

Moving on:

Does **Every** London Traveller and Gypsy Child Matter?





Background

The Children and Young Peoples Group of the London Network for Nurses and Midwives (LNNM) have been successful in highlighting the rights of the young child and adolescent through its various campaigns. One successful project was the development of the hand held record for refugee and asylum seeking children, which is now the official document of the Department of Health. http://www.dh.gov.uk/en/Healthcare/International/AsylumseekersAndrefugees/DH_4080751

The latest project (2006-2009) has focussed on consulting with children and young people about their health, and the unheard voice of the disadvantaged child and young person who lives in London. With this project in mind, the group was successful in initially bidding for £5000 from the LNNM to fund the early stages of the project.

The group identified that children and young people from the Traveller and Gypsy communities are a population where there is potentially an inequity of healthcare (DOH 2004). This is a group that is the most vilified in the country and faces huge health inequalities compared to the rest of the population and also experiences problems in accessing health care. As a group they have some of the poorest health outcomes of any group in the UK.

In order to establish the key issues and to engage with the Traveller and Gypsy community, the group held a facilitated workshop day on the 21st March 2007 at the Royal College of Nursing (RCN) and invited key stakeholders from Public Health, Healthcare Commission, Children's Rights Alliance and representatives from voluntary agencies (listed below) in the London Region. This workshop was generously supported by The London Board of the RCN and was facilitated by Lindsay Hayes, RCN Public Health Advisor.

The first part of this report will discuss the stakeholder and planning day from March 2007 and the second part will discuss the consultation events and practical workshops with the children and young people.

Overall aims of the day

- Engage and plan further work with stakeholders who have an interest in London's Traveller and Gypsy population
- Assess how Irish Traveller and Gypsy children engage and access health services through facilitated workshops
- Identify gaps in provisions and areas which require action

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The stakeholder day was well attended. The following were the messages from key attendees

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Dr Maggie Barker (RPHG) addressed the following issues;

- The Government Office for London, including the Director for Children and Learners includes a dedicated team addressing children's issues
- The changes to the London Strategic Health Authorities (SHA)
- The Children's National Service Framework (NSF) needs further recognition
- That Traveller and Gypsy children are almost never considered as a specific group with unique needs
- The potential for team work with both the Department of Health and Greater London Authority (GLA) whose major agenda is **inequality and diversity**
- There are local level struggles for Primary Care Trusts (PCT) and often proactivity is compromised by financial needs and impacts upon community support-based services
- The current health issues for all children in London include:
 - ♦ **Emotional and mental health** – the effect and stresses of modern society
 - ♦ **Poor diet and obesity** – London has highest proportion of childhood obesity In 2003, London had the highest proportion of obese boys of any region in England and this is forecast to rise to 29 per cent by 2010 (DH2003; London Observatory 2006)
- ♦ **Immunisation and vaccination uptake** – this has not been achieved
- The two major strategies are:
 - ♦ **London Healthcare Strategies** – to formulate a blueprint for health services in London, to be delivered by the Strategic Health Authority (SHA)
 - ♦ **Staying Healthy Group** – how to achieve a blueprint that is a statement and find a balance between tailoring for specific groups and ensure universal access to services
- The Mayor's new responsibilities in London include waste, housing, and learning. The Mayor has a new duty to promote reduction in health inequality which can only be achieved through multiple agency working.
- The Development of East London "Thames Gateway" will increase the current local population of 800,000. This redesign may exclude minority groups

Discussion

Q. The impact of the London Gateway on Traveller community has the potential for relocation and splitting of settled communities, with uncertainty and impact on mental health. How can this be addressed with priority on good sites and consultation?

A. The local community feels that they have been stonewalled and are voiceless. Some have been there c.30 years, misconception of mobility. Concerns include that the area proposed for them doesn't even have proper drainage and there are big issues of public health and immunisation.

There is an ongoing difficulty of registering with GPs. Either unable due to "lack of documentation" or offered temporary registration despite having been residents for 5 years. Same problems exist across London. There are also central issues are those of prejudice and racism.

Q. How to balance localised issues without losing detail?

A. The Department of Health has said they will focus on excluded groups which has a positive effect on whole community. All action comes into context of changing SHA structure and PCT struggles. There is a move towards plurality of provision and everything is stacking up against excluded groups.

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Fiona Wray (Healthcare Commission) addressed the following issues;

- The Healthcare Commission has **no specific data** on Traveller and Gypsy children.
- Traveller and Gypsy children have **never featured in an NSF review**.
- Traveller and Gypsy children have **never been consulted in the "seldom heard" groups**.
- The Traveller and Gypsy children have been mentioned in initial consideration for Joint Action Review (JAR) but **dropped for field work not considered as a theme**. This has been picked up in other areas but cannot be separated.
- The Integrated Inspection of Children's Services, led by OFSTED, focuses on social, education and health issues. They have addressed access and opportunities for children but haven't yet focused on Traveller and Gypsy children. How to achieve a focus?
- The Healthcare Commission has resources, specific teams, investigations- there is no real justification that this group has been excluded

The agreed and identified issues were;

- **Barriers** – to immunisation, registration and education
- **Consultation** – different pictures gained by PCTs and local groups
- **Discrimination** – unwillingness to identify as Travellers. Often the appropriate questions are not being asked and there is a lack of accurate ethnic monitoring.
- **Invisibility** – children are perceived as invisible, however looking in detail would update the current inaccurate statistics
- **Lack of Forum for Complaint** – those who suffer poor services often do not have a voice that is heard
- **Lack of Statistics and Evidence** – Not just children, need to address whole families first. Information collection must be sensitive. At present, Romany identity is very concealed
- **Professional Signposting** – need to identify with individuals who become champions of Traveller and Gypsy communities
- **Poor Services/ Institutional Racism** – there is an professional unwillingness to visit sites due to perceived fear and stigma (e.g. Police escorts for ambulances)
- **Scale of Issue** – Is this London-wide or is it area specific or a national problem?
- **Vaccination** – At present MMR vaccination uptake is decreasing

Discussion

Q. How to get numbers? How to integrate with Education services?

A. Irish travellers don't identify themselves as a whole, they often split into groups such as Irish or White UK to avoid discrimination. These issues of identification are seen with regard to health and housing. Sites are identifiable but some areas don't have sites so are categorised otherwise. This gives false impression that numbers are small and local services are closed as a result.

Q. Patient advice liaison service?

A. Work is ongoing to draw together available data. Some groups don't ethnically monitor but can focus on common themes.

Jane Cook from Health Opportunity Promotion Education (HOPE) in Hillingdon working with Travellers, asylum seekers and homeless addressed and highlighted the following issues;

- Legislation, guidelines and policies should be a safety net for communities, but are they? E.g. Race Relations Act includes Travellers but they are still being ignored.
- Hillingdon Colne Park Caravan Site:
 - ◆ Static caravan site, c.30 years old
 - ◆ Others live in poor quality temporary accommodation
 - ◆ Approx 55 adults and 65 children, growing population
 - ◆ Run by local council, occupants pay rent so should have tenants' rights
 - ◆ On inspection: stagnant water, poor drainage, rats, no play facilities, plastic in place of glass, mould and standards are similar to those found in **Third World Countries**
 - ◆ Identified issues in the Gypsy and Traveller community on the site: poor dental care and access to services, mental health problems, skin infections (poor water supplies), respiratory problems (next to pollution from British Airways site), gynaecological, musculoskeletal, eye, cardiac, diabetes.
 - ◆ The impact of the health issues include stress, depression, frequent infections, stomach upsets, accidents, respiratory problems. When conducting assessments with the residents **75% said their health deteriorated since moving to the Colne Park site.**

The issues on the Colne Park site are consistent with the health issues in the Traveller and Gypsy population in general: (Parry 2004)

- ◆ Life expectancy for males is **20 years less** than national average, for women 12 years less, only **1 in 50 lives past 50**
- ◆ Higher risk of miscarriage, still births, death of young babies and older children, cot death, infant mortality is **3 times the national rate**
- ◆ Higher rate of accidents, lower rate of immunisation, high dental problems, high rates of cardiac disease, high rates of permanent sickness/disability, high limiting long-term illness
- Traveller children are a **minority within a minority group**. They all suffer the impact of inadequate provisions. They are especially vulnerable to poor health and its subsequent impact on cognitive development

