GYPSY AND TRAVELLERS
HEALTH NEEDS ASSESSMENT
London Borough of Sutton

Dr Rekha Sharma, GP
Vocational Trainee,
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Executive Summary

- Gypsies and Travellers are not a homogenous group. Five different types have been identified in London, two of which, English Gypsies and Irish Travellers, reside in Sutton.

- Gypsies and Travellers face some of the most marked health inequalities compared to other ethnic minority groups.

- It is a legal obligation for the Local Authority and CCG to address these inequalities and to produce an inclusive JSNA.

- The English Gypsies and Irish Travellers within the borough are quite distinct groups.

- Travelling was reported to be a crucial part of the identity of this community and is strongly driven by family ties.

- Poor living conditions and environmental factors are the single most influential contributing factor to the poor health status of Gypsies and Travellers in Sutton, including stress.
Recommendations

- English Gypsies and Irish Travellers should be treated as distinct groups when assessing needs.

- Information sharing between different agencies is a key factor in improving access to health services for Gypsies and Travellers.

- Gypsies and Travellers do not want dedicated services, but would much rather be able to access the same high quality health services as everyone else.
Definitions and abbreviations

- **Social exclusion:** (Silver, 2007) has defined it as a process, ‘detaching groups and individuals from social relations and institutions and preventing them from full participation in the [...] activities of the society in which they live’. More recently, it has been looked at as a dynamic concept, consisting of social processes that create inequalities in power, resources, and ultimately, opportunities (Popay, 2012)

- **Social determinants:** The World Health Organisation (WHO) describes them as ‘the conditions in which people are born, grow, live, work and age’

- **Health inequalities:** The 2008 WHO Report defines health inequalities as ‘the differences in health status or in the distribution of health determinants between different population groups’. Across social groups, they reflect an unfair distribution of the underlying social determinants of health (Kawachi, Subramanian, & Almeida-Filho, 2002)

- **Gypsies and Travellers:** Persons with a cultural tradition of nomadism or of living in a caravan, and all other persons of a nomadic habit of life, whatever their race or origin (The Stationery Office, Housing Act, 2004)

**List of Abbreviations**

- **CCG:** Clinical Commissioning Group
- **JSNA:** Joint Strategic Needs Assessment
- **GP:** General Practitioner

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1. Introduction

1.1 What is the needs assessment?

A small-scale health needs assessment was carried out to develop a profile of this population. This needs assessment illustrates the Gypsy and Traveller community and culture in the London Borough of Sutton, explores their healthcare needs, and shares their experiences of healthcare services. It draws on evidence gathered through epidemiological analysis, semi-structured interviews with Gypsies and Travellers in Sutton and other stakeholders and questionnaires for health-care professionals.

1.1.1 Study aims

- To carry out a Health Needs Assessment of Sutton’s Gypsy and Traveller communities that will provide an evidence base to support the development of future and current services
- To obtain a baseline profile of the health needs of this minority population, to ensure that services are developed in ways that meet their needs
- To gain an understanding of the experience of service providers’ working with these communities

Objectives

- Obtain the views of community members, health and other professionals
- Establish key priorities for addressing unmet needs, including service development
1.2 Who are Gypsies and Travellers?

It is estimated that there are between 200,000 and 300,000 Gypsies and Travellers in the UK, two-thirds of which are settled in brick and mortar (Friends, Families and Travellers (FFT), Annual Report, 2010-2011). It is difficult to make an accurate estimate of how many Gypsies and Travellers are present in any given locality as they often lead a nomadic lifestyle, though this is not always the case.

The terms ‘Gypsy’ and ‘Traveller’ are often used as umbrella terms and applied to diverse communities with a rich cultural heritage that include: English Gypsies / Romany; Welsh Gypsies; Scottish Travellers; Irish Travellers; European Roma; Circus/Fairground/Showmen and New (Age) Travellers. English Gypsies and Irish Travellers are now officially recognised as ethnic minorities.

Gypsies and Traveller communities vary in their travelling patterns, with some remaining static and only travelling for short periods, whereas others may travel on a seasonal basis or for very long periods. The availability of culturally appropriate accommodation in the form of authorised, appropriately equipped site plots is extremely limited, hence many resort to illegal or non-fit-for-purpose arrangements, or reluctantly move into stable housing.
1.3 Why have we identified Gypsies and Travellers as the subject of this Needs Assessment?

Gypsies and Travellers in Sutton borough make up a small proportion of the population; however it is known that this community experiences significant health inequality. It is well known that health inequalities have a detrimental effect on equality of opportunity, as poor health can act as a barrier to full participation in society.

