

Southwark Council Health, Adult Social Care, Communities & Citizenship Scrutiny Sub-Committee

Exploring the issue of access to maternal health and early years services for the Gypsy and Traveller communities in Southwark

Who are Gypsies and Travellers?

While there is no fixed definition for Gypsies and Travellers, probably the most appropriate definition is:

'...persons of nomadic habit of life, whatever their race or origin.'¹

Gypsies and Travellers is a commonly used term that includes people from a variety of groups, all of whom are or were nomadic. The main groups are:

- English Gypsies
- Romany Gypsy refugees and asylum seekers
- Irish Travellers
- Fairground and Show people
- Scottish
- Bargee and water craft Travellers
- Welsh
- New Travellers (people from the settled community originated in the 1960s Hippy movement and successive waves since)
- Circus people

Romany Gypsies, Irish, Welsh and Scottish Travellers are recognised in law as ethnic groups and are identified as having a shared culture, language and beliefs. Groups that are not currently recognised as an ethnic group, include New Travellers, Bargees and Travelling Circus and Show people. However, these are minority groups protected to some extent under general equalities legislation.

The history and culture of Irish Travellers and Romany, English, Welsh and Scottish Gypsies

The first Gypsy people migrated into Europe from India in the middle Ages, arriving here in the 15th Century. Due to the darkness of complexions, it was thought they had come from Egypt and were called 'Egyptians', hence the spelling of 'Gypsy' from 'Egypt'. Irish Travellers are said to have been people who took to the roads because of the hardships of Cromwell's campaign in Ireland or the Potato Famine.

¹ Brighton and Hove City Council Scrutiny report on Travellers March 2012 and the Caravan Site and Control of Development Act 1960 and in addition the Caravan Sites Act 1968 <http://www.legislation.gov.uk/ukpga/Eliz2/8-9/62> and http://www.legislation.gov.uk/ukpga/1968/52/pdfs/ukpga_19680052_en.pdf

While there are distinct traveller identities and cultural norms, there are also cross cultural and physical co-location between many different types of travelling and gypsy communities; this is a heterogeneous community.

Population

It has been estimated that there are around 300,000* Gypsies and Travellers in the UK.²

In the Gypsy and Traveller Caravan count for January 2011, which is carried out twice a year on behalf of the Government, the total number of Gypsy and Traveller caravans was 18,383 caravans, which represents a very marginal increase from 2010. The count indicated that 17% of Traveller caravans in England were on unauthorised land and 83% were on authorised land.³

Southwark has 41 authorised plots.

The census data has come back with a figure of 263 Gypsies and Travellers in Southwark, however STAG estimate the Traveller population is around 1250. Accurate figures for Gypsies are not known.

Southwark Traveller Action Group

Southwark Traveller Action Group (STAG), based at Peckham Settlement, have been vital to the council's engagement with Travellers, and successes have included liaison about site upgrading and engagement with Travellers about site planning issues. STAG used to get Working Neighbourhoods Fund money from the council until March 2011 when that funding stopped because of central government cuts.

Southwark Authorised sites

There has been a recent focus on solving engagement issues between housing agencies and Travellers, as site upgrading has been flagged up to the council as the highest priority need, and all 4 Traveller sites are going to be upgraded by 2013 (3 have already been upgraded). The council's focus on improving sites in order to improve all aspects of wellbeing amongst Travellers has been given support by a report commissioned by the GLA into Traveller's housing needs.⁴

These are the Southwark sites:

1. Brideale Close SE15 (Off Glengall Road)
16 Plots - 10 Single Plots and 3 Double Plots.
(Site Refurbishment 2008)

² Commission for Racial Equality, 2003

³ Gypsy and Traveller caravan count January 2011

<http://www.communities.gov.uk/documents/statistics/pdf/1932949.pdf>

⁴ (GLA, 2008).

2. Burnhill Close SE15 (Off Leo Street, Behind Toys 'R' Us in Old Kent Road)
5 Plots - All Single Plots
(Site Refurbishment 2011)

3. Ilderton Road SE16 (Next to South Bermondsey Railway Station)
15 Plots - All Single Plots
(Site Refurbishment 2006)

4. Spring Tide Close SE15 (Off Staffordshire Street, Behind Peckham Police Station)
5 Plots - All Single Plots
(Site Refurbishment Planned for 2013)

There is a dedicated Travellers Housing officer, Paul Jeffrey, who since October 2011 has been working with Travellers. He is focused on improving the repairs service, council cleaning and refuse collections etc. A new allocations policy and pitch agreements are being devised and should be ready to be implemented early in 2013.