- The aims of Every Child Matters i.e Staying Healthy ;Staying Safe; Enjoying and Achieving; Making a positive contribution and Economic Well being do not appear to matter for the children of these communities
- The UN Charter on Rights of Child (1989) needs to be adhered to for Gypsy and Traveller children: they have right to adequate accommodation and a cultural identity
- Gypsy and Traveller Children's voices must be heard in policy development
- Travellers and Gypsies are a distinct ethnic group under the Race Relations Act –This has implications for NHS Trusts in terms of equity and single equality schemes
- Travellers and Gypsies still not included under Single Equalities Scheme



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Kirsty Suttle from Southwark Travellers Action Group (STAG) addressed the following issues;

- The problems faced in Hillingdon are similar for the Gypsy and Traveller communities in Southwark
 - STAG works with English, Irish Travellers, not Roma (**Note:**no funding for this group), New Travellers and Fair people
 - They consult with the community once a month and meet to directly try to address Traveller issues
 - The Southwark Site demographics are 250 individuals, 60 families, 4 sites
- Her role connects families to services:
- ♦ Support, communication, accompanying to appointments, advocacy provision
 - ♦ Raising profile, influencing local and national policy
 - ♦ Representing at focus group meets
- The Travellers who are a specific ethnic group have a culture of large families, a custom of intermarriage, and clearly defined gender roles, Breastfeeding is uncommon, cleanliness a priority for all families of the community
 - They experience high stress, poor diet and lack of knowledge to help them with improving their health and life style.
 - Traveller adults have disproportionately high levels of illness including diabetes, high blood pressure, asthma and miscarriage

- The effects of new laws mean less travelling, static sites.

The four major factors for the Southwark sites are:

- ♦ The poor environment, impacts upon the mental health and behaviour of the community. There are additional problems of site positions, repairs outstanding and overcrowding.
- ♦ There is poor access to utility services: e.g. electricity, water
- ♦ There is a poor partnership between communities and public services. This includes open access to health services, and unwillingness of professionals to visit sites. There have been reported examples of racism, lack of understanding of culture.
- ♦ There is also a lack of understanding in the Gypsy and Traveller community about accessing health services. This is confounded by an often mobile population, missing documentation e.g. the Child Health Record, and confusion over medical history or assessment outcomes, **all these are made worse by poor literacy skills**

Discussion

Q. How good is school attendance?

A. Communities see primary education as more valuable. Literacy is valued as important. As children get older they have more responsibility at home (i.e. childcare, housework). Priority is for young males to be taken out of education to work as there is little chance of employment in the wider community (much a product of racism). Arranged marriages are expected, to break away is to break from whole community. From the age of 10 girls are thinking/preparing for this so school becomes secondary.

Lots of traditional travellers trades are now gone and this creates new issue of building skills.

Successful Travellers often conceal their identity to escape customer prejudice.

Q. Is there an issue of sex education in school

A. This is largely seen as inappropriate by the community. There is also a fear that schools lead to exposure to drugs and bullying. Richmond as an example is a well-managed and run site with a nursery and education service but the attempt to introduce sex education led to the end of services. Most girls don't receive formal sex education, generally just informally from sisters or cousins. This leads to an general lack of sexual health awareness.

Carolyn Willow from the Children's Rights Alliance addressed the following issues;

The United Nation Convention on The Rights of the Child is;

- A convention to amalgamate human rights which exist elsewhere and add ones specifically for children
- The treaty was intended as specific and comprehensive
- The rights are specific for children and include:
 - ♦ Play (Government statute reinterpreted as leisure)
 - ♦ Rest
 - ♦ Safety from violence (Government reinterpreted due to smacking)
 - ♦ Right to a voice and opinion
- The Convention contains all of European Convention on Human Rights
- The United Nation has suggested 78 changes for the UK, so far only 12 implemented
- There is no separate Traveller and Gypsy section, everything included relates to them

- There is widespread evidence of prejudice against this minority group and lack for respect for their culture and heritage
- The Commission for Racial Equality found the Traveller and Gypsy Community are **twenty times** more likely to suffer the death of a child in the UK
- There is incongruity of a rich country with children whose basic human rights are under threat
- There are two specific recommendations by committee:
 - ♦ Government must monitor children specifically subject to discrimination
 - ♦ Government must adopt an anti-discrimination policy in relation to Traveller and Gypsies specifically
- No action has taken place as a result for the past 5 years.



