

JSNA Health and Wellbeing Profile 2019/20

Gypsy, Roma and Travellers

Who Are Gypsy, Roma and Travellers?

- Gypsy, Roma & Travellers (GRT) are a recognised minority ethnic group.
- Recent research describe Gypsy, Roma, Travellers (GRT) as having the country's worst outcomes across a range of social indicators and one of Britain's most disadvantaged and marginalised groups (Commission, 2016; DfE, 2015). Furthermore, the extent to which many of GRT experiences of inequality remain invisible and ignored within wider agendas (Cemlyn *et al.*, 2009).
- The term Gypsy, Roma and Traveller is a collective term used to describe a wide variety of distinct cultural and ethnic groups. Defining a person as a Gypsy, Roma or Traveller is a matter of self-ascription and does not exclude those who are living in houses as the person's ethnic identity is not lost when members of the communities settle, but it continues and adapts to the new circumstances (NATT, 2010).
- In Britain, the various travelling groups can be divided into two categories, ethnic Gypsies and Travellers and cultural (or occupational) Travellers. Ethnic Travellers include Romany English Gypsies, Eastern European Roma and Irish Travellers, Scottish and Welsh Gypsies and Travellers whilst cultural (or occupational) Travellers refer to Showpeople, Circus People, New Travellers and Vehicle and Boat Dwellers. In the context of Bristol all of the above mentioned groups are represented.
- Bristol has a substantial Gypsy, Roma and Traveller (GRT) population; however, the exact population of these communities are unknown.¹
 - 25% of the GRT population in the southwest reside in Bristol city area with only 5% residing in caravans;
 - Bristol is part of a large and historical Traveller trade route;
 - Most of Bristol's GRT communities are housed (due to lack of site provision).

Health Outcomes:

Gypsy, Roma and Travellers have the poorest health outcomes than any other social or ethnic group (SWPHO, 2011:3). The life expectancy of a GRT person is 50 years old for both men and women.²

¹ There are various reason for the lack of data on GRT populations:

1. The majority of our families do not engage in or are reluctant to participate in any form of ethnic or equalities monitoring. There is also a lack of cultural understanding it terms of what ethnic and equalities monitoring does, its purposes and benefits in participating.
2. Many families are suspicious how this information may be used and/or may be in vulnerable housing situations where it is difficult for them to share personal details such as addresses. There have been a number of cases where illegitimate landlords within the private rented sector have forbidden GRT tenants to share their addresses with statutory services (including schools).
3. Whilst Gypsies, including Roma, have been recognised as a distinct ethnic group under the 1976 *Race Relations Act* they were only just added to the 2011 Census. Therefore, many people from these communities are not aware they can ascribe as WROM (i.e. Gypsy/Roma) or WIRT (White Irish Traveller) and may be participating in other forms of equalities monitoring but choosing other ethnic identifiers.
4. Illiteracy rates within the Gypsy, Roma and Traveller communities are over 80% which is a barrier to participating in any form of monitoring.

A robust study compared the health needs of 293 Gypsies and Travellers in 5 areas in England (including Bristol), to the needs of 293 non-travelling adults. Key findings from this study are included below (SWPHO, 2011:3 - 4)³.

Child Health for Gypsy, Roma & Travellers

- Higher infant mortality rates (up to five times higher);
- Lower birth weight;
- Lower levels of breastfeeding;
- Lower immunisation rates;
- Higher rates of accidents;
- Carer for dependent relative(s) with chronic illness or disability (16% compared to 8% of the general population);
- GRT children are four times more likely to be identified as have special educational needs or social emotional mental health needs (but this can often be due to complex health issues which are misdiagnosed initially);
- Over-represented in the care system (3 times more likely to be taken into care when compared to other children) ([FFT, 2017](#)).

Adult Health for Gypsy, Roma & Travellers

- More likely to have a long-term illness, health problem or disability which limits daily activities or work (11% higher)⁴;
- Higher prevalence of anxiety & depression (28% of GRTs vs 4% the general population)
- Higher maternal death rates;
- Higher prevalence of miscarriage (16% vs 8%)
- Higher prevalence of arthritis (22% vs 10%), rheumatism (6% vs 1%); heart disease including angina (8% compared to 4%);
- Higher prevalence of deaths from respiratory diseases and cardiovascular diseases and suicides (approx. seven times higher than the general population ([House of Commons Briefing May 2018:47](#)))

Further research⁵ shows that domestic abuse is a notable issue for GRTs. Estimated that 60%-80% of women from travelling communities experience domestic abuse during their lives. Suicide rates are 7 times higher than the general population ([FFT, 2017](#))

The poor health outcomes of GRTs can often be linked to a lack of access to health care services when they are on the move and the difficulties this presents in registering with a GP.

² Please see the [Roma Support Group](#) research on Roma specific health outcomes or [Central Government's Women's and Inequalities Commission \(November, 2016\)](#) for Gypsy and Traveller specific health outcomes.

³ South West Public Health Observatory (SWPHO) report (October 2011) / Excluding New Age travellers; undertaken by Parry et al.

⁴ Approximately 42% of Gypsy, Roma, and Travellers nationally are affected by life-limiting and impairing long-term conditions as opposed to 18% of the General population (Parry *et al.*, 2007). Furthermore, GRT's are more likely to have health problem or disability which limits daily activities or work (11% higher).

⁵ www.twelvescompany.co.uk/gypsies-travellers

Other barriers to accessing services include:

- Discrimination is another barrier to accessing health care services;
- Lack of cultural understanding among professionals;
- Lack of awareness and knowledge of services amongst the GRT communities and;
- Long waiting list and/or shortage of spaces;
- Low levels of literacy (80% illiteracy rates),
- Stigma often associated with seeking medical attention;
- Poor access to health information;
- Widespread health-beliefs increase the likeliness that they will not seek treatment or will underestimate the seriousness of the condition (Van Cleemput, 2009).

Nomadism is an essential characteristic of GRT culture; however, this aspect of their culture complicates access to services, particularly health services and continuous education and can pose enormous public health and safeguarding risks associated, particularly in regards to unauthorised encampments. For example inaccessibility to clear water, facilities and services in addition to the anti-social behaviour often directed towards encampments by member of the public.

Impact Accommodation has on Health:

In Bristol and in South Gloucester the main reported health-related difficulties for the GRT community are lack of suitable accommodation (GTAA, 2014).⁶

- Associated concerns were around the future security and safety of their families, particularly in regards to childrearing and living amongst the settled population.
- The highest rates of stress and depression were reported amongst housed GRT (Parry *et al.*, 2004).
- The lack of site provision in Bristol and high number of housed GRTs makes it increasingly difficult in identify and engage families in mainstream services and contributes to GRT communities feeling socially and geographically isolated.
- For our Roma (and some extent our Irish Traveller families), there is also the issue of multi-generational overcrowded households and exploitation by poor quality or negligent landlords and managing agents within the private rented sector which are a concern. It also means that these families are more likely to:
 - Live in unsafe conditions;
 - Face frequent changes in terms and conditions;
 - Face unlawful evictions with little notice or support;

⁶ Evidence-based research highlights the negative impact housing problems have on GRT and Showpeople communities.

- Are at greater risk of homelessness;
- And greater risk of further exploitation.

GRT Specialist Health Visitor:

GRT Specialist Health Visitor: NHS's Community Children's Health Partnership

Bristol has a Specialist Health Visitor for Gypsies and Travellers who helps coordinate GRT health visiting provision for Bristol's GRT communities. This role is unique to Bristol because it works to support both housed and nomadic GRT groups and takes adopts a whole family approach to support (i.e. not limiting support to under 5 year old children, babies and mothers but signposting entire families to relevant health services). This role is funded by Public Health and is part of Bristol Community Health.

Further Information and Links:

- Professionals wishing to have more information about what GRT Specific support we offer please [visit our website](#).
- We also have a read-easy flyers
- virtual [Gypsy, Roma, Traveller Phone Directory](#) which provides Travelling communities with a list of local service.⁷

Date updated: October 2019

⁷ **How does it work:** This is a responsive website which acts similar to a phone app. An individual can identify and access the service they need by navigating a series of images in narrowing their search criteria (e.g. whether it be health, education, social care, housing, police, legal aid and advocacy support, etc.) The virtual directory will provide a pictorial list of services within that category for the service user to choose from. Once the person has identified the type of service they require they have the option of selecting either the telephone icon to phone the service directly and arrange an appointment or activate the Satnav option in providing navigational assistance in locating that service. Both options are displayed underneath the service image.

Aim: The aim of the virtual directory is to make service more accessible in improving service uptake and engagement.