Southwark Council's Community Engagement work

Southwark Council's Community Engagement division works closely with STAG. The council has done some excellent engagement work in recent years through a focus on culture - specifically the Pavee Widden photography project, and work around Gypsy Roma Traveller History Month in June. Southwark won a major European award last year for its work with Traveller communities. Southwark was awarded second place in the Dosta Congress Prize (recognising work with GRT communities across Europe) by the Congress of Local and Regional Authorities (part of the Council of Europe). First place went to Finland and Serbia - and Southwark was just one point behind them. The awards ceremony was in Strasbourg on October 19 last.

Travellers and Gypsies; economic and social deprivation and exclusion.

Most of the data and reports about social and economic deprivation are centred on the experience of Irish Travellers and Romany, English, Welsh and Scottish Gypsies. There are some very limited studies on New Travellers, which indicate some social disadvantage and exclusion. Only limited evidence exists on the health status and life expectancy of Show people but where data is available, it would appear that members of this population have generally better health and a longer life expectancy than Gypsies or other Travellers.⁵

The aspects of Gypsy Traveller health that show the most marked inequality are self-reported anxiety, respiratory problems including asthma and bronchitis, and chest pain. The excess prevalence of miscarriages, stillbirths, neonatal deaths and premature death

⁵ Inequalities experienced by Gypsy and Traveller communities: A review
Equality and Human Rights Commission Research Report

of older offspring was also conspicuous. There is less inequality observed in diabetes, stroke and cancer.⁶

Summary of some of the key health related inequalities experienced by Gypsy and Traveller communities

It needs to be noted that this information (and the more detailed information below about maternal health and early years) is drawn from a range of peer reviewed published research literature based on different gypsy and traveller groups. It is designed to introduce some of the common issues which have been established in a body of research into the health status and needs of gypsy and traveller population. Although it is a starting point for reflecting on the local situation, it should not be applied uncritically to the Southwark population. The 2011 Census included gypsies and travellers for the first time and once the data is available this should be helpful in increasing knowledge, assessing and meeting local needs more effectively.

- Gypsies and Travellers die earlier than the rest of the population.
- They experience worse health, yet are less likely to receive effective, continuous healthcare.
- Children's educational achievements are worse, and declining still further (contrary to the national trend).
- Participation in secondary education is extremely low:
- There is a lack of access to pre-school, out-of-school and leisure services for children and young people.
- There is an unquantified but substantial negative psychological impact on children who experience repeated brutal evictions, family tensions associated with insecure lifestyles, and hostility from the wider population.
- Employment rates are low, and poverty high.
- There is an increasing problem of substance abuse among unemployed and disaffected young people.
- • Within the criminal justice system – because of a combination of unfair treatment at different stages and other inequalities affecting the communities – there is a process of accelerated criminalisation at a young age, leading rapidly to custody.
- There are high suicide rates among the communities.
- Policy initiatives and local health strategies that are designed to promote inclusion and equality frequently exclude Gypsies and Travellers. This includes political structures and community development and community cohesion programmes.
- There is a lack of access to culturally appropriate support services for people in the most vulnerable situations, such as women experiencing domestic violence.
- Gypsies' and Travellers' culture and identity receive little or no recognition, with consequent and considerable damage to their self-esteem.

⁶ The Health Status of
Gypsies & Travellers in England
Report of Department of Health Inequalities in Health Research Initiative
Project 121/7500

Source: Research report 12: Equality and Human Rights Commission (2009)

The Equality and Human Rights Commission Research Report: Inequalities experienced by Gypsy and Traveller communities, states that one core theme which arises across all of the many of the reports they reviewed is the pervasive and corrosive impact of experiencing racism and discrimination throughout an entire lifespan and unemployment, social and public contexts.

Southwark Councils understanding of Gypsy and Traveller health inequalities

There is a good understanding of the needs of Gypsies and Travellers; the council's equalities and human rights scheme (2008 - 2011) stated that:

In the Traveller community; "there are higher than average rates of diabetes, high blood pressure, depression and anxiety, asthma and other chronic respiratory diseases, eczema, miscarriages (3 times more than average, possibly this is an underestimation), infant mortality is also 3 times higher than average, possibly more, low birth weight, bullying (Traveller children are the most likely to be bullied out of all ethnic minorities), there is a lower than average life expectancy (reduced by 10 – 14 years) and finally, it is estimated that Travellers are 20 times more likely to lose a child (in the course of a lifetime)."

The document argues that low wages/low incomes, housing standards, poor educational opportunities, being an "invisible ethnic minority", and problems with affordable childcare all contributed to higher levels of illness. The council intend to look at post census 2011 findings and the impact of these on Gypsies & Travellers

Why the focus on Maternal Health and Early Years (under 3)?

The review has chosen this focus for two reasons; to link the initiative with priorities identified by the Marmot review and the evidence that this is a significant maternal and early years health inequality experienced by Travellers and Gypsies.

Fair Society, Healthy Lives the Marmot Review

The first policy objective the Marmot Review identifies is to 'give every child the best start in life. The reports states that giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional– are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being—from obesity, heart disease and mental health, to educational achievement and economic status.

To report goes on to argue that to have an impact on health inequalities we need to address the social gradient in children's access to positive early experiences. Later

interventions, although important, are considerably less effective where good early foundations are lacking.

The report advocates reducing inequalities in early child development by continuing and sustained commitment to the Sure Start and the Healthy Child Programme. It is vital that this is sustained over the long term and the report recommends even greater priority must be given to ensuring expenditure early in the developmental life cycle (that is, on children below the age of 5) and that more is invested in interventions that have been proved to be effective. They call for a 'second revolution in the early years', to increase the proportion of overall expenditure allocated there. This expenditure should be focused proportionately across the social gradient to ensure effective support to parents (starting in pregnancy and continuing through the transition of the child into primary school), including quality early education and childcare

Priority objectives

1. Reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills.
2. Ensure high quality maternity services, parenting programmes, childcare and early year's education to meet need across the social gradient.
3. Build the resilience and well-being of young children across the social gradient.

Policy recommendations

1) Increase the proportion of overall expenditure allocated to the early years and ensure expenditure on early year's development is focused progressively across the social gradient.

2) Support families to achieve progressive improvements in early child development, including:

- Giving priority to pre- and post-natal interventions that reduce adverse outcomes of pregnancy and infancy
- Providing paid parental leave in the first year of life with a minimum income for healthy living
- Providing routine support to families through parenting programmes, children's centres and key workers, delivered to meet social need via outreach to families
- developing programmes for the transition to school.

3) Provide good quality early years education and childcare proportionately across the gradient. This provision should be:

- Combined with outreach to increase the take-up by children from disadvantaged families
- Provided on the basis of evaluated models and to meet quality standards.

The focus on Maternal Health and Early Years (under 3) Detailed evidence of Traveller and Gypsy maternal health and early year's child inequalities

There are high rates of maternal death during pregnancy or shortly after childbirth.⁷ The report of the Confidential Enquiries into Maternal Deaths in the UK1997-199923 found that Travellers have "possibly the highest maternal death rate among all ethnic groups."

The Health Status of Gypsies & Travellers in England Report of Department of Health reported that most studies on Traveller and Gypsy health are small, localised, descriptive, and focus on maternal and child health, including immunisation, consanguinity and congenital anomalies. Few studies involved Gypsy Travellers' active participation in the research process. The evidence from these studies suggests high infant mortality and perinatal death rates, low birthweight, low immunisation uptake and high child accident rate.

Their study therefore set out to do more comprehensive research matching Gypsy and Traveller women with age and children matched counterparts. They examined the rates in the two groups with children: 150 Gypsy Travellers and 141 comparators (although within these groups, the Gypsy Traveller mothers had more pregnancies and deliveries). There were no significant differences between the number of Gypsy Travellers and comparison women reporting a number of problems with pregnancy or childbirth, such as morning sickness, pre-term birth, breech presentation, or post-natal depression. However, more Gypsy Travellers experienced one or more miscarriages – 43 (29%) and Caesarean sections – 33 (22%) Gypsy Traveller women compared with 18 (16%), and 20 (14%) respectively of the non-Gypsy Traveller group with children. Conversely, hypertension was less commonly reported by the Gypsy Traveller women 2 (1%) compared with 11(8%) of comparators.

The study also looked at premature death of offspring, in response to the question "Are all your children still living?" 25 of 142 Gypsy and Traveller women (**17.6%**) had suffered the death of a child (of any age but excluding miscarriages) compared with one of 110 matched comparators (0.9%) ($\chi^2=16.9, p<0.001$). Information was missing for two Gypsy Travellers and six comparators. Eight Gypsy Travellers but no comparators reported one or more stillbirths or death of a neonatal infant, with one woman experiencing multiple stillbirths.

Comprehensive data in respect of children are lacking, but studies have found higher rates of illness among Gypsy and Traveller children as compared with others⁸ with a reported higher rate of accidents among children, related to parental difficulties in accessing appropriate information on accident prevention and the impact of poor quality sites on injury rates.⁹

⁷ Parry et al, 2004

⁸ Pahl & Vaile, 1986

⁹ Beach 2006