¹¹ Equality and human Rights Commission, *Inequalities Experienced by Gypsy and traveller Communities: A Review (2009)*, p.55
http://www.equalityhumanrights.com/uploaded_files/research/12inequalities_experienced_by_gypsy_and_traveller_communities_a_review.pdf

¹² Cumbria NHS, 2009, *Health Needs Assessment: Gypsies and Travellers*, p. 25
<http://www.cumbria.nhs.uk/YourHealth/PublicHealthInformation/HealthNeedsAssessmentCumbriaGypsyTravellersReport.pdf>

¹³ NHS West Sussex and West Sussex County Council, October 2010, *Health and Social care Needs of Gypsies and Travellers in West Sussex*, p. 41
http://www.westsussex.nhs.uk/domains/westsussex.nhs.uk/local/media/publications/Health-professionals/8031_Gypsies_Travellers_report_FINAL_Oct_10.pdf

¹⁴ Cambridgeshire County Council and Cambridgeshire PCT, 2010, JSNA, p. 26
http://cambridge.newcastlejsna.org.uk/webfm_send/25

Limited access to services

- 2.11 One of the main reasons why Travellers do not access health services has been attributed to the complex procedures for registering and accessing services.¹⁵ The National Association of Traveller Health workers (NAHWT) suggested that:

'The most common problem for Travellers is difficulty in accessing primary care through GPs because of their insistence in having a permanent address'.¹⁶

- 2.12 Some GPs only register families as temporary residents, resulting in exclusion from a range of services, such as screening. Others allegedly refuse to register Gypsies and Travellers at all according to the NAHWT response.¹⁷
- 2.13 A 2008 qualitative study into the health experience of Gypsies and Traveller in the UK found a distinct lack of understanding around Gypsy and Traveller culture in hospitals.¹⁸ The same report also noted that many Gypsies and Travellers were unable to read and write but were sometimes reluctant to admit this which results in issues such as an inability to fill out menus or order food.¹⁹

3. Social Care

Mental health

- 3.1 A key area of concern for Gypsies and Travellers within social care is mental health. The DoH Sheffield report found that Gypsies and Travellers were over twice as likely to be depressed, and almost three times as likely to suffer from anxiety, as others.²⁰ The EHRC's 2009 review of inequalities experienced by Gypsies and Travellers found that 'evidence from a number of studies (Parry et al, 2004; Goward et al, 2006; MIND Bristol, 2008) shows that Gypsies and Travellers have greatly raised rates of depression and anxiety, the two factors

¹⁵ Equality and human Rights Commission, *Inequalities Experienced by Gypsy and traveller Communities: A Review (2009)*, p. 53

http://www.equalityhumanrights.com/uploaded_files/research/12inequalities_experienced_by_gypsy_and_traveller_communities_a_review.pdf

¹⁶ Ibid, p. 53

¹⁷ Ibid, p. 53

¹⁸ Jesper, E, Griffiths, F. & Smith, L. (2008) *A qualitative study of the health experience of Gypsy Travellers in the UK with a focus on terminal illness. Primary Health Care Research & Development*, 9, p. 8

¹⁹ Ibid, p. 98

²⁰ Parry et al (2004) *The Health Status of Gypsies and Travellers: Report of Department of Health Inequalities in Health Research Initiative*, University of Sheffield, p. 32
http://www.shef.ac.uk/polopoly_fs/1.43714!/file/GT-final-report-for-web.pdf

most highly associated with suicide, with relative risks 20 and 8.5 times higher than in the general population (Harris & Barraclough, 1997).²¹

- 3.2 Health needs assessments by Cumbria NHS (2009), NHS West Sussex (2010), Cambridge PCT (2010), Surrey NHS (2011), NHS Luton (2009) suggest high incidences of mental health problems amongst the communities:

*'79 per cent of respondents reported that either they or a family member suffered from depression or "nerves".....The average prevalence of common mental health problems in England is 16.5 percent of the population.'*²²