Discussion

Q. With a government with a history of ignoring children's rights, how much weight can a report carry?

A. UNICEF is working to raise awareness amongst ministers. Between 1995-2002 a more measure approach can be seen from civil servants. The Children's Minister has publicly acknowledged importance of human rights and this may become a cabinet position.

Q. Is there public recognition now that "Every Child Matters" has not protected all children, particularly those from Traveller's groups?

A. Margaret Hodge (Minister for children) herself recognised that this wasn't legally enforceable and that the duty of care is a responsibility of all agencies but there is a potential lack of judicial scrutiny..

Q. Police raids have taken place on sites and children have been forcefully separated from their parents, yet no action has been taken against the Police - why is this?

A. Local action combined with use of the Human Rights Act is very important.

Travellers are an invisible group subject to public hostility so Local Authorities often won't bother and police do not need to worry about the force they use. UN Convention puts into words the rights infringed, allows for identification. But still an issue of follow-up.

There is a need for a lawyer to start bringing children's rights test cases.

Q. Is there a plan for the UN Convention to be available in poster form?

A. Work has begun to promote it in other forms.

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After the stakeholder day held in March 2007 and linking up with community workers from the Irish Gypsy and Traveller Communities across London, it was decided to hold workshops consulting with young girls and boys separately. We decided to use different forms of media to capture the ideas and workshops on the day.

Consultation event with young girls & young boys

Following discussions with the GLA and the Gypsy and Traveller community groups we held a half day event at City Hall, inviting a group of young girls to share their ideas, experiences and views regarding what health means to them. This event took place on March 7th 2008 and was professionally facilitated by Karen Mc Hugh and a cartoonist, Graham Ogilvie, was invited to capture the young people's views and themes and talking points on the day to build up a gallery journal.

A group of young boys from the Westway site were invited to attend a half day event at the Harrow Club. This was held on (insert date) facilitated by Karen McHugh and a camera and film crew were used to capture the event and the activity and opinions whilst the boys were talking and drawing about their lives and the impact that health and lifestyle has upon them.

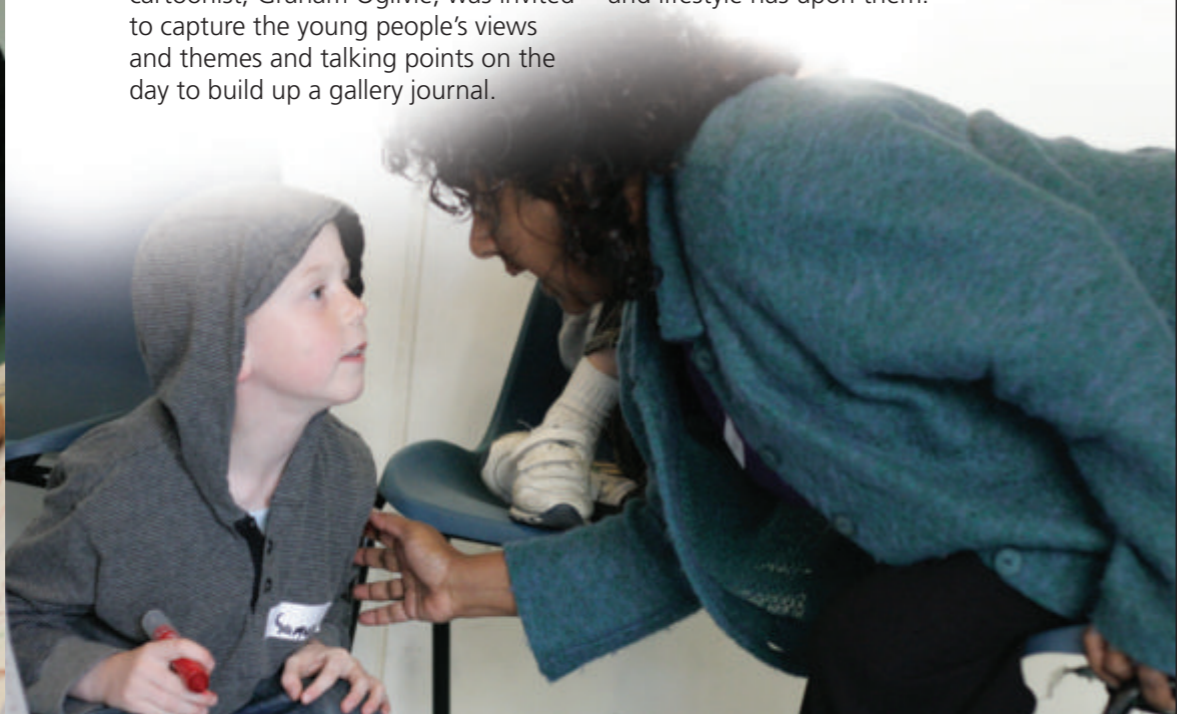
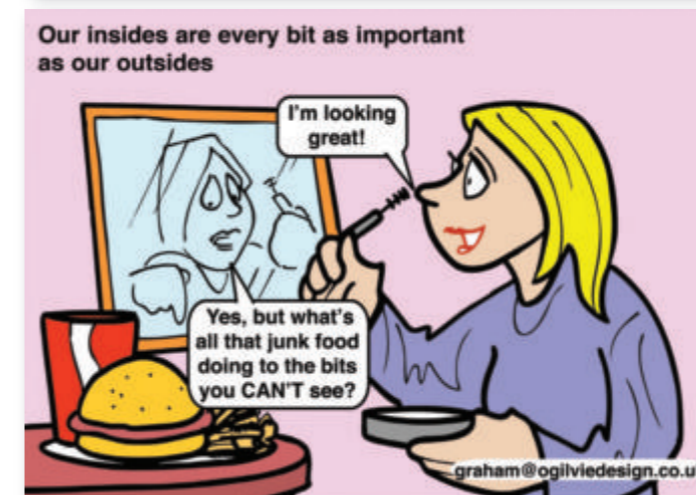
Karen McHugh – Facilitator Lets Talk About Health” Health and Irish Traveller Youth