1.3.1 HEALTH INEQUALITIES

Health inequalities exist between the Gypsy and Traveller population in England and the settled community, even when compared with other socially deprived or excluded groups, and with other ethnic minorities (Parry, et al., 2004).

42 per cent of English Gypsies are affected by a long-term condition, as opposed to 18 per cent of the general population (Parry, et al., 2004).

There are higher levels of stress, anxiety and depression in the Gypsy and Traveller community (Parry, et al., 2004).

There are considerably higher numbers of smokers in the Gypsy Traveller population – (57%) compared to matched comparators (21.5%) (Parry, et al., 2004).

Higher rates of stillbirth, infant mortality and maternal death are reported in the Gypsy and Traveller community (Friends, Families and Travellers (FFT), Annual Report , 2010-2011).

Gypsies and Travellers have the poorest self-reported health and provide more unpaid care than any other ethnic minority (ONS Ethnic variations in general health and unpaid care provision, 2011).
The 2011 Census collected data on the Gypsy and Traveller population and self-reported health for the first time. In England and Wales, nearly one in five people (19%) report their health as “not good”. In comparison, nearly one in three (30%) Gypsies and Travellers reported their health in this way. While a similar average for Gypsies and Travellers is seen in London (30%), in Sutton borough 13% reported ‘bad health.’ In England and Wales, Gypsy and Irish Travellers had the highest proportion of people with “not good health” compared to all other ethnic groups; this finding is consistent across all regions in England and Wales. (ONS Census Data, 2011)

1.3.2 LEGAL CONTEXT

Under the Health and Social Care Act 2012, commissioners of healthcare services have a duty to reduce health inequalities in access to services and outcomes.

Ethnic Romany Gypsies, Irish Travellers and Roma are all protected under the Race Relations Act (2000). Therefore the Public Sector Equality Duty applies to these communities. Public bodies must show due regard to the need to:

- Eliminate discrimination
- Foster good relations
- Promote equality of opportunity

Public authorities must act ‘compatibly’ with the Human Rights Act in all that they do. The following articles are relevant to health and social care, with Articles 8 and 14 being most relevant to Gypsies and Travellers:
• Article 2 – The right to life
• Article 3 – The right to be free from inhuman and degrading treatment
• Article 6 – The right to liberty
• Article 8 – The right to respect for private and family life, home and correspondence
  ▪ The right to pursue a nomadic way of life is encompassed by article 8.

• Article 14 – Prohibition of discrimination
  ▪ The enjoyment of the rights and freedoms set out within the human rights act are secured without discrimination on any grounds such as race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.
1.3.3 LOCAL AUTHORITY AND CCG RESPONSIBILITIES

Inclusion of Gypsies and Travellers in JSNA documents is critical for planning and commissioning services that work to reduce health inequalities. If Gypsy and Traveller health needs are not included in robust and comprehensive needs assessments they risk being excluded from strategies and commissioning to address health inequalities. Figure 1 demonstrates that for clinically-led, evidence based commissioning to be effective in tackling Gypsy and Traveller health inequalities, the local evidence base of health needs and interventions, especially for social rather than clinical remedies, needs to be developed (Wemyss, 2015).

Figure 1: Principles for good commissioning for social exclusion (adapted from NAO, Successful commissioning guide, 2010) (Gill, Macleod, Lester, & Hegenbarth, 2013)
Examples of Inclusive JSNAs include:

- Bath and North East Somerset Gypsy, Traveller, Boater, Showman and Roma Health Survey 2012-2013, Margaret Greenfields & Liz Lowe
- Kent Gypsy, Roma, Traveller JSNA 2013/2014
- Health and Social Care needs of Gypsies and Travellers in West Sussex 2010

Sutton Joint Health and Wellbeing Strategy (JHWS), as part of its fundamental objectives of improving the health of the local population and reducing health inequalities, intended to increase the number of Gypsy and Traveller families registered with GPs (Sutton, Joint Health and Wellbeing Strategy, 2013).

The Local Authority also recognises these inequalities and has initiated working alongside health partners to improve access to and the quality of Health services for Gypsies and Travellers (Sutton, 2015).
2. Local Picture

Information about Gypsies and Travellers in Sutton was collected by desktop research and epidemiological analysis.