Cumbria NHS 2009

*'Mental health was a major theme in our interviews. Several people reported severe and chronic mental health difficulties including depression, anxiety, paranoia, and possible bipolar disorder. Several also told us of family members with mental health problems.'*²³

NHS West Sussex 2010

*'Poor mental health in the Gypsies and Travellers in Cambridgeshire is becoming apparent as the communities become more confident to self-refer to the Travellers Health Team.'*²⁴

Cambridge PCT 2010

- 3.3 The 2011 report *Addressing the impact of social exclusion on mental health in Gypsy, Roma and Traveller communities* attributed the high levels of depression and suicide to 'social exclusion and experiences of racism, and unresolved grief following the death of close family members.'²⁵

The same report concluded:

'There is a dearth of culturally informed and sensitive counselling available to GRT communities. For example, the extent of the anecdotally high levels of depression and bereavement in GRT families (Greenfields, 2008; Cemlyn et

²¹ Equality and human Rights Commission, *Inequalities Experienced by Gypsy and traveller Communities: A Review (2009)*, p.77

http://www.equalityhumanrights.com/uploaded_files/research/12inequalities_experienced_by_gypsy_and_traveller_communities_a_review.pdf

²² Cumbria NHS, 2009, *Health Needs Assessment: Gypsies and Travellers*, p. 27

<http://www.cumbria.nhs.uk/YourHealth/PublicHealthInformation/HealthNeedsAssessmentCumbriaGypsyTravellersReport.pdf>

²³ NHS West Sussex and West Sussex County Council, October 2010, *Health and Social care Needs of Gypsies and Travellers in West Sussex*, p. 49

http://www.westsussex.nhs.uk/domains/westsussex.nhs.uk/local/media/publications/Health-professionals/8031_Gypsies_Travellers_report_FINAL_Oct_10.pdf

²⁴ Cambridgeshire PCT and Cambridgeshire County Council, 2010, *Cambridgeshire Travellers Joint Strategic Needs Assessments*

http://cambridge.newcastlejsna.org.uk/webfm_send/25

²⁵ Ibid, p. 135

al., 2009) is not widely known, nor has the importance of the extended family as a source of strength and resilience been fully explored.²⁶

Offender Health

- 3.4 Recent research by the Irish Chaplaincy in Britain (ICB) found that Irish Travellers in prison experience poorer physical and mental health than their settled counterparts. The report noted that the poorer physical health outcomes generally experienced by Travellers puts them at greater risk once they enter prison:

‘Irish Travellers generally, enter prison at a higher risk of ill-health than other prisoner groups. This should alert prison staff to the greater risk and perhaps also the urgency of responding to expressions of ill-health by this prisoner group. When a Traveller prisoner voices concern about his or her health it may indicate an urgent need because Travellers access healthcare only infrequently outside prison and consequently experience negative health outcomes.’²⁷

- 3.5 More worryingly the ICB report found that 26.1% of Irish Travellers in prison were identified as having mental health problems. In comparison, it is estimated that 10% of the prison population has ‘serious mental health problems.’²⁸

4. Policy context

- 4.1 The DoH Sheffield report specifically cited a lack of planning and focused policy as obstacles to addressing Gypsies and Travellers health:

‘Our findings demonstrate that the health needs of Gypsy Travellers are not being met through PCT and SHA current plans and provision. The general implication for policy and health provision is therefore that methods are needed to improve access and services. Options include working in partnership with Gypsy Traveller communities in the delivery of health care, commissioning dedicated or specialist health workers, improving the cultural competence of health service staff and better coverage of Gypsy Travellers in NHS ethnic monitoring.’²⁹

²⁶ Yin-Har Lau, Annie. and Ridge, M., 2011, *Addressing the impact of social exclusion on mental health in Gypsy, Roma and Traveller communities*, VOL. 15 NO. 3 2011, pp. 129-137, Q Emerald Group Publishing Limited, ISSN 2042-8308, MENTAL HEALTH AND SOCIAL INCLUSION, p. 132 <http://www.irishtraveller.org.uk/wp-content/uploads/2011/11/Impact-of-social-exclusion-report-30.11.11.pdf>