Between March and October 2008, I facilitated two gender specific workshops involving Irish Traveller Youth on the broad subject of “Health” from a young persons’ perspective. The groups were well supported and well attended. A Cartoonist captured themes in the first workshop and a DVD was captured in the second workshop.

The venue for the first workshop in March 2008 was City Hall and was held in conjunction with the Brent Irish Advisory Service (BIAS) and the Irish Traveller Movement (ITM). This event

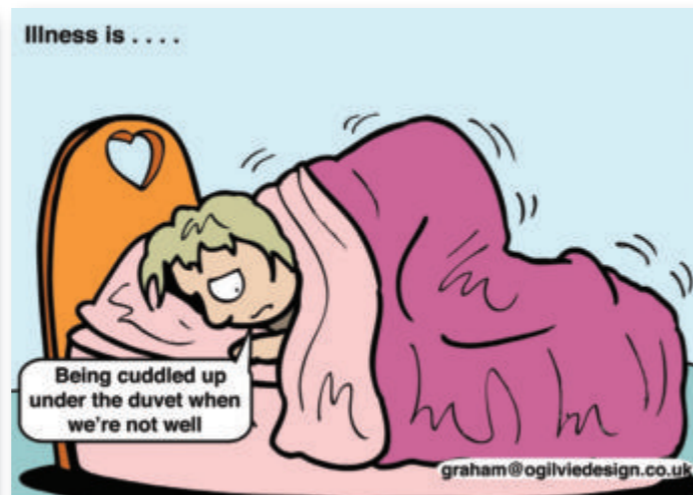
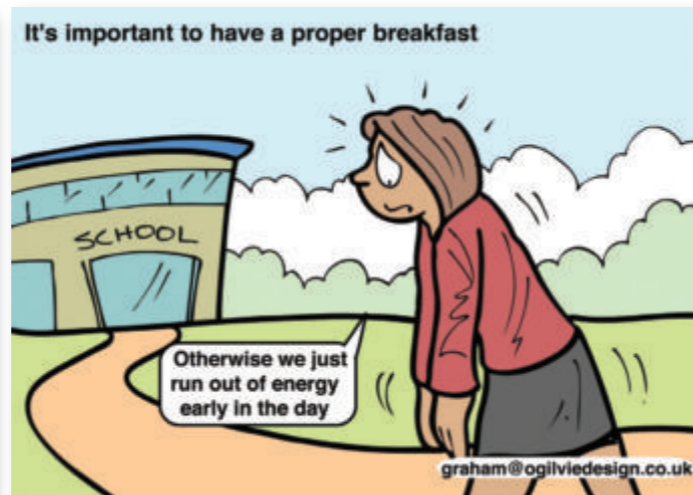
involved eight young girls aged 8-12 who live on the Lynton Close Travellers Site in Brent. The workshop was highly interactive and informative and the girls confidently discussed and highlighted common issues that affect their daily lives. Three key issues the group identified included (a) pollution from a nearby factory and prevalent asthma problems (b) skin cancer and particular the over-use of sun beds (c) the importance of exercise and diet to maintain a health lifestyle. The level of knowledge and awareness on health matters was exemplary as was the level of commitment to health and lifestyle.