The study consisted of the following:

- Semi-structured interviews with individuals were conducted during August 2015-January 2016 with representatives from the London Borough of Sutton and the Gypsy and Traveller community to gather information on health status, health needs and access to services (Appendix A)
- Questionnaires sent to health professionals, exploring their experience of working with Gypsy and Traveller communities (Appendix B)

Originally, the project plan had included a focus group with community members, aiming for a qualitative piece of research in exploring health beliefs and experience of health services. However, despite repeated attempts it proved difficult to arrange a focus group with the local community and so semi-structured interviews were carried out as an alternative.
2.1 Background

2.1.1 GYPSIES AND TRAVELLERS WITHIN LONDON IN THE 21ST CENTURY

In terms of the distribution of Gypsies and Travellers in London, there are generally more sites in the outer London boroughs due to historical reasons and the availability of land. The DCLG Caravan Counts show that there are generally more Gypsies and Travellers living on sites in the west, east and south east of London, with considerably fewer in the north and south west. There are no figures for Gypsies and Travellers living in bricks and mortar accommodation (London Borough of Sutton, 2013).

Gypsies and Travellers in London tend to be divided into five groups:

1. English Gypsies (also known as Romany Gypsies or Romanichal)
2. Irish Travellers
3. New Travellers (formerly known as New Age Travellers)
4. Eastern European Roma
5. Travelling Show people

2.1.2 HISTORY OF GYPSIES AND TRAVELLERS IN AND AROUND SUTTON

Gypsies and Travellers have been a feature of life in and around Sutton for more than 100 years. The 1881 Census counted 231 people living in tents and caravans on Mitcham Common, usually as large, extended family groups (Evans, 2003).

Gypsies and Travellers were attracted to Sutton for two specific reasons: work and fairs. Traditionally, English Gypsies travelled to the countryside to work on farms, usually earning money by picking soft fruit during the summer and hops, apples and pears in the early autumn. In winter and spring, they earned a living selling hand-made wooden pegs, artificial flowers and other small craft items door to door. Gypsies also often offered services, such as repairing pots...
and pans, sharpening knives, mending chairs and other odd jobs (Evans, 2003).

However for Gypsies in Sutton, there was less need to travel to the countryside during summer and autumn. Instead, Gypsies were employed harvesting watercress, lavender and other herbs which were grown commercially around Carshalton and Mitcham. Gypsies also bought bunches of lavender from the growers to sell door to door (Evans, 2003).

The local Fair circuit also meant that gypsies remained in and around Sutton. Fairs in the 19th Century had a much greater commercial focus than they do today and Gypsies made a living selling household wares like pots and pans, baskets, brooms, brushes and woven chairs from stalls. The fairs at Mitcham, Cheam and Epsom Downs (for the Derby), in particular, all attracted large number of Gypsies. Some Travellers were showmen and provided entertainment, such as fortune telling, boxing matches, the showing of wild animals and dancing bears. However with the introduction of mechanical rides during the late 19th Century, the trading aspect began to decline (Evans, 2003).

Interestingly, the fairs attracted Gypsies from considerable distances. In the 1900s, Spanish gypsies were apparently a familiar sight at Mitcham and Wandsworth Common fairs. Prior to the Second World War, there were also reports of Hungarian Gypsies at the Epsom Downs fair, Transylvanian Gypsies and a group of Greek Gypsies who told fortunes at Mitcham Fair (London Borough of Sutton, 2013).

Irish Travellers are relatively recent arrivals to South London. With a background in Irish metal working, they mostly came to the area in the 1960s and 1970s looking for employment. They found homes on waste ground and old building sites, which in many cases (although not in Sutton) gradually became local authority-owned and operated sites (London Borough of Sutton, 2013).
2.2 Current population

In Sutton borough, in 2011, there were 193 Gypsies and Travellers, accounting for 0.1% of the whole population. In the local Gypsy and Traveller community, 56% are women (compared with 51% in Sutton overall), nearly 50% are under the age of 25 (compared to 30% in Sutton overall), 43% are between the age 25-64 (54% in Sutton overall) and about 7% are over the age of 65 (15% in Sutton overall) (ONS Census Data, 2011).

The high proportion of people under 25 and low proportion of people over 65 is suggestive of a higher birth rate/larger family size. Figure 2

![Figure 2: Population distribution of Gypsy and Travellers in Sutton in 2011](image)

Following discussion with representatives from Sutton Borough Council it was learned that Sutton’s Gypsy and Traveller community is made up of English Gypsies and Irish Travellers. However it is difficult to calculate the exact number. Prior to 2011 there was no specific coding for these groups in the National Census and even from the 2011 Census information, it is still not clear what the proportion of each community is in Sutton.
2.2.1 ENGLISH GYPSIES HISTORY AND CULTURE

Gypsies have their origins in the Indian Subcontinent and began migrating westwards from the 11th Century. The first wave of Gypsies arrived in Britain at the end of the 15th Century. Originally, they were thought to have come from Egypt, hence the name Gypsy.