²⁷ Irish Chaplaincy in Britain, 2011, *Voices Unheard: A Study of Irish Travellers in Prison*, p. 41 http://www.irishchaplaincy.org.uk/Groups/160519/Irish_Chaplaincy_in/Our_Work/Irish_Travellers/Irish_Travellers.aspx

²⁸ Ibid, p. 44

²⁹ Parry et al (2004) *The Health Status of Gypsies and Travellers: Report of Department of Health Inequalities in Health Research Initiative*, University of Sheffield, p.73 http://www.shef.ac.uk/polopoly_fs/1.43714!/file/GT-final-report-for-web.pdf

4.2 Although it's approximately 8 years since the Sheffield report was published, its authors refer to two key policy concerns which are still relevant in 2012:

1) How to improve access and services through partnership with Gypsy and Traveller communities

2) The need for better coverage of these communities in NHS ethnic monitoring.

In light of the Governments sweeping healthcare reforms and the dearth of research and monitoring data, now is an opportune time to address these issues.

Implications of Health Care Reform

4.3 The 2011 panel review by the Travellers Aid Trust (TAT) on the impact of Coalition Government policies highlighted specific concerns regarding changes to the health service:

*'There is a great deal of concern among informants that many BME projects are either ending or are reducing staff and that much good work on Gypsy, Roma and Travellers health, that relies on collaborative work between agencies, will be undone with the loss of posts not only in health but also in voluntary sector and local authority funded posts such as outreach workers. The running down of Primary Care Trusts (PCTs) and the lead up to GP commissioning is creating uncertainty about funding of some posts and loss of continued funding of some existing projects.'*³⁰

4.4 The abolition of Primary Care Trusts (PCT) and Strategic Health Authorities (SHA) and their most likely replacement by **Clinical Commissioning Groups** and a **National Board** represents a seachange in how health services are delivered to vulnerable communities such as Gypsies and Travellers. It is important that existing good practice and community engagement is not lost during these sweeping changes.

4.5 Similarly, local authorities establishing **Health and wellbeing boards** need to ensure that Gypsies and Travellers are included as key stakeholders. These boards will be relying on comprehensive **Joint Strategic Needs Assessment (JSNA's)** to inform their work. It is therefore critical that vigorous local Gypsy Traveller health assessments are conducted and that every effort is made to engage these communities in this process. It is also crucial that Gypsies and Travellers health concerns are a key issue for **Monitor** (in its proposed new role as the sector regulator) and in the yet to be formed **Healthwatch England** (a proposed national consumer champion representing the collective views of health and social care users to influence national policy, advice and guidance).

³⁰ Ryder et al, Travellers Aid Trust, 2011, *A Big or Divided Society?*, p. 65
http://www.travellersaidtrust.org/big_or_divided_society.pdf

- 4.6 The Health and Social Care Bill places specific **duties on the Secretary of State (SoS) and local authorities**, some of which are highly relevant to improving health outcomes for Gypsies and Travellers (these may have changed since the time of writing):
- Reduce inequalities between the people of England as to health care benefits (clause 2)
 - To promote autonomy, which requires the SoS to leave other bodies exercising functions in relation to the health service (clause 4)
 - Duty to protect public health, with a list of functions, including conduct of research (clause 7)
 - The improvement of public health, confers functions on all local authorities as well as the SoS, including the provision of information, facilities to promote healthy living, training etc (clause 8)
 - Local authorities duty is tied to the people of its area (clause 8)
- 4.7 Certain duties – such as reducing health inequalities, protecting public health and conducting research and training – confer positive obligations on the SoS and local authorities and could potentially improve health outcomes for Gypsies and Travellers. However, other measures in the Bill – such as promoting autonomy and local authorities duties being tied to the people of its area – could potentially have a negative impact on Gypsies and Travellers health.