The second workshop involved twelve Irish Traveller boys aged 6-12 who live on the West way site in Kensington and Chelsea. This workshop was held in October 2008 in a local youth centre named The Harrow Club and was supported by Kensington and Chelsea Youth Service This workshop broke into four age specific groups, each group picking two topics and exploring the relationship between health and lifestyle. Three key issues highlighted included:-



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- (a) air and noise pollution – as the site is located under a very busy flyover
- (b) Exercise and particular physical exercise and its importance in health
- (c) Substance misuse and its effects on self, family and community.

Both workshops showed that consultation works and I hope the views of the children and young people can be incorporated into effective planning and delivery of better health services for them

The link between “health” and “where you live” struck me to be a central issue for both groups. Both sites are located in highly polluted areas with no plans for relocation. Further research is required to illustrate how generations have been affected and will continue to be affected solely as a result of where they live.

Conclusion

Every child and young person has the right to good family life, health, leisure and education (UNCRC 1989). We held only two workshops with young people and children from two sites in London. The issues raised by the children are disappointing as Government policy “Every Child Matters” should address every one of them. We need to ask why have are these children and their families still in need. The Children and Young peoples group will continue to lobby agencies so the voices of these children can be heard by all who have a duty of care to them. The London SHA (2008) has a vision which states

“Our vision is world-class health and healthcare for Londoners. Achieving our vision will mean:

- improved health as a whole for Londoners
- reduced health inequalities by delivering greater improvement for the most disadvantaged groups”

None of this would be possible without the children, young people and their families from Brent and Westway for taking part in the workshops and sharing a little bit of their lives with us. We thank them We also thank Nora and the residents of Westway site for allowing us to attend a residents meeting.



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The LNNM Children and Young peoples Group who have led this project are;

| | |
|-------------------|---|
| Marcelle de Sousa | Co-Chair of Children's Group, LNNM |
| Ruth Meadows | Assistant Director of Nursing, St Georges NHS Trust and Co-Chair of the Children's Group, LNNM |
| Jane Cook | Community Development Worker for Asylum Seekers, Refugees, Migrants and Black and Ethnic Minority Communities, Hastings PCT |
| Jo Carroll | Lead Nurse for Safeguarding Children, Whittington Hospital and Vice-Chair of the Children's Group, LNNM |
| Jacqui Cowlard | Cystic Fibrosis Clinical Nurse Specialist, Barts and The London NHS Trust and Secretary of the Children's Group, LNNM |

