



The Health and Wellbeing of Gypsies and Irish Travellers: Policy and Practice

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Poor Health Outcomes

Ministerial Working Group on Tackling Inequalities Experienced by Gypsies and 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>



A silent issue: 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



Barriers to Accessing Health Service Provision

- No standard ethnic monitoring
- Reluctance of GP's to register Gypsies and Travellers due to funding often being based on targets
- Unstable accommodation and evictions
- Lack of cultural awareness amongst health professionals
- Engaging with a localised health service

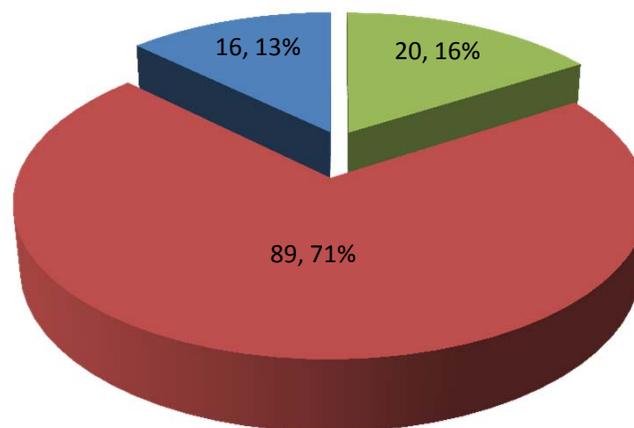


No standard ethnic monitoring

- Gypsies and Travellers are not included in NHS's 16+1 national ethnic codes despite being an 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....

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

■ Yes ■ No ■ Other



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

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.



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



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



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:

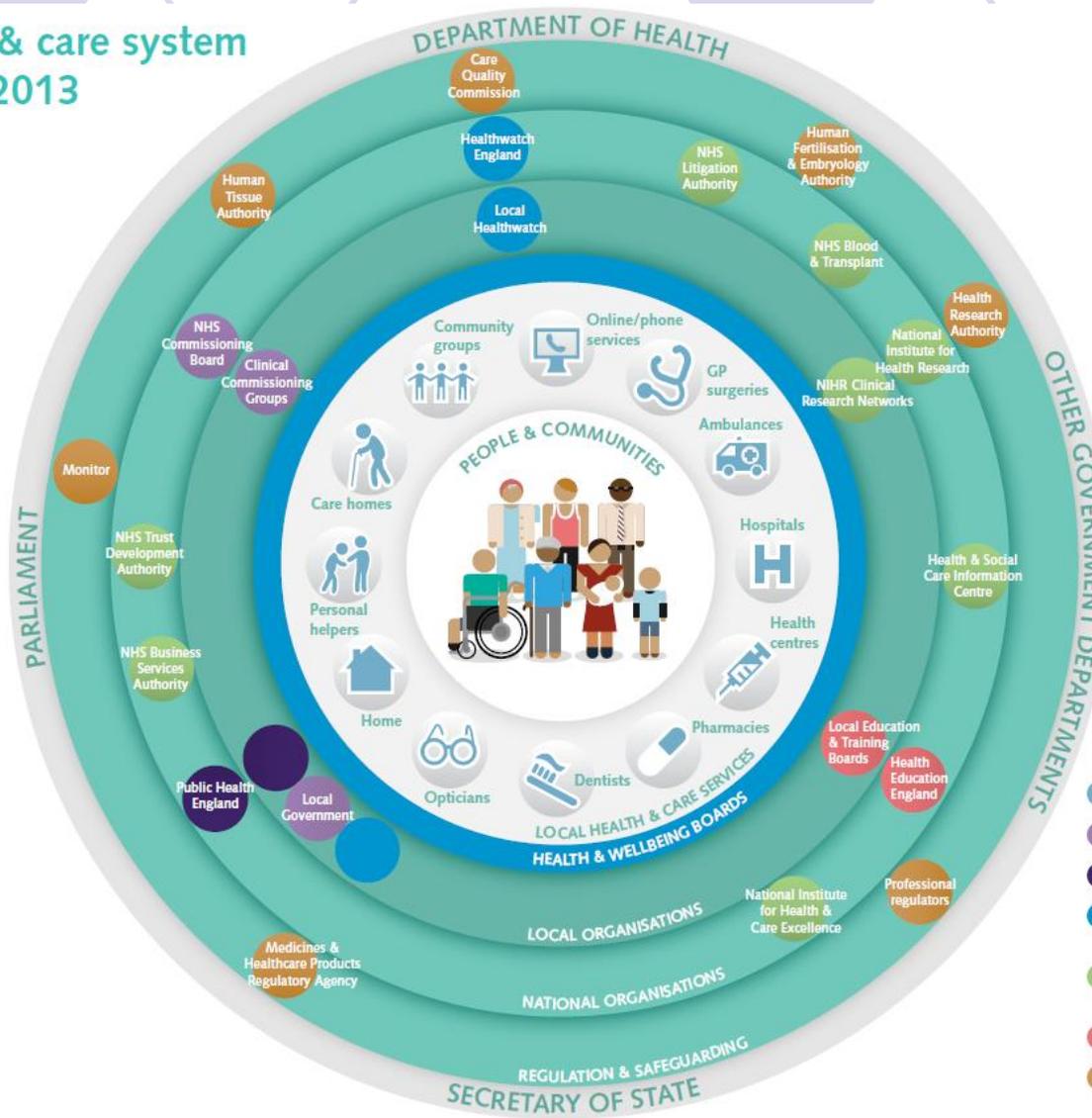
- Secretary of State (Jeremy Hunt MP of vast experience!)
- NHS Commissioning Board
- Clinical Commissioning Groups

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



New Health & Care System: April 2013

The health & care system from April 2013



- KEY**
- Providing care
 - Commissioning care
 - Improving public health
 - Empowering people and local communities
 - Supporting the health & care system
 - Education and training
 - Safeguarding patients' interests



Moving Forward-Leavers for change Duty of the Secretary of State

“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 NHS Commissioning Board

“The Board must, in the exercise of its functions, have regard to the need to -

- (a) reduce inequalities between patients with respect to their ability to **access** health services, and
- (b) reduce inequalities between patients with respect to the **outcomes** achieved for them by the provision of health services.”

(Section 13G)



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 access health services; and
- (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.”

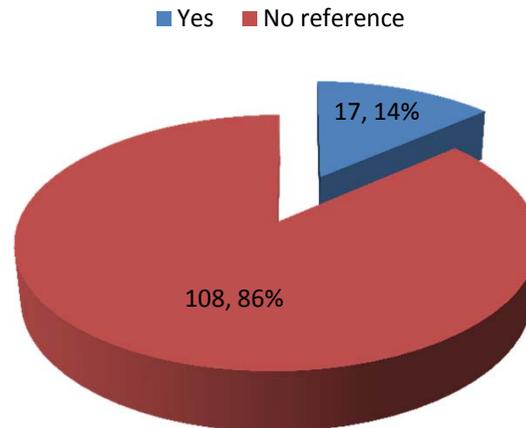
(Section 14T)



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

Gypsy and Traveller reference in JSNA



Capacity building: ITMB Health Course



Capacity building: ITMB & Royal Free Maternity Course

Maternity Care and Irish Travellers
A guide for NHS staff and Irish Travellers



The All-Party Parliamentary
Group on Maternity
Maternity Services Awards 2011

Winner

*Best example of involvement of service users in the
development and delivery of maternity services*

*Royal Free Hampstead
NHS Trust*

Presented by Anne Milton MP
Parliamentary Under Secretary of State for Public Health

