



Health and Social Care Briefing: Gypsy, Roma and Traveller Equality and Inclusion



Friends, Families and Travellers, working in partnership with the VCSE Health and Wellbeing Alliance

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Who do we work with?

- Romany Gypsies – migrated from India, arriving in UK in 15th Century
- Irish Travellers - Irish Traveller presence can be traced back to 12th Century Ireland, with migrations to Great Britain in the early 19th Century.
- New Travellers Started in the late 60's - wide range of low income, alternative, eco and festival related lifestyles, though many are now into 2nd and 3rd generations.
- We also work with Roma, Scottish and Welsh Travellers, Travelling Show People and Boat Dwellers or Bargees



Avoiding Stereotypes

- Awareness of Gypsy, Traveller and Roma culture and the challenges faced are often depicted in negative ways, with a focus on the problems faced.
- Whilst many Gypsies, Travellers and Roma, who are the largest ethnic minority in Europe, may live in conditions of marginalisation, and are often victims of racism and discrimination. It is:
- Important to remember what a strong and resilient community it is too. The solutions will come from community members – Lets look at the assets!



Why do we do this work?

FFT and Inclusion Health





Inclusion Health

- The concept of Inclusion Health is founded on the premise that not all UK citizens have access to the highest standards of healthcare. Meeting the health needs of a small group of socially excluded individuals and their communities remains a challenge. This population has poorer predicted health outcomes and a shorter life expectancy than the average population.





Health Inequalities

- Life expectancy 10 - 25 years lower;
- Low immunisation, high infant, child and maternal mortality, high chronic disease, high anxiety & depression, just as bad if housed;
- Lowest educational outcomes;
- Low adult literacy (under 40%);
- Highest prejudice 35% (Stonewall, 2003); and
- Higher rates of suicide reported.



Barriers to accessing services

- Some mainstream services are not easily accessible to many Gypsies, Roma & Travellers.
- Sense of fatalism and low expectations (health)
- Literacy and isolation may play a part.
- People experiencing multiple need and/or trauma.
- Language issues for many Roma.
- Wider Social determinants of health – Poverty
- Racism.



The Challenges

- Homelessness

A chronic shortage of sites means that an estimated 25,000 Travellers have nowhere to legally park up their trailers. Many road side encampments are illegal – But people have nowhere else to go!
- Access and support with Education, Employment and Health
- **Racism and Discrimination**



Marmot – The Social Determinants of Health

- 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.
- Cross Governmental working for policy and practice that interconnect. *(We welcome the Re-established Women and Equalities Select Enquiry and the Commons Debate on the 9th).*



The Way Forward – what works?

Look at the assets – community members and work together on:

- Assertive Outreach
- Peer Education and support
- Ensuring culturally competent staff
- Long term programmes
- Start from the person's needs.
- Multi-disciplinary Teams
- Non-judgemental



Partnership Working and Co-production with:

- **Gypsies, Roma and Travellers**
- Creative partnerships with Government -
- The Health and Wellbeing Alliance
- Policy Makers
- Third Sector Organisations
- Local Authorities
- CCGs (see FFT work on JSNAs)



Some current initiatives:

- An Audit on HWAAlliance partners to see if they are working with Inclusion Health Groups, looking at complexity and intersectionality with a view to co-producing an audit tool for use in the third sector.
- Collaboration with other groups with shared aims and objectives for inclusion: The No Fixed Abode Residents Association.
- Campaign to improve Children's Services for Gypsies, Roma and Travellers



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Health Inequalities for Roma communities in the United Kingdom