Traditionally, Gypsies were employed on a casual labour basis on farms throughout the spring, summer and autumn months. Of particular significance was the hop industry, centred in Kent, which employed thousands of Gypsies both in spring for vine training and for the harvest in early autumn. The winter months were often spent doing casual labour or selling goods or services door to door. However the mechanisation of agriculture in the 1960s and the 1960 Caravan Sites and Control of Development Act disrupted this way of life. With work and travelling opportunities limited, Gypsies started to move to residential council sites in London. Nowadays, typical trades tend to be scrap metal dealing, horse dealing, tree surgery and landscaping, tarmacing and hawking.

Originally, Gypsies would travel on foot or with light horse-drawn carts and would sleep in Bedner tents, made of hazel branches and covered with canvas or tarpaulin. However, in the mid to late 19th Century, Gypsies started using horse-drawn wagons, ‘Vardos’ in Romany, which were brightly decorated and romantically linked with the Gypsy way of life. In the current era, Gypsies tend to live in static caravans or chalets but they may also have a trailer in order to undertake some travelling in the summer months (London Borough of Sutton, 2013).
2.2.2 IRISH TRAVELLERS HISTORY AND CULTURE

The origins of Irish Travellers as a group are unclear. It was once widely believed that Irish Travellers were descended from landowners or labourers who were made homeless by Oliver Cromwell's military campaign in Ireland and in the 1840s famine. However, it is claimed that there is evidence of nomadic groups in Ireland in the 5th Century.

In contrast to English Gypsy groups who are only slightly bigger than the family groups of the settled community, Irish Traveller family groups tend to be much larger. Irish Travellers may have the highest birth rate of any group within Europe. In addition, Irish Traveller groups often maintain close contact or ties with other Irish Traveller groups across the country. Other contrasts relate to travelling patterns, while they also tend to travel in the summer months, the routes are different to English Gypsies.

Irish Travellers also tend to marry at a younger age, are usually devout Roman Catholics and they may speak dialects of Shelta (an Irish Gaelic-based language with varying degrees of Anglicisation).

Traditionally, Irish Travellers were involved with metal working such as tinsmithing, or animal husbandry and dealing (London Borough of Sutton, 2013).
2.3 Housing

2.3.1 NATIONAL PICTURE

Many Gypsies and Travellers reside in conventional housing, though it is difficult to estimate the number as some may not identify themselves to services as being of Gypsy and Traveller origin or this may not be an option on routine ethnicity monitoring. Whole house or bungalow was the most common type of accommodation for respondents identified as Gypsy or Irish Travellers in the 2011 National Census, at 61 per cent (84 per cent for England and Wales as a whole), followed by caravan or other mobile or temporary structure at 24 per cent (0.3 per cent for England and Wales as a whole) (ONS Census Data, 2011).

Gypsy or Irish Travellers were more than twice as likely to live in social housing than the overall population of England and Wales (41 per cent compared to 16 per cent) and less likely to own their accommodation outright (21 per cent compared to 26 per cent) (ONS Census Data, 2011). This is represented in Sutton’s Gypsy and Traveller Community. Figure 3

![Breakdown of Tenure of the Gypsy and Traveller population in Sutton in 2011](image)

Figure 3: Types of Tenure in the Gypsy and Traveller community in Sutton
2.3.2 LOCAL PICTURE

There are Gypsies and Travellers in bricks and mortar accommodation in Sutton. The breakdown of Gypsies and Travellers living in council owned homes in Sutton is as follows:

- 22 Romany/English Gypsy
- 3 Irish Heritage Traveller
- 5 Other Gypsy/Traveller Group

Sutton has two main Gypsy and Traveller permanent sites in the borough, the Pastures and Grove Place. Both of these sites have been safeguarded within the Sites Development Policies - Development Planning Document (DPD) in order to ensure these existing supplies of pitches are not lost (London Borough of Sutton, 2013)

The Pastures is a council owned and operated site whereas Grove Place is privately owned and managed. **Figure 4** shows that the two sites are adjacent to each other at Carshalton Road, Banstead, with the private site to the north.

The road that the site is on is not an adopted road.

The Pastures currently has 15 pitches, where each pitch is made up of one fixed/static mobile home and one travelling mobile home. Currently all 15 pitches are occupied. The community is made up of 13 pitches occupied by Irish Travellers and two pitches occupied by English Gypsies. There is severe overcrowding on the Irish Traveller pitches (London Borough of Sutton, 2013).