11 July 2011




Anne Milton MP
Parliamentary Under Secretary
of State for Public Health

Dr. Daniel Poulter MP
Chair, All Party Parliamentary
Group on Maternity

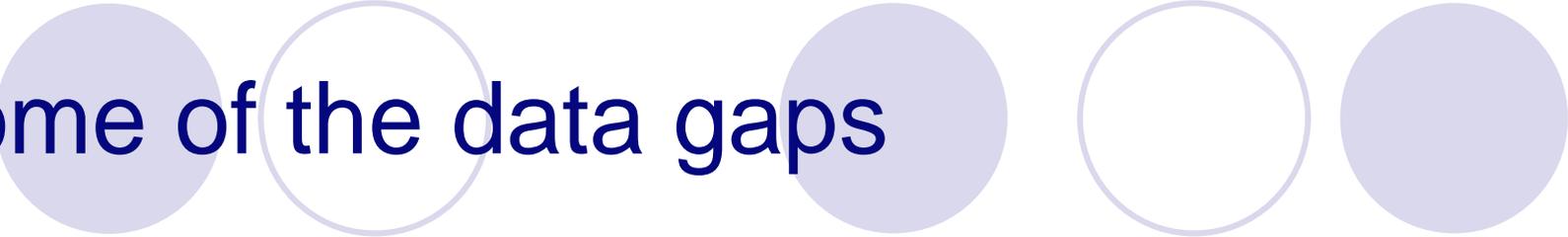


Vitabiotics
Pregnacare
PREGNANCY SUPPLEMENTS



Natal Hypnotherapy™
For a better conception, pregnancy
and birth experience.

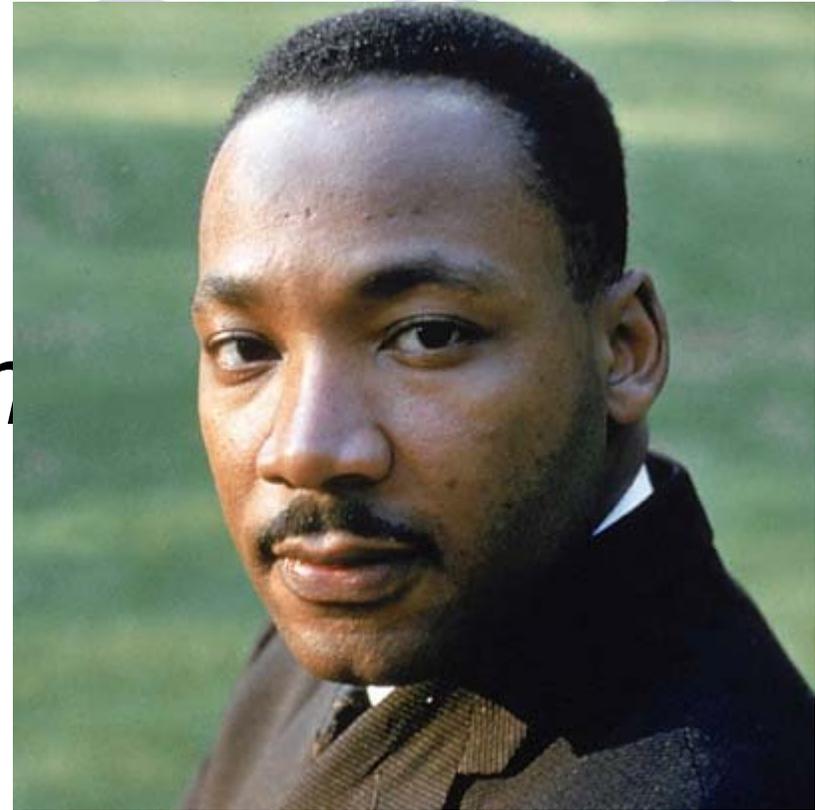




Some of the data gaps

- **Impact of insecurity in accommodation and other living conditions on Gypsies' and Travellers' health**
- **Immunisation**
- **Mental Health**
- **Evaluations and Impact Assessments on what is working**

*“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 Traveller Movement in Britain

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