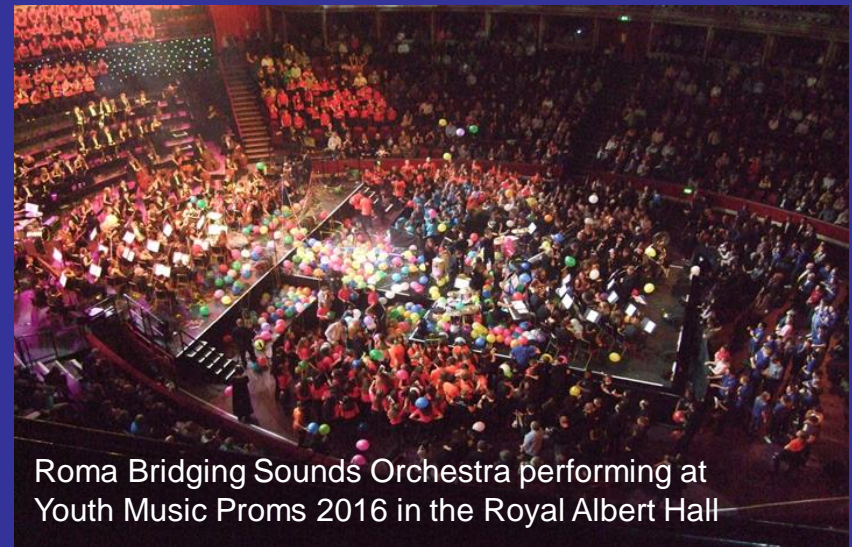
Gabriela Smolinska – Poffley
Roma Support Group



Roma Health Inequalities

The Roma Support Group (RSG) –
registered charity with 19 years
experience of working with East European
Roma refugees and migrants across the
UK

www.romasupportgroup.org.uk



Roma Bridging Sounds Orchestra performing at
Youth Music Proms 2016 in the Royal Albert Hall



Gabriela Smolinska-Poffley
RSG Deputy Manager and
Roma Support & Engagement Programme
Leader

Email: gaba@romasupportgroup.org.uk



Roma in the UK

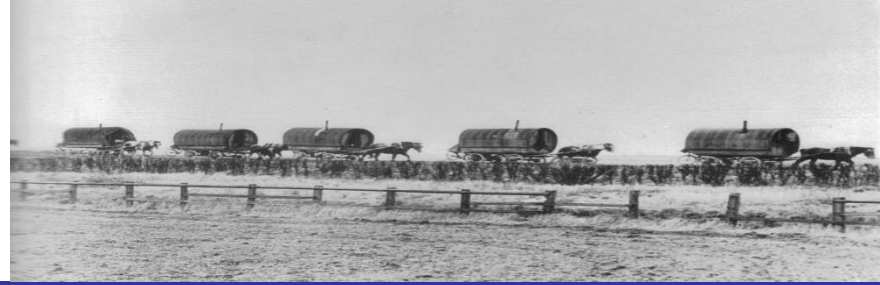
- In the UK there are different groups: **Gypsy, Roma, Travellers (GRT)**
- East European Roma – ethnic origins in India, main waves of migration: after 1989 – the fall of socialism in Eastern Europe, EU accessions 2004 (A8: **Czech Republic**, Estonia, Hungary, Latvia, Lithuania, **Poland**, **Slovakia**, Slovenia) and 2007 (A2: **Romania** and Bulgaria)
- There is very little data available which provides a reliable estimate of Roma living in the UK; University of Salford's report “**Migrant Roma in the UK**”, published In October 2013, estimated **200.000** Roma living in the UK



Discrimination

Although Roma are the largest ethnic group without their own state in Europe, they are worse off than most other ethnic groups when it comes to employment, education, health and political participation:

- **Economic disadvantage**: disproportionate levels of long term unemployment leading to child poverty, destitution and homelessness
- **Education**: lowest educational attainment of all ethnic groups in the UK
- **Health**: the Council of Europe states that life expectancy of Roma is in general 8-15 years lower and the mortality, infections and chronic disease rates are much higher
- **Political participation**: of Roma is still at a very low level, with only two Roma Members of the European Parliament



Health problems

Health problems of Roma differ, depending on local healthcare systems and the economic prosperity of the country they come from.

Significant health inequalities even when compared with other socially excluded and deprived groups



Roma Health Status in a European Context

European Commission, 2014 Research on Roma health across Europe suggests that the Roma have poorer overall health than any other group, with:

- life expectancies between 5 and 20 years lower than the majority population
- higher infant mortality rates - between 2 and 6 times higher than for the rest of the European population. (2009, Madrid: Fundación Secretariado Gitano)
- Higher rates of both communicable and non-communicable disease (viral hepatitis, myobacterial infection, blood borne virus infections, hypertension, diabetes, low birth weight)
- lower childhood immunisation rates



A survey conducted jointly by the EU Agency for Fundamental Rights and the UN Development Programme found that:

- One third of Roma respondents aged 35 to 54 reported health problems limiting their daily activities. (2011)
- Approximately 20 per cent of Roma respondents were not covered by medical insurance or did not know if they were covered. (2011)
- 66 per cent of Roma said they could not afford prescription drugs compared to 29 per cent of the majority population. (2004)
- 15 per cent of Roma children under the age of 14 are not vaccinated compared to four per cent of children from non-Roma households. (2004)



Roma Health Status in a European Context

Poorer health status can be attributed to a range of factors, including:

- substandard living conditions
- lack of health-related information
- limited access to health services



Common barriers to health care

The European Commission highlights a set of common barriers to health care, including:

- Language and literacy
- Lack of knowledge of health systems
- Discrimination in health professionals
- Lack of trust in health professionals
- Physical barriers – mobility and distance
- Lack of identification and/or insurance



Roma Health Status in UK Context

Much of the research on the UK Roma population describes their health status in conjunction with that of Gypsies and Travellers.

While these groups are culturally distinct, Gypsies, Roma and Travellers do exhibit certain similarities in health status, including:

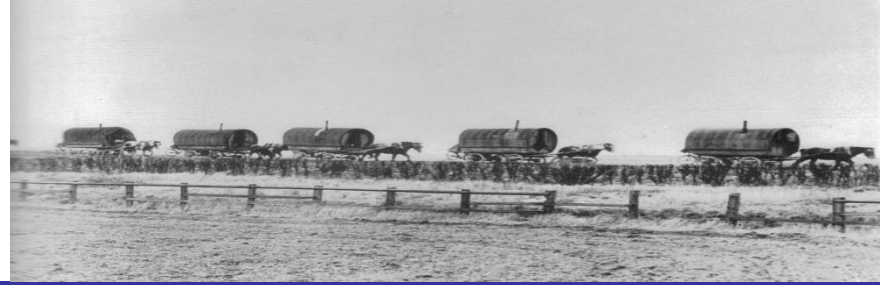
- Higher rates of long-term illness, health problem or disability (European Commission, 2014; Parry et al., 2004)
- More problems with anxiety and depression (European Commission, 2014; Parry et al., 2004)
- Evidence of lower childhood vaccination rates, although these studies are too small in scale to be representative (European Commission, 2014)



Roma in the UK – RSG casework

Findings from the RSG's health projects

- 60% of Roma beneficiaries (2005-12) had poor physical health (e.g.: **cancer, diabetes, epilepsy, hepatitis B, cardiovascular and respiratory ailments, multiple sclerosis**)
- 43% of Roma beneficiaries (2005-2012) of the above, were suffering from mental health problems (**including depression, personality disorders, learning disabilities, suicidal tendencies, self-abuse, dependency/misuse of drugs**)



Roma in the UK – RSG casework

RSG casework suggests that Roma individuals in the UK encounter difficulties in accessing health services, main barriers include:

➤ **Lack of documentation or lack of understanding of health system and procedures e.g.**

GP registration - situations in which Roma families have been unable to register with GPs because they were unable to provide official documents, including proof of address and/or children's immunisation records. In other cases, Roma families have been unsuccessful in registering with a GP because their nearest surgery was not accepting new patients, yet they did not understand that it was possible to register with a different surgery.



Barriers that Roma face in seeking support

- **Lack of knowledge** of where to go when Roma have made an important step in recognising that there is a problem – many will approach only these organisations and professionals, whom they feel they can **trust**.
- **Communication barriers, literacy & English Language Barriers**– communicating in second language and a necessity to explain certain concepts that are non-existent in their mother-tongue and related to mental health. Not understanding appointment letters, diagnosis and treatment



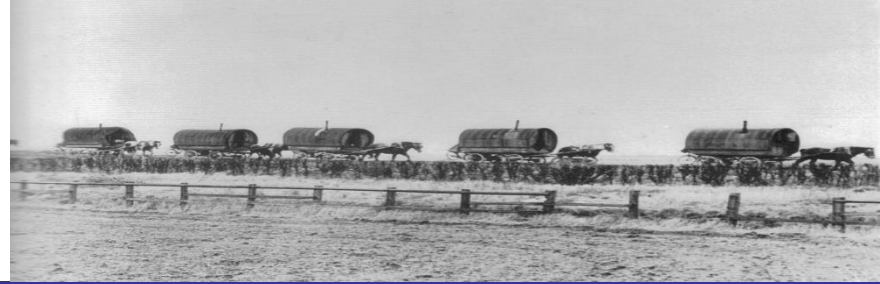
Barriers that Roma face in seeking support

- **Inability to use administrative procedures** to re-arrange appointments and consequently being taken off the waiting lists. Not knowing how to be re-referred.
- **Lack of trust:** questionnaires and questions – especially for older members of the community, who can be very suspicious of the questions. Their purpose needs to be carefully explained.