Ethnic Monitoring

- 4.8 Despite the poor health outcomes experienced by the Gypsy and Traveller communities, the DoH have made no commitment to include them as one of the 16 ethnic minority categories monitored by the NHS:

*'There are currently no plans to re-define how changes in ethnicity coding are reflected in national data collection systems...changes to how data is collected can place a significant burden on the NHS and for vulnerable groups in particular, the process of monitoring information being placed on a national data-set can discourage use of statutory health services by some communities.'*³¹

- 4.9 Gypsies and Travellers are an ethnic minority group under UK law and were included in the 2011 Census. As a result of Gypsies and Travellers not being monitored by the DoH there is no centralised NHS statistical data on the communities making it very difficult for health service providers to effectively address poor health outcomes through policy. This lack of monitoring has a serious impact on Gypsies and Travellers everyday health. For example, research indicates that Gypsies and Travellers are three times more likely to have a chronic cough or bronchitis, however the NHS and DoH have no way of assessing whether its policies and initiatives are effectively addressing respiratory disease in the Gypsy and Traveller communities.

³¹ Department of Health, January 2012, *Email from Julie Alexander (Equality and Inclusion) to ITMB*

- 4.10 Bedfordshire NHS Trusts 2010 Gypsy and Traveller Health Needs Assessment recommended the need for improved monitoring of these communities to ensure the development of more effective health policy:

*'Ensure that all commissioned services are able to provide ethnic breakdown which includes Romany Gypsies and Irish Travellers as identifiable ethnic groups and includes the option of Traveller or Gypsy in ethnic monitoring forms.'*³²

- 4.11 The DoH's own guidance on ethnic monitoring in the NHS and social care stipulates that:

*'Within the health and social care system there are a number of critical drivers to encourage Trusts and councils to apply themselves to race equality and ethnic monitoring with the utmost seriousness. First, the Race Relations (Amendment) Act 2000 requires the NHS, local authority councils and other public bodies to demonstrate compliance with the statutory duty to promote race equality. Where evidence from monitoring shows unequal outcomes between different ethnic groups, public authorities are required to take action to promote greater equality and to prevent direct and indirect discrimination.'*³³

- 4.12 The statutory duty to promote race equality now comes under the public sector equality duty in section 149 of the Equality Act 2010. Given the evidence indicating the health inequalities experienced by Gypsies and Travellers, it is crucial that the DoH take pro-active measures to ensure the NHS fulfil this duty.

EU and International Law

- 4.13 In 2011 the European Commission (EC) issued a request for all EU states to produce National Roma Integration Strategies in which they specify how they will contribute to achieving the overall EU goals for Roma integration. In respect of health, the EC's objective is 'to reduce the gap in health status between Roma (including Gypsies and Travellers) and the rest of the population.'³⁴
- 4.14 The UK Government has stated it is going to 'update or develop sets of policy measures....as an alternative to producing national Roma inclusion

³² Bedfordshire NHS and Ormiston Trust, 2010, *Health Needs Assessment of the Gypsy and Traveller Community in Bedfordshire (excluding Luton)*, Summary, p.3
http://www.bedfordshire.nhs.uk/downloads/hna_g_and_t_2010.pdf

³³ Department of Health, 2007, *A practical guide to ethnic monitoring in the NHS* para 14
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_5319134

³⁴ European Commission, Director of General Health Consumers, 2011, *EU Framework for National Roma Integration Strategies upto 2020*, slide 5
http://ec.europa.eu/health/social_determinants/docs/ev_20111212_co13_en.pdf

strategies.³⁵ UK Gypsy and Traveller organisations are very disappointed and concerned that the government is not committing to a set of national Roma integration strategies (RIS) as outlined by the Commission. The development of such strategies (including health) is an essential step to effectively addressing the unacceptably low social outcomes which Gypsies and Travellers experience.