Grove Place is comprised of 12 pitches.

**Figure 4: Location of the Current Gypsy and Traveller Sites**
2.3.3 ENGLISH GYPSIES HOUSING NEEDS

One of the features of Gypsy sites is that there are usually no toilets or showers inside caravans because in Gypsy culture this is considered unclean or ‘mochadi’. Most sites have separate utility blocks with toilets, sinks and electric showers. Most Gypsies will also not do their laundry inside, especially not underwear, and consequently many utility blocks also have washing machines (London Borough of Sutton, 2013).

2.3.4 IRISH TRAVELLERS HOUSING NEEDS

Changes in rural employment patterns have meant that many Irish travellers have migrated to major cities and live in pitches on the periphery but it is also believed that they are more likely to live in housing than English Gypsies (London Borough of Sutton, 2013).

2.4 Education

2.4.1 NATIONAL PICTURE

Gypsy or Irish Travellers are recorded as having the highest proportion with no qualifications of any ethnic group (60 per cent) – almost three times higher than for England and Wales as a whole (23 per cent).

A common feature of the Gypsy and Traveller community are low level of literacy and education. Evidence suggests that educational underperformance may be due to a combination of factors including a nomadic lifestyle, financial deprivation, low levels of parental literacy and aspiration for their children’s academic achievement, poor attendance, and bullying. A recent systematic review indicates poor literacy is associated with poorer overall health. At present Gypsies and Travellers are amongst the lowest-achieving groups at every Key Stage of education. In 2011, only 25% of Gypsies and Travellers achieved national expectations in English and Mathematics at the end of their primary education, compared with 74% of all students. At the end of
secondary education, only 12% of Gypsies and Traveller students achieved five or more good GCSEs, including English and Mathematics, compared with 58% of all students (London Borough of Richmond upon Thames, 2014).

2.4.2 LOCAL PICTURE
Numeracy and literacy data presented at Sutton ISS Conference in June 2015 showed that 100% of Traveller pupils entered for KS2 tests achieved a Level 4 compared with 39% of Travellers nationally. 25% of Traveller pupils entered for GCSEs obtained 5A*-C including English and Maths compared with 8% of Travellers nationally.

2.4.3 ENGLISH GYPSIES EDUCATION
Most younger English Gypsies are literate and pupils of Gypsy Roma heritage generally make it through to the end of Year 11 and beyond.

2.4.4 IRISH TRAVELLERS EDUCATION
The educational achievement of Irish Traveller school children and attendance at school is similar to English Gypsy school children. However many families opt for home schooling when a girl reaches the age of 12 or 13 and boys’ attendance at school can be sporadic in secondary school.

The reason for this variation between the two groups is to do with cultural differences. Once a young Irish Traveller girl reaches puberty it is not deemed ‘proper’ for her to be integrating and mixing with men in general especially non-Traveller men. Very often Irish Traveller women marry very young and more often than not they must marry within their own community, if she is seen to be associated with men outside of the community, then her eligibility values decreases and her chances of getting married are reduced. Anything that puts the character of the women in question will harm her future marriage prospects.
2.5 Employment

2.5.1 NATIONAL PICTURE

Gypsy or Irish Traveller was the ethnic group with the lowest proportion of respondents who were economically active at 47 per cent, compared to 63 per cent for England and Wales as a whole (ONS Census Data, 2011).

Over half of those who were economically active were employed (51 per cent compared to 75 per cent for the total of England and Wales) and 20 per cent were unemployed (compared to 7 per cent for the whole of England and Wales) (ONS Census Data, 2011).

Gypsy or Irish Traveller had the highest proportion of self-employed out of the ethnic groups at 26 per cent compared to 14 per cent for England and Wales (ONS Census Data, 2011).

Elementary occupations (such as sales, service or construction) were the most common type of employment at 22 per cent for Gypsy or Irish Traveller (11 per cent for England and Wales as a whole) (ONS Census Data, 2011). Figure 5 reinforces that this is also the case in Sutton.
2.5.2 LOCAL PICTURE

The limited evidence on Gypsy and Traveller employment practices and preferences indicates a strong preference for male self-employment.

2.5.3 ENGLISH GYPSIES EMPLOYMENT

English Gypsy women are allowed to work alongside men once they are physically able to do so. Many will accompany the men and carry out manual labour work.

2.5.4 IRISH TRAVELLERS EMPLOYMENT

As discussed in Section 2.4.4 Irish Traveller women are generally discouraged to seek employment and leave the community due to the impact it can have on her chance of being married within the community. She must not do anything which can bring ‘shame’ onto the family.