Roma Health Status in a UK Context

- Human Rights Act 2000, the Race Relations (Amendment) Act 2000 and the Equality Act 2010 make general provisions for promoting and upholding the rights of minority groups, yet they do not specifically address the situation of the Roma (Brown, Scullion & Martin, 2013; European Dialogue, 2009).
- National health policy offers no direct guidelines for improving health service provision to Roma communities, despite the fact that the Roma have routinely poorer health status and access to services (Craig, 2011; Tobi, Sheridan & Lais, 2010).



Resources

- European Union Agency for Fundamental Rights. (2012). The situation of Roma in 11 EU Member States: Survey results at a glance. Luxembourg: Publications Office of the European Union.
- Cook, B., Wayne, G. F., Valentine, A., Lessios, A., & Yeh, E. (2013). Revisiting the evidence on health and health care disparities among the Roma: A systematic review 2003-2012. *International Journal of Public Health*, 58(6): 885-911. doi: 10.1007/s00038-013-0518-6
- European Commission. (2014). Report on the implementation of the EU framework for National Roma Integration Strategies. Brussels: European Union.
- European Commission. (2014). Roma Health Report. Brussels: European Union.
- Brown, P., Scullion, L., & Martin, P. (2013). Migrant Roma in the United Kingdom: Population size and experiences of local authorities and partners. Manchester: University of Salford.
- Craig, G. (2011). The Roma: A study of national policies. Brussels: European Commission.
- Parry, G., Van Cleemput, P., Peters, J., Moore, J., Walters, S., Thomas, K., & Cooper, C. (2004). The health status of Gypsies and Travellers in England. Sheffield: University of Sheffield.