- 4.15 It is also crucial that the Government take notice of the October 2011 United Nations Human Rights Committee on the Elimination of Racial Discrimination recommendations on Gypsies and Travellers:

*'The State party should ensure that concrete measures are taken to improve the livelihoods of these communities by focusing on improving their access to education, health care and services, and employment.'*³⁶

5. Conclusion

- 5.1 ITMB consider the poor health outcomes which Gypsies and Travellers suffer unacceptable and are willing to work with the government, local health service providers and the Gypsy and Traveller communities to address this issue. To effectively do this, the DoH need to conduct more routine research and monitoring on Gypsies and Travellers health and wellbeing outcomes. At the moment DoH could be described as driving blind, lacking an up-to-date evidence base and system of monitoring to effectively assess which of its policies and practices do and do not work.
- 5.2 It is crucial that government meaningfully engage and support community based organisations to ensure community buy in and participation in health initiatives. Key to such effective engagement is the use of outreach projects and multimedia to bridge the communication divide which often prevents progress in this area.

6. The way forward

- 6.1 In December 2011 the Ministerial Working Group on preventing and tackling inequalities experienced by Gypsies and Travellers produced a set of 'proposed commitments in its draft progress report.'³⁷ ITMB is concerned that the Ministerial working group is not conducting meaningful engagement with community members and representative groups on health and more general issues. These concerns also relate to the Government's decision to not develop a set of national strategies under the European Commission's (EC) Roma Integration Strategies initiative (RIS). The following are ITMB's

³⁵ Department for Communities and Local Government, November 2011, email contact from Ian Naysmith, Head of Gypsy, Traveller & International Policy

³⁶ United Nations CERD, September 2011, Concluding Observations, para. 27
<http://www.equalityhumanrights.com/human-rights/international-framework/international-convention-on-the-elimination-of-all-forms-of-racial-discrimination/>

³⁷ Ministerial Working Group on preventing and tackling inequalities experienced by Gypsies and Traveller, 2nd December 2011, *Proposed commitments in the draft progress report to the Home Affairs Cabinet Committee*

recommendations in the context of the DoH and Ministerial working groups proposed commitments to be submitted to the EC RIS:

- *'The Ministerial working group (including the DoH) have stated they intend to tailor their approaches to national needs by preparing, updating or developing sets of policy measures within broader social inclusion policies, as an alternative to producing national Roma inclusion strategies.'*

ITMB strongly urge the Government and DoH to develop a national Gypsy, Roma, Traveller health strategy in line with the European Commission's National Roma Integration Strategies for all EU member states. Developing a strategy would enable the Government to avail of specific EC funding to support Gypsy, Roma and Traveller initiatives.

- *'We (DoH) will work with the National Inclusion Health Board, the NHS, local government and others to identify what more must be done to include the needs of Gypsies and Travellers in the commissioning of health services.'*

ITMB urge the DoH to ensure that funding is available for targeted partnership programmes with community members and representative groups utilising multi-media as a proven means to promote health and wellbeing amongst the Gypsy and Traveller communities.

The DoH should develop and provide community led training for the National Inclusion Health Board, the NHS, local government and others about Gypsies and Travellers.

- *'We (DoH) will work with the Inclusion Health working groups to identify gaps in data and research, and look to identify the specific interventions that produce positive health outcomes.'*

The DoH should issue a national 'Data Change Notice' to include Gypsies, Roma and Travellers alongside the 16 other ethnic categories which are monitored by the NHS. This would bring the NHS in line with Gypsy and Traveller inclusion in the 2011 census.

- *'We (DoH) will explore how health and wellbeing boards can be supported to ensure that the needs of Gypsies and Travellers with the worst health outcomes are better reflected in joint strategic needs assessments and joint health and wellbeing strategies.'*

The DoH should give guarantees that Local Authorities establishing Health and wellbeing boards include Gypsies and Travellers as key stakeholders. The DoH also need to ensure that these communities are properly engaged and consulted in all Joint Strategic Needs Assessment conducted.

- *'We (DoH) will work with the Inclusion Health working groups to identify what more needs to be done to improve maternal health, reduce infant mortality and increase immunisation rates.'*

The DoH should support and promote existing good practice projects developed by Gypsy and Traveller organisations like ITMB, Friends Families and Traveller, Leeds GATE and other organisations working with these communities. Such projects have specifically focused on maternal health, infant mortality and immunisation.