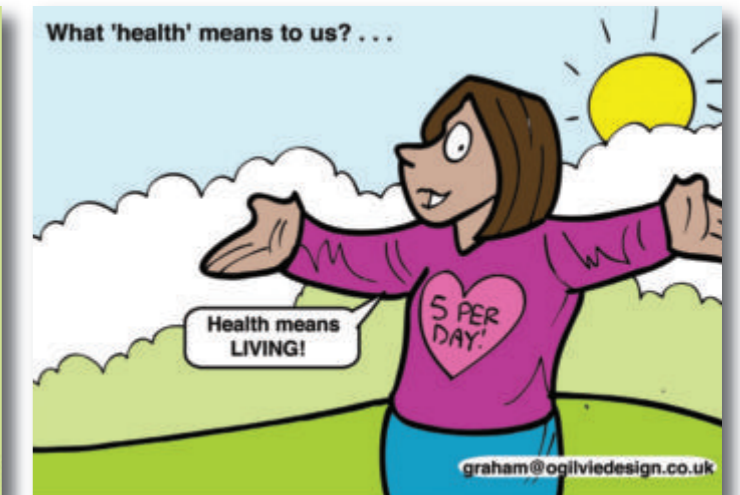
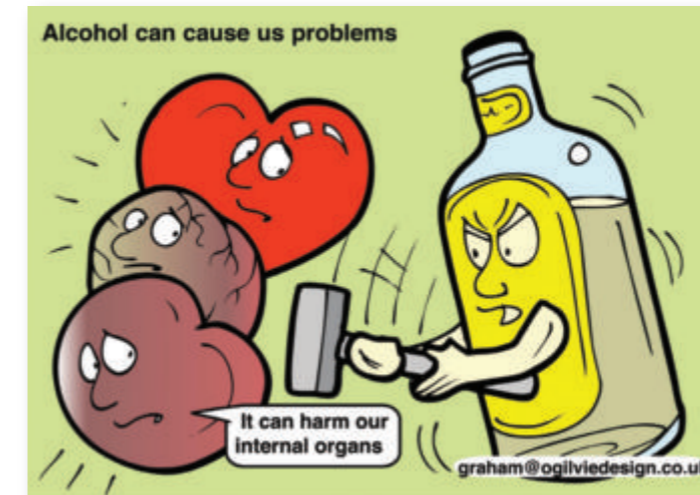
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| Lorraine Tinker | Divisional Senior Nurse, Homerton University Hospital NHS Foundation Trust and Co-Chair of the Children's Group, LNNM |
| Jo Thorogood | Paediatric Liaison Health Visitor, Guys and St Thomas's NHS Trust and Treasurer of the Children's Group, LNNM |
| Hazel Dean | Children's Community Nursing Team Specialist Practitioner Islington PCT and previous secretary of the Children's Group, LNNM |
| Fiona Smith | Children and Young people's advisor RCN |

Acknowledgements

We would like to thank the following for their involvement at the key stakeholder day and the project

| | |
|------------------|--|
| Karen Mc Hugh | Facilitator |
| Yvonne MacNamara | Director of the Irish Traveller Movement |
| Clare Kehoe | Youth Worker, RNOHT |
| Bernell Bessue | RCN London |
| Kirsty Suttle | Southwark Traveller Action Group |
| Lyndsey Hayes | RCN Public Health Adviser and Facilitator of Stakeholder Day |
| Fiona Wray | Healthcare Commission) |
| Marie Griffin | Irish Traveller Movement |
| Maggie Barker | RPHG NHS London |
| Rebecca Palmer | GLA |

We would also like to thank the LNNM for funding this project and Ana and Martin de Sousa for taking the photographs and for their help in compiling this report.



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Appendix 1

What was identified as good practice in working in partnership

- **Advice sessions**
- **Advocacy** – involving the community in projects
- **Age specificity**
- **Audits** – consultation, research, monitoring
- **Clear explanation** – targeted interventions
- **Communication** – verbal communication by telephone or mobile phone, without assuming literacy
- **Cultural sensitivity**
- **Different mediums** – verbal and visual
- **EMTAS** – Ethnic Minority & Traveller Service
- **Faith leaders**
- **Gender specific groups** – life-skills and literacy classes
- **Good practice** – paying community workers to receive education and training
- **Holistic care** – public health focus
- **Interagency forums** – planning
- **Involvement** – young people in decision making, young Travellers/Gypsies working with other young people
- **Leaflets** – specific, clear, visual and culturally sensitive
- **Listen to community concerns** – what do children think? Make it fun
- **Outreach Services** – multi-agency/multidisciplinary teams, capacity building, sharing of resources, going into traveller homes
- **Play facilities**
- **Pockets of good examples:** Lewisham, Brent, Ealing, Camden.
- **Prioritisation of children**
- **Sharing ideas and resources**
- **Social Worker/ Health Visitor** – from traveller community working with travelling community
- **Specialised services** – effective and working with Traveller involvement
- **STESS** – Southwark Traveller Education Support Services.
- **Support** – of extended family/ strong family unit
- **Sure Start** (funding now ceased)
- **Training** – for providers, crèche workers, beauticians, electricians etc