VCSE Health and Wellbeing Alliance

Andie Michael
Department of Health



Department
of Health

Health and Wellbeing Alliance

Co-production and Innovation in Voluntary Sector Working

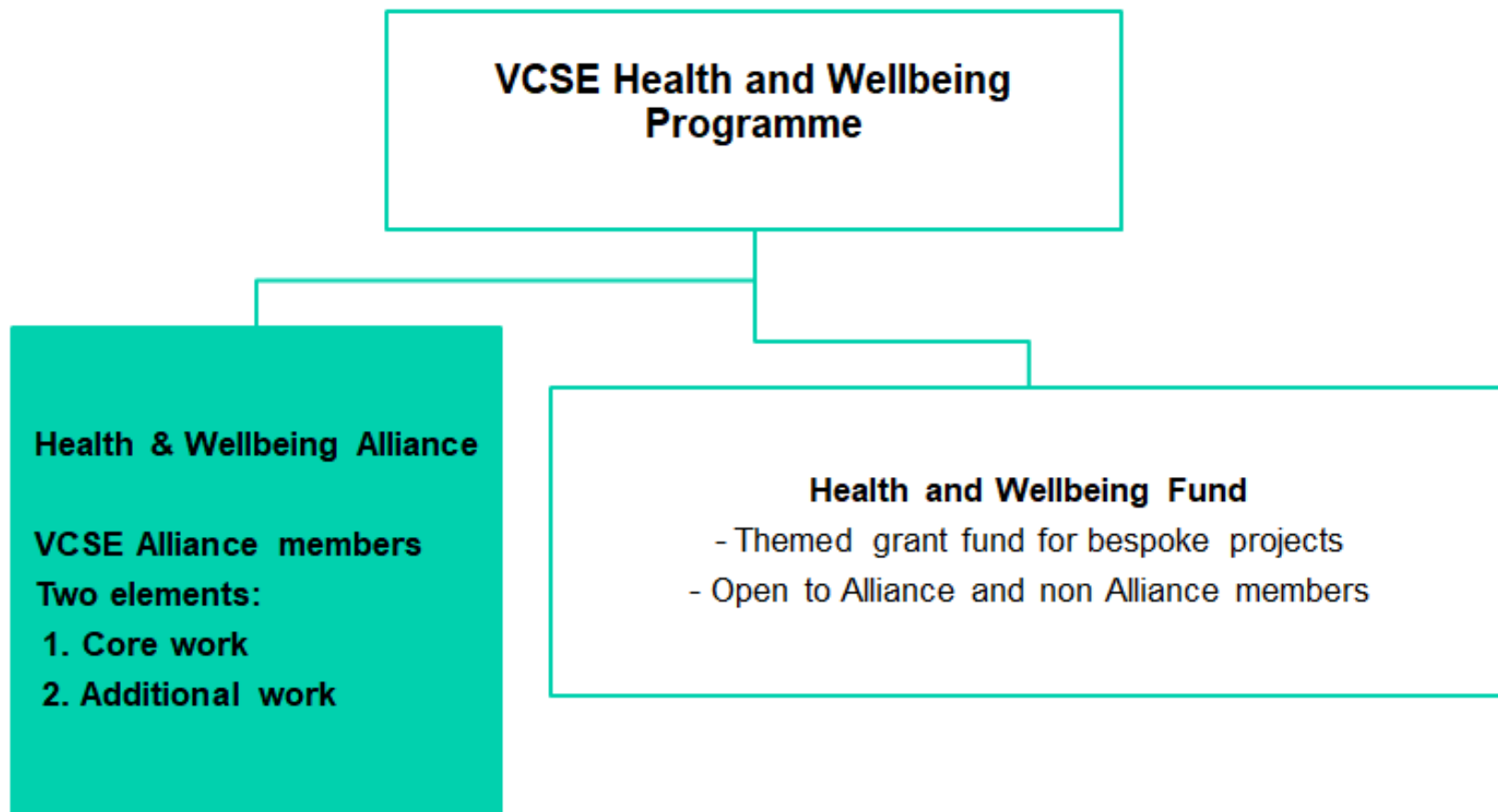


health &
wellbeing
alliance ■

Background

- The VCSE Review (May 2016) recommended that the existing Voluntary Sector Investment Programme (VSIP) be reshaped. This included the Strategic Partner Programme, the Innovation, Excellence and Strategic Development (IESD) grant fund and the Health and Social Care Volunteering Fund (HSCVF).
 - We launched the VCSE Health and Wellbeing Programme in December 2016. The Programme has two components: the Health and Wellbeing Alliance and the Health and Wellbeing Fund.
- Programme objectives:
 - Encourage co-production in the creation of person-centred, community-based health and care which promotes equality for all;
 - Enable the voice of people with lived experience and those experiencing health inequalities to inform national policy making and shape the delivery of services;
 - Build evidence of sustainable, scalable solutions to mitigate and prevent inequalities impacting on health and wellbeing of communities.

VCSE Health and Wellbeing Programme



The Role and Aims of the HW Alliance

Core Work

- Ensuring VCSE sector is aware of key developments within health and care.
- Cascading important health and public health announcements.
- Gathering Intelligence from the sector.
- Sharing emerging evidence e.g. areas of good practice, trends or concerns.
- Undertaking engagement with policy leads at DH, NHSE and PHE.
- Support learning from projects.

Additional Work

Alongside core work Alliance members can bid for additional project work as identified by policy leads from the system partners. This includes the following:

- Creating guidance on policy issues.
- Convening events to involve the wider VCSE sector.
- Evidence gathering.
- Design of products to support adoption of policy initiatives.
- Developing a VCSE support offer to emerging national priority programmes e.g. Sustainability and Transformation Plans, vanguards etc.

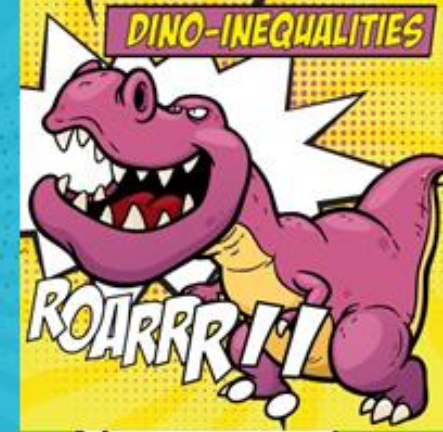
Members

- **Age UK**
- **Complex Needs Consortium**
(The National Autistic Society, Sense, VoiceAbility)
- **Carers Partnership**
- **Citizen's Advice**
- **Clinks and Nacro (Criminal Justice)**
- **Palliative & End of Life Care Consortium** *(Hospice UK, Marie Curie, Together for Short Lives)*
- **FaithAction**
- **Friends, Families and Travellers**
- **Homeless Link**
- **Maternity Action**
- **Men's Health Forum**
- **Mental Health Consortia**
- **National LGBT&T Partnership**
- **National Voices**
- **National Association for Voluntary and Community Action (NAVCA)**
- **National Council for Voluntary Organisations (NCVO)**
- **Race Equality Foundation**
- **UK Health Forum**
- **Young People's Health Partnership**
- **The Valuing People Alliance**
(Learning Disabilities)
- **Win-Win Alliance** *(User-Led organisations, disabled people and service users)*

Questions?

For further information on the Health and Wellbeing Alliance please visit the following sites:

- <https://www.england.nhs.uk/hwalliance/>
- <https://www.gov.uk/government/publications/vcse-health-and-wellbeing-alliance-application-form>





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Message of Support: Deidre Brock, MP, SNP



“I’m disappointed not to be there with you for your visit to Parliament. I have a long-standing commitment in Edinburgh that I cannot break, unfortunately.

I want you to be assured, though, of my continuing support for the Gypsy, Roma and Traveller communities and that I’ll continue to speak up in Parliament and elsewhere against the horrendous discrimination you face. I was horrified to find how deeply that discrimination is embedded in the attitudes of some MPs and we must keep fighting to change that. I’m pleased that you can continue to campaign in the face of that prejudice and I give you my pledge that I will continue supporting that campaigning as far as I am able.

I am interested by the new campaign – elements of life outside of our own parameters often escape us and it’s good to be reminded that not everyone has the same ease of access to services. The lack of access to health and social care services is, essentially, a denial of some of the rights that everyone in the UK is supposed to have and we should be challenging that lack of access and breach of rights wherever it occurs. I’ll be alongside you for this campaign and will do what I can to help; sometimes people just need the imbalances in society pointed out to them over and over again and sometimes they just need told that one part of our nation can’t get the same services as the rest of us.

There’s some work to do on this – let’s do it together.”



Message of Support: Julie Ward, MEP, Labour



"The Roma are amongst the most discriminated minority in Europe, excluded from society both institutionally and socially. The effects of centuries of racism and stereo-typing mean that Roma people suffer disproportionately from poor educational and health outcomes. Poverty is often endemic in Roma communities and Roma people are caught in a spiral of deprivation.

Roma culture touches our lives but we are often unaware or we treat it as some kind of historical exoticism. We pay to see flamenco dancing when on holiday in Spain for example, or listen to Gypsy jazz music, or even dream about holidays in painted wagons, yet we often stand by and say nothing when Roma people are victims of racism. I am proud to have 2 Roma MEP colleagues in my political group in the European Parliament. I am also proud to work closely with British and European anti-racist organisations, fighting racism and raising awareness of genocide and genocide denial, and drawing attention to mass atrocities.

In this respect I have been pleased to work with the European Grassroots Anti Racist Movement on the Dignity for Lety campaign for over a year, visiting the site of the Nazi genocide just outside Prague, with Roma people from all over Europe in May to pay my respects. Hearing that the Czech government have now pledged to buy the site, compensate the pig farmer and create a lasting memorial is good news for Roma everywhere.

I want to affirm my commitment to stand with you always, to speak out against racism and injustice, and to fight for equal opportunities and human rights."

Children's Services and the Gypsy, Roma and Traveller Communities

Gemma Challenger
Gentylia Lee

Panel Discussion: Children's Services and the Gypsy, Roma and Traveller Communities

Dan Allen
Gabriela Smolinska – Poffley
Margaret Greenfields
Anne Neale
Gentylia Lee
Zoe Matthews (Chair)



Thank you for coming!

Keep in touch:



@GypsyTravellers



@FriendsFamiliesandTravellers