Scrap metal recycling is still a major source of income and it is not unusual for horses and dogs to be kept on or near a pitch.

There is a wide disparity in income between different Irish Traveller families, which makes generalisations difficult and also means that some Irish Travellers may be landowners and rent pitches to other families, as is the case in Sutton (London Borough of Sutton, 2013).
3. Service Provision

3.1 Primary Care

Gypsies and Travellers in the borough are able to access primary care by either registering as a permanent patient with a local practice or a temporary patient if they are visiting the area. All residents of The Pastures site are registered with a GP. They are all registered with GP surgeries which are out of the area due to the location of the site and also due to being averse to change. If they are historically registered with a practice they are reluctant to change as they find it difficult to trust a new person.

3.2 Community Care

There is a family outreach worker who provides support with benefits, appointments, correspondence, and helps the Gypsies and Travellers link to other services including healthcare.

3.3 Self care

NHS Choices offers information on living well, services nearby, health news and an A-Z of health issues. [http://www.nhs.uk/Pages/HomePage.aspx](http://www.nhs.uk/Pages/HomePage.aspx)

The Sutton Wellbeing Service is part of the national Improving Access to Psychological Therapies (IAPT) scheme. This scheme aims to provide therapies to people with common mental health problems. The Sutton Wellbeing Service works from GP surgeries and community venues.
4. Discussion

It has been observed throughout this Assessment that English Gypsies and Irish Travellers within the borough are two quite distinct groups and it is imperative that they are treated as distinct groups when assessing needs.

4.1 Family and identity

Travelling was reported to be a crucial part of the identity of this community and is strongly driven by family ties. The family is highly valued and provides an essential social support mechanism, particularly during negative life events. Just under half of Gypsy or Irish Traveller households had dependent children (45 per cent) – higher than the average for the England and Wales generally (29 per cent) (ONS Census Data, 2011).

The Gypsy or Irish Traveller ethnic group was one of the highest providers of unpaid care in England and Wales at 11 per cent (10 per cent for England and Wales as a whole) and provided the highest proportion of people providing 50 hours or more of unpaid care at 4 per cent (compared to 2 per cent for England and Wales as a whole) (ONS Census Data, 2011).

However most Gypsy and Travellers who are carers will never access carer support groups or respite care for concern that they will be regarded as ‘failures’ firstly, and these may also make them feel uncomfortable and as if they may be judged. When it is suggested that specific groups for Gypsies and Travellers could be arranged, that is also rejected on the basis that sharing personal business with each other is deemed improper and may possibly have dire consequences in the future.

4.2 Living Conditions

Poor living conditions and environmental factors are the most influential contributing factors to the poor health status of Gypsies and Travellers, including stress. This makes partnership working between the different agencies, including the NHS, Local Authorities Social Services, Housing and Environmental Health, and voluntary sector organisations, even more
important to provide a coordinated response to inter-related issues (Gill, Macleod, Lester, & Hegenbarth, 2013).

In Sutton, the Local Authority site pitches have historically been allocated randomly and so the fact that there are two distinct groups and that family ties are integral to them, have possibly not been considered. This group of people reside in a small space, in tough environmental conditions, and have not chosen to live with one another. The pitches currently do not have a succession right policy as residents do not hold a secure tenancy as do the settled community. Instead through a licence they are only renting the land. This policy is being reviewed and will enable the pitches to succeed to the next of kin. This will alleviate stress for many as for the community their children’s wellbeing is the most important factor. Knowing that they are secure for the future will be beneficial to them and their health.

4.3 Fuel Poverty

For Gypsies and Travellers on site accommodation or travelling, thermally inefficient trailers with little insulation combined with the expense of Calor gas can cause fuel poverty. Housed Gypsies and Travellers frequently reside in areas of deprivation in poor quality housing with poor insulation that can lead to fuel poverty. There is little research into fuel poverty in Gypsy Traveller communities. Data collected as part of a fuel poverty project conducted by the London Gypsy Traveller Unit found that “every household spent more than 10% of their income on heating and was therefore in some degree of fuel poverty”. The survey also showed a high incidence of health problems especially respiratory problems on the site and that most households had difficulty keeping warm. Local authorities should be aware that they may need to tailor their fuel poverty prevention campaigns to reach Gypsy Traveller communities (Wemyss, 2015).
4.4 Community Cohesiveness

It has been reported that it is not uncommon that there are sometimes internal family feuds and also specific groups of Gypsies and Travellers, such as Irish Travellers and English Gypsies, who appear unwilling to live on the same site due to cultural differences; this can lead to sites needing to become specific to either one or the other (South Norfolk, 2014).

