

Vulnerabilities of gypsy and traveller community



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This essay will examine the Gypsies and Travellers community as a vulnerable group. It will also explore diverse subject matters around vulnerabilities in this group by indicating and describing some of the risk factors, and how these vulnerabilities affect their health and wellbeing.

The rationale for choosing this particular group will be provided followed by the provision of prevention intervention and support by the multi-disciplinary team (MDT) and multi-agency team (MAT) to mitigate vulnerabilities, and also pointing out the role of nurses and essential social dexterities needed to successfully safeguard and protect the target population.

Also, a discussion on relevant laws and policies to safeguard the target population will be drawn, followed by a reflective account of my learning and how it will impact on my ability as a nursing student to identify vulnerability and working openly and sensitively with those affected. This essay will conclude to integrate all the key points to a conclusive statement.

The importances of protecting vulnerable adults have been acknowledged globally, and in certain communities, it seems more enhanced particularly with nations that have zero tolerance policies and legislations on abuse of vulnerable people (Bromley and Anderson, 2012). In the United Kingdom (UK), robust policies and legislations are protecting and safeguarding vulnerable people from categories of abuse and discriminations.

The Gypsy and Traveller community are a mixed group of individuals originating from parts of India, Romania and Egypt. They have a traditional background in trade illustrated in their nomadic culture and temporary accommodations such as caravans, temporary homes (within the housing)

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and unauthorised or illegal sites. In the UK, several scholars have studied the relationship between the Gypsy and Traveller community lifestyles and the impact on their health and wellbeing.

‘Vulnerability’ in this context is described as the diminished capacity of a person or group to foresee, cope, resist and recuperate from the impact of a natural or artificial hazard/harm (William, 2008; Penhale and Parker, 2008). For this target group, it is defined as the incapacity to fully achieve the psychological, socio-economic and environmental influences which may negatively impact on the health and wellbeing of the group (Wray et al., 2008). This notion is relatively dynamic and often linked with poverty. However, it could emanate as result of social isolation and insecurity from risk or trauma. Reactions differ when exposed to risk as a consequence of social status, gender, age, ethnicity, education, income et cetera.

Statistics reveals that over 70% of the Gypsy and Traveller community engage in a risky lifestyle and behaviour as a result of their culture, beliefs, values and norms and an estimated 20% live in temporary accommodations like caravans (Parry et al., 2004). This is supported by a government study which claims that these factors, as well as poor education, increases exposure to ill health and poor registration with health facilities. The overall health of the group is poorer compared to the general population and that of non-travellers residing in socio-economic deprived regions, (HM Government, 2011).

The 2011 statistics reported that an estimated 12% of Gypsy and Traveller children obtained 5 or more GCES in either English or Mathematics compared

to National average (DCLG, 2012). NHS statistics also report that there were a relatively high prevalence and incidence of preventable ill health amongst the target group. These include high prevalence of neonatal deaths, miscarriages, maternal death (during and after pregnancy) and stillbirths (Parry et al., 2007; DCLG, 2012).

Parry (2007) also emphasised that the Gypsy and Traveller community has a relatively high prevalence of avoidable ill health such as low birth rates, sexual health issues, teenage pregnancy, smoking, and drug and alcohol abuse. It is also evident that their health outcomes are as a consequence of their lifestyle behaviours (Penhale and Parker, 2008; Okely, 2011). Arguably, the target population have a culture of early marriages and multiple celebrations (e. g. of birth, weddings, and christenings). Evidence suggests that the target population also have a reduced inclination towards education and have low records to GP registrations (Papadopoulos, and Lay, 2007). Academics have linked the above behaviours to the determinants of health and the existing inequalities in health.

Marmot (2010) stated that where we live, eat, who we socialise with, how much money we have and what work we do significantly have an impact on our health and wellbeing. Marmot's argument implies that: individuals who come from poor socio-economic and environmental backgrounds are more likely to suffer poor health as opposed to affluent individuals.

In the light of this argument, the target population are viewed as a vulnerable group as opposed to other societies and communities within the UK. The UK government established several policies and legislation to ensure

that this target group and other vulnerable groups enjoy enhanced health and wellbeing.

The Health and Social Care Act (HSC) was established in 2012 with several elements to amplify quality healthcare service provision and also protects vulnerable people such as the target population (DH, 2015). In order to achieve the aim of the HSC, it was important to use an integrative provision of health and social care services through local communities and especially communities of interest. Under the safeguarding policy that aims to protect vulnerable people, the HSC Act mandated several safeguarding measