

PRI-AIN758

by Plagi Check

Submission date: 25-Apr-2023 12:37AM (UTC-0700)

Submission ID: 2074915134

File name: PRI-AIN758_FL.docx (49.32K)

Word count: 2534

Character count: 16095

POLICIES CONCERNING GYPSIES AND TRAVELLERS'
ACCESS TO HEALTHCARE

Executive Summary

This assignment focuses on the healthcare accessibility of Gypsies, Travellers and Romas in the UK, Further focus has been given to key constraints which focus on understanding the difficulties the ethnic minority faces.

2 **Table of Contents**

1. Introduction.....	3
1.1 Background of the topic	3
1.2 Brief discussion of ethnicity-based inequities in health	3
1.3 Problem statement	4
2. Policy for addressing the inequities in healthcare.....	4
2.1 Policy discussion	4
2.2 Gaps in policy.....	5
2.3 Gaps in legislation	6
3. Conclusion	7
3.1 Conclusion.....	7
3.2 Recommendation for filling gaps in policy	7
Reference List	9

1. Introduction

1.1 Background of the topic

Gypsies, Travellers and Romanies are considered unique ethnic entities who are a distinct band of people that travel from one place to another place frequently. Gypsies are often classified between English, Scottish and Welsh Gypsies that have different characteristics. In UK, the 2011 census had the first Gypsies, Romany and Traveller (GRT) category that was assessed as there was no earlier attempt from the UK government to focus on collecting robust data on the ethnic group. There are 63000 people who consider themselves in the GRT group, out of which 58000 are residing in England and Wales (Parliament.uk, 2022). It depicts that people from this ethnicity play a crucial role in determining cultural diversity.

1.2 Brief discussion of ethnicity-based inequities in health

The ethnic people from the GRT group face some severe health inequities that have impacted their well-being compared to other ethnic minority groups. They face health inequities such as reduced access to immunisation services and a higher rate of suicide compared to other socially excluded minorities (London.gov.uk, 2022). Moreover, GRT people also faced accommodation issues and occupational hazards that have made them more vulnerable.

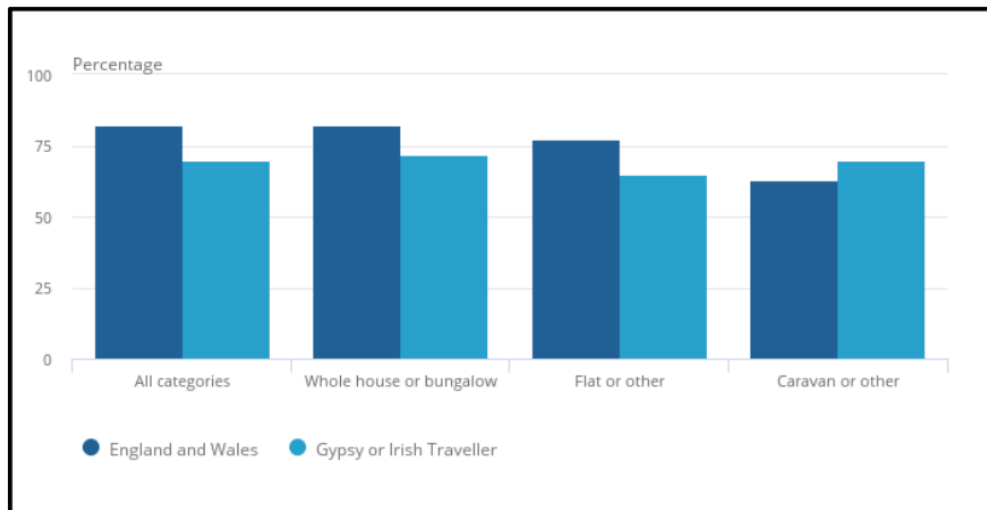


Figure 1: Self-reported health qualities of GRT people by accommodation status

(Source: Ons.gov.uk, 2021)

The issue of living in a temporary accommodation has also been a constraint for GRT people to access healthcare services. According to the information retrieved during the 2011 census, 63% of Gypsies and Travellers who live in temporary accommodations such as a Caravan

have rated their health condition as good (Ons.gov.uk, 2021). This depicts that many people are excluded from getting access to primary health services.

1.3 Problem statement

The main problem behind the lack of healthcare access for Gypsies and travellers is the lack of healthcare policies and reduced information sharing. Furthermore, Gypsies and Romas often face difficulties in accessing healthcare services due to the absence of a permanent address, which develops the issue to a greater extent.

2. Policy for addressing the inequities in healthcare

2.1 Policy discussion

Health inequities and deprivation

The stern consequences that have been faced by the community of GRT people have alarmed the authority regarding the consequences and facing discrimination regarding their social exclusion. According to the opinion of Millan and Smith (2019), the health-related attitudes practised by the GRT people group are crucial in determining healthcare policies which address the gaps in healthcare access for them. Moreover, the marginalisation that is faced by the community is important considering the restructuring of the policy interventions. Gypsies, Travellers and Romanies develop health issues such as COPD, asthma, prostate and bladder problems, cancer, STDs (Sexually Transmitted Diseases) and mental health issues (Ons.gov.uk, 2022). Moreover, the suicide rate among GRT people has also been higher considering the mental issues they face due to social discrimination. Among Irish Travellers, the suicide rate is significantly high, approximately 11%, as per the report of the Irish Parliament (Bbc.com, 2022). Moreover, it is observed that social discrimination and deprivation act as the drivers behind these increased suicidal tendencies among GRT people in the UK.

Joint Strategic Needs Assessment (JSNA) as a key policy

The National Health Services (NHS) have been integrated with Joint Strategic Needs Assessment (JSNA) in 2008 and has engaged the local authorities to develop access to healthcare for minority ethnic groups. Using JSNA, the local authorities and Clinical Commissioning Groups (CCG) contribute in making decisions regarding the health of people from the local community. Improved information sharing and accessibility to healthcare implications are some key attributes of this policy which have been key to develop the healthcare scope for Gypsies and Travellers. According to the opinion of Franklin *et al.* (2022), JSNA is an everlasting process to obtain key assessments regarding decreasing inequalities in accessing healthcare requirements of socially deprived communities.

Therefore, it has been key for the people such as Gypsies, Travellers and Romanies to access the required healthcare implications.

The lack of sites for the GRT community people to reside in has forced them to compromise their housing, thereby often facing poor environment issues in caravans or temporary housing. Both permanently housed and travelling groups of Gypsies and Travellers have poor access to healthcare systems and discrimination within the core service authority (Lecture 3, Slide 18). JSNA develops the provisions to engage the Gypsies and Travellers by developing health questionnaires that aid in retrieving health-related information. Using this approach of interviewing Gypsies, health information has been successfully extracted from GRT community people from West Sussex and Kent (Gypsy-traveller.org, 2022). However, gathering collective data has also been quite difficult as sensitive subjects such as Sexual health have often been ignored.

One of the major issues for people included in the GRT community is access to primary and secondary healthcare solutions. Gypsies, Travellers and Romas also faced problematic situations in order to access GP (General Practice) services, maternity care, immunisation services and provision for mental health counselling. According to the opinion of Bell *et al.* (2020), the reason behind this lack of accessibility to healthcare services is because of the key difficulties that are faced by GRT people to navigate the health policies offered by the NHS. It has been observed that the minority group comprising GRT people preferred to use A&E services for emergency purposes rather than using structured medical services because of previous poor experiences of discrimination and lack of accessibility. However, JSNA is mostly based on statistical data and primary collection of information which is extremely lacking in terms of Gypsies and Travellers. Furthermore, JSNAs help to identify if the right amount of attention is given to the people from GRT communities, considering its implementation on their health. It is important for the performance of the organisation to develop the focus on GRT communities that helps in enhancing their positioning in order to develop their access to healthcare services. This also focuses on developing GRT approaches that helps in enhance healthcare services.

2.2 Gaps in policy

Gypsy/travellers have been considered one of the most socially excluded individual/groups and face several worst racisms in UK. A survey questioned British public to mention a majority group they felt least positive-gypsies with 35% closely refugees and 34% seekers (p 2007 survey asked British public to name a minority group to whom they felt least positive - travellers/gypsies) (lecture 3, slide 5). The lack of gipsy/traveller acceptance in UK has led to

issues in healthcare policies in favour of them. A survey of public attitudes in 2022 UK to religious groups and differing ethnic found Irish travellers and Gypsy was identified least liked group. The survey highlighted 44.6% had a completely negative attitude toward Gypsies with second least being Muslims with 25.9% (Jones and Unsworth, 2022). Additionally, Travellers/Gypsy have a history of vilified by media leading to toughening legislation and moral panics.

Joint Strategic Needs Assessment policy is narrowly focused on conditions, communities, and services which is a significant gap of the policy that needs to be improved. JSNA is a collective exercise that illustrates wellbeing needs, inequalities, and health within local population, however missing concerns of travellers (leicester.gov.uk, 2023). Policy of JSNA is an ongoing process through which clinical commissioning and local authorities assess future and current care, wellbeing, as well as, health needs. However, the policy only emphasises local community to inform decision-making locally with narrow highlight on travellers' wellbeing and health care needs. According to Campos and Reich (2019), JSNA policy is concerned with wider social aspects that have an impact on wellbeing and health of people like employment, housing, and poverty. Therefore, the provided information sources through JSNA policy are effectively used for making decisions of commissioning in order to improve local population outcomes with little focus on gipsies' wellbeing.

2.3 Gaps in legislation

The JSNA policy improves quality of local community healthcare decisions, although it is the only policy for defining health care needs of travellers/gypsies. The policy follows implications of Health and Care Act 2022, CCGs was abolished on July 1 2022 and their functions assumed by ICBs (gov.uk, 2023). The Act also amends 116A section of local government and Public Involvement in Health Act 2007 renaming joint wellbeing and health strategies to JSNA (gov.uk, 2023). The legislation replaced integrated care board and clinical commission group references to emphasise travellers/gypsies' health care and wellbeing. A survey reported that 90% of young and children from gypsies' group have faced racial abuse and almost two-third have been physically attacked or bullied (lecture 3, slide 8). In this context, it has been evaluated that lack of significant focus on wellbeing and health care of travellers/gypsies is the most critical legislation gap of JSNA.

Gypsies/travellers face an evident discrimination and racism issues that leads to increased mental and physical health issues of the groups in UK. 35% to 45% of UK population openly admitted to racism against GRT community (Jones and Unsworth, 2022). However, collaboration JHWS and JSNA process might enable local government and NHS makes real

improvement to wellbeing and health of local communities. Legislation for healthcare in UK is regulated by The Health and Safety Executive (HSE) in UK (gov.uk, 2023). The legislation generally imposes a care duty on health practitioners in crisis situations preventing cause of harm to patients. The primary care responsibility is to attend each patient and providing personal care to people in need without discrimination based on nationality or traditional background (Turner *et al.* 2022). Therefore, lack of emphasis toward gypsies/travellers' care is the most critical legislation gap in UK's healthcare.

3. Conclusion

3.1 Conclusion

Gypsies/Travellers have been identified to be physically and mentally abused due to racism in UK that requires effective healthcare and wellbeing to improve living standards of local gypsies. UK healthcare legislation are managed and regulated by HSE focusing health care and safety of local UK population. Ethnic individuals from GRT group faces critical health insecurities impacting their wellbeing in comparison to majority ethnic groups in UK. Lack of appropriate healthcare policies have led to lack of healthcare accessibility by travellers/gypsies in UK. Absence of permanent address is another major issue leading to healthcare access restriction faced by gypsies/travellers.

3.2 Recommendation for filling gaps in policy

Improved information transparency

Lack of information transparency for travellers regarding healthcare facilities in UK can be effectively mitigated by improving information transparency. The travel guide brochures can be updated with available healthcare facilities for gypsies/travellers in UK to improve healthcare accessibility for them (Poppleton *et al.* 2022). Additionally, local guidance through banners or posters can also be promoted by UK government to provide suitable healthcare access to travellers/gypsies in UK. Providing leaflets with healthcare facilities is another suitable way that can be adopted by tourism sector to ensure effective healthcare access by travellers/gypsies in UK (Condon *et al.* 2019). Improved information transparency might not only guide travellers regarding healthcare services and facilities but also permit UK to become a suitable travel destination due to assurance of wellbeing offered to travellers. Therefore, information transparency can sustainably lead to elimination of reduced information sharing issue resulting to inappropriate healthcare access by gypsies/travellers.

Establishment of camps on national roadways or country side in UK

Travellers/gypsies mostly build camps in countryside or in outskirts of national highways, thus establishment of camps in such areas can provide improved healthcare access to them in

UK. A survey reported that 87% of GRT group face social hate leading to poor mental health conditions (Seminar 3, slide 8). Therefore, indicating a crucial need for effective healthcare services and access for GRT groups in UK. Most of the GRT population in UK have been identified to reside in country sides (Hannah-Jones, 2019). UK government might also introduce some specific regulations focusing on wellbeing and healthcare of gypsies/travellers to improve their access to personal care facilities. Hence, establishing healthcare camps in outskirts or countryside might provide improves access to healthcare services by travellers/gypsies.

Reference List

Bbc.com (2022). *Irish Travellers 'mental health crisis' driven by discrimination and Deprivation*. Available at: <https://www.bbc.com/news/world-europe-61117469> [Accessed on: 14 April 2023]

Bell, S., Saliba, V., Ramsay, M. and Mounier-Jack, S., (2020). What have we learnt from measles outbreaks in 3 English cities? A qualitative exploration of factors influencing vaccination uptake in Romanian and Roma Romanian communities. *BMC Public Health*, 20(1), pp.1-10.

Campos, P.A. and Reich, M.R., (2019). Political analysis for health policy implementation. *Health Systems & Reform*, 5(3), pp.224-235.

Condon, L., Bedford, H., Ireland, L., Kerr, S., Mytton, J., Richardson, Z. and Jackson, C., (2019). Engaging gypsy, Roma, and traveller communities in research: Maximizing opportunities and overcoming challenges. *Qualitative Health Research*, 29(9), pp.1324-1333.

Franklin, M., Stone, T., Baxter, S., Haywood, A., Hinde, S., Howdon, D., Jones, M., Sutton, A., Clowes, M., Mason, S. and Lomas, J., (2022). Unlocking Data to Inform Public Health Policy and Practice: The Report.

gov.uk (2023). *JSNAs and JHWS statutory guidance*. gov.uk. Available at: <https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance> [Accessed on: 21st April 2023]

gov.uk (2023). *The Health and Safety Executive (HSE)*. Gov.uk. Available at: <https://www.gov.uk/government/organisations/health-and-safety-executive#:~:text=The%20Health%20and%20Safety%20Executive,death%2C%20injury%20and%20ill%20health>. [Accessed on: 24th April 2023]

Gypsy-traveller.org (2022). Inclusion of Gypsy Traveller health needs in Joint Strategic Needs Assessments: A review. Available at: https://www.gypsy-traveller.org/wp-content/uploads/2015/03/FFT_Inclusion-of-Gypsy-Traveller-health-needs-in-JSNA_FINAL.pdf [Accessed on: 14 April 2023]

Hannah-Jones, N., (2019). Our democracy's founding ideals were false when they were written. Black Americans have fought to make them true. *New York Times Magazine*, 14.

Jones, S.H. and Unsworth, A. (2022) *The Dinner Table Prejudice: Islamophobia in Contemporary Britain*. Available at: <https://www.birmingham.ac.uk/documents/college-artslaw/ptr/90172-univ73-islamophobia-in-the-uk-report-final.pdf> [Accessed on: 23rd April 2023]

leicester.gov.uk (2023). *Joint Strategic Needs Assessment. Leicester City Council*. Available at: <https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/public-health/data-reports-and-strategies/jsna/#:~:text=The%20JSNA%20is%20a%20collaborative,outcomes%20for%20the%20local%20population.> [Accessed on: 22nd April 2023]

London.gov.uk. (2022). *Gypsy, Roma and Traveller Health Inequalities*. Available at: <https://www.london.gov.uk/who-we-are/what-london-assembly-does/questions-mayor/find-an-answer/gypsy-roma-and-traveller-health-inequalities> [Accessed on: 14 April 2023]

Millan, M. and Smith, D., (2019). A comparative sociology of Gypsy Traveller health in the UK. *International journal of environmental research and public health*, 16(3), p.379.

Ons.gov.uk (2021). *2011 Census analysis: What does the 2011 Census tell us about the characteristics of Gypsy or Irish travellers in England and Wales?* Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/whatdoesthe2011censustellusaboutthecharacteristicsofgypsyoririshtravellersinenglandandwales/2014-01-21> [Accessed on: 14 April 2023]

Ons.gov.uk. (2022). *Gypsies' and Travellers' lived experiences, health, England and Wales: 2022*. Available at: [https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/bulletins/gypsiesandtravellerslivedexperienceshealthenglandandwales/2022#:~:text=Participants%20from%20Gypsy%20and%20Traveller,\)%2C%20and%20mental%20health%20difficulties.](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/bulletins/gypsiesandtravellerslivedexperienceshealthenglandandwales/2022#:~:text=Participants%20from%20Gypsy%20and%20Traveller,)%2C%20and%20mental%20health%20difficulties.) [Accessed on: 14 April 2023]

Parliament.uk. (2022). *Gypsies and Travellers*. Available at: <https://commonslibrary.parliament.uk/research-briefings/cbp-8083/#:~:text=In%20total%20around%2063%2C000%20people,largest%20number%20per%2010%2C000%20people.> [Accessed on: 14 April 2023]

Poppleton, A., Howells, K., Adeyemi, I., Chew-Graham, C., Dikomitis, L. and Sanders, C., (2022). The perceptions of general practice among Central and Eastern Europeans in the United Kingdom: A systematic scoping review. *Health Expectations*, 25(5), pp.2107-2123.

Turner, A., Morris, R., Rakhra, D., Stevenson, F., McDonagh, L., Hamilton, F., Atherton, H., Farr, M., Blake, S., Banks, J. and Lasseter, G., (2022). Unintended consequences of online consultations: a qualitative study in UK primary care. *British Journal of General Practice*, 72(715), pp.e128-e137.

ORIGINALITY REPORT

5%

SIMILARITY INDEX

4%

INTERNET SOURCES

0%

PUBLICATIONS

2%

STUDENT PAPERS

PRIMARY SOURCES

1

Submitted to University of Bedfordshire

Student Paper

1%

2

www.coursehero.com

Internet Source

1%

3

www.gov.uk

Internet Source

1%

4

www.leicester.gov.uk

Internet Source

1%

5

www.bexley.gov.uk

Internet Source

<1%

6

bmcpublichealth.biomedcentral.com

Internet Source

<1%

7

dera.ioe.ac.uk

Internet Source

<1%

8

www.google.com

Internet Source

<1%

Exclude quotes On

Exclude bibliography On

Exclude matches Off