Those interviewed for the South Norfolk Needs Assessment suggested the following when new sites are being developed:

- They need to be for specific groups of Gypsies or Travellers as mixed sites, unless robust management is in place from the start, will be difficult to manage;
- They need to be for specific groups of Gypsies or Travellers (especially if they are related) as this helps build stronger communities;
- The settled community in the vicinity should be invited to visit any existing sites so they can see for themselves what a site looks like and meet Gypsies, Travellers or Travelling Show People face-to-face.

It is known that in Sutton there is overcrowding on the council-owned sites and so these recommendations could possibly be used if and when a new site is developed.

4.5 Recommended Services

The improving access to health-care for Gypsies and Travellers inclusion guide highlights the various specific service provision that is used and can be used in the UK for Gypsies and Travellers.
• Outreach: helps to establish a connection to local communities, in order to build the initial relationship and raise awareness among travellers on the range of services available.

• Mobile units and clinics: whilst bringing services directly to sites might be a way to establish some rapport, it does not ultimately help foster integration in mainstream services. Community building and health education are positive alternatives.

• Patient access: due to the high mobility of Gypsy and Traveller patients, accessible records and interoperability of care records software would be of great benefit to the continuity of care.

• Peer-education: is a valuable means to get access to strong communities, gaining the trust of community leaders and role models can be very beneficial to reach out to the wider group, and gradually challenge some health beliefs and behaviours.

• Cultural awareness training: as Gypsies and Travellers are often targeted by traditional forms of racism, the cultural competence of all frontline staff, including receptionists, is crucial to accommodate their specific needs (Gill, Macleod, Lester, & Hegenbarth, 2013).

Cultural awareness training is currently offered within Sutton for all staff who work with Gypsies and Travellers.
4.6 Final Thoughts

Figure 6 describes very simplistically a gradual, stepped approach for health services to tackle social exclusion; however it does not include the complexity of the most vulnerable groups it is aiming to target.

Gypsies and Travellers are a vulnerable group within society who face many health inequalities. However they are a complex community with many cultural variations and a way of life that is difficult for normal society to comprehend. Therefore a generic model cannot be applied to the whole community and even though one of the most widely implemented strategies has been the ‘dedicated health visitor’, this should not necessarily be regarded as an example of best practice. Instead, Gypsies and Travellers do not want dedicated services but would much rather be able to access the same high quality services as everyone else, which will also reduce ‘singling out’ (Primary Care Contracting, 2009).

This does not make commissioning considerations like the ones outlined below redundant, but it should be asked: ‘Is this in line with the same health and wellbeing strategy as for the rest of the local population?’
• Information sharing between different agencies is a key factor in improving access for Gypsies and Travellers, especially given their high mobility and complex needs.

• Community engagement is important for professionals to establish a relationship with the wider network of people, and makes sure that a trusted relationship is gradually established. This will also contribute to the design of a service that meets the community's perceived need and develop a sense of ownership.

Contact between Gypsies and Travellers and service providers is still too often characterised by suspicion, indifference and occasionally hostility on both sides and so it is very challenging to ensure the correct needs are addressed.
Bibliography


Primary Care Contracting. (2009). *Primary Care Service Framework: Gypsy and Traveller Communities.*


South Norfolk. (2014). *South Norfolk Gypsy, Traveller and Travelling Showpeople Accommodation Assessment.*


APPENDIX A INFORMATION SHEET

January 2016

Do Gypsy and Traveller Communities get the health care they need?

My name is Dr Rekha Sharma and I work in Public Health at London Borough of Sutton (LBS). I am looking at whether Gypsy and Travellers are able to get the health care that they need.

Would you be willing to take part by giving me your views?

I will be looking at the times you or your family have needed to see a doctor, dentist, health visitor, or wanted to get advice from a health professional.

I’d like to know what happens, how easy it is to get seen, and if services are suitable for your needs. It would be a great help to spend half an hour with you and listen to your views and experiences.

Why am I doing this?

The Public Health Department (whose job is to promote health of people in Sutton), the Environment, Housing and Regeneration department and the NHS Sutton Clinical Commissioning Group - all want this work to be carried out, to help them understand local people’s views better.

Should you take part?

Taking part is voluntary and I would like to reassure you that any information about you will be kept strictly confidential. You will not be identifiable by name or description in any written reports.

It is entirely up to you whether or not you take part, and you are free to change your mind and stop at any time.

If you do decide to take part, will you please complete and sign the attached consent form.

As a token of appreciation for taking part we would like to offer an Asda shopping voucher.

Thank you, I am grateful for your time.

Yours sincerely

Dr Rekha Sharma
GP ST1
Public Health
People Directorate
Civic Offices
London Borough of Sutton
St Nicholas Way
Sutton
SM1
1EA
Email: rekha.sharma@sutton.gov.uk
Tel. 020 8770 4625
APPENDIX B

CONSENT FORM

Consent Form Preparatory study of Gypsy and Traveller health needs.

If you are happy to help us try and understand the provision of health care for Gypsy and Traveller communities, please fill in both Parts A and B fully below.

Please tick for ‘yes’ for all 4 sections in Par A to be part of the study and then sign in Part B:

Part A      Please tick for ‘yes’

1. I have read and understand the information letter about the study and have had the chance to ask questions

2. I understand that taking part is voluntary. If I change my mind, I can stop and don’t have to give a reason

3. I agree to take part in the project

4. I am not taking part in any other projects

Part B      Please give your name in capitals and sign.

.............................................................. .............................................................. .............................................................. ..........................................

(Name)    (Signature)    (Date)

Telephone Number (optional) .................
APPENDIX C INTERVIEW SCHEDULE

Introductions – who I am, and that meeting was arranged through Jacqui.

Explain project and the main aim is to see if there is anything that can be done to help the group, provide information sheet. Ask for consent and permission to use audio recorder.

Remind the group again re: the information shared today will be confidential and non-identifiable.

__________________________________________________________________________

1. Tell me about your main health related concerns?

2. It has been said that Gypsies and Travellers are some of the people most likely to have poor health and illness – do you think this is true? And why?

3. It’s also been said that Gypsies and Travellers are the least likely to use health services and the NHS – Do you agree with this? Why do you think this is?

4. Are there changes you would like to see in the local health service and the people who provide it?

5. Are there any other services that might help the Gypsy and Traveller community stay healthier?

__________________________________________________________________________

- Do you think that the Gypsy and Traveller community in Sutton have access to the following services?

- Older people and bowel ca screening

- Children and immunisations

- Pregnancy/childbirth

- Mental health, stress, anxiety, depression

- Substance misuse and domestic abuse

- Adult NHS health-checks, stopping smoking

- Female screening programmes - such as breast and cervical
APPENDIX B

Health Professionals Questionnaire

About you:

Job Title:

Employer:

Place of Work:

1. Have you attended an awareness session on Gypsy / Roma / Traveller health issues? (circle one)
   - Yes 1
   - No 2
   - Will be attending 3

2. Do you come into contact with Gypsy, Roma or Traveller patients / clients as part of your job or manage services they may access? (circle one)
   - Yes 1
   - No 2

   If ‘Yes’, please go to Question 3; if ‘No’, please go to Question 14.

3. How do you identify these patients / clients as Travellers? (circle one or more)
   - Their address / location 1
   - Identify themselves as Travellers 2
   - Identified as a Traveller as part of a referral 3
   - Came with other known Travellers 4
   - Other (Please state)

4. Are you aware of the ethnic READ coding system for Gypsy / Roma / Travellers? (circle one)
   - Yes 1
   - No 2

5. If ‘yes’, do you / your service use these codes to identify Gypsy / Roma / Travellers? (circle one)
   - Yes 1
   - No 2

6. Do you provide Travellers with help to complete forms? (circle one)
   - Yes 1
   - No 2
7. Have you found any specific issues relating to non-attendance at appointments? (circle one)
   Yes      1
   No        2

8. How do you / does your service contact Travellers for health checks, screening vaccinations and immunisations etc?

9. Do you / does your service have any special measures in place to increase the uptake of health checks, screening and vaccination programmes for Travellers? (circle one)
   Yes      1
   No       2

   If ‘yes’, please provide details.

10. Do you / does your service make clear to Travellers about your confidentiality obligation to them? (circle one)
    Yes       1
    No        2

11. Do you / does your service face any specific clinical or practical challenges when working with Travellers? (circle one)
    Yes       1
    No        2

12. If ‘yes’, please provide details.

13. Do non-health professionals signpost or refer Travellers to you / your service? (circle one) Yes 1
    No        2

   Now please go to Question 18.

   **QUESTION 14:**
   14. Have you ever had any professional contact with Travellers? (circle one)
       Yes       1
15. If ‘no’, how do you know you have never had any professional contact with Travellers?

16. Do you have any concerns about working with Travellers? (circle one)
   Yes 1
   No 2

17. If ‘yes’, please provide details.

**QUESTION 18:**

18. What do you think health services could do to improve the health of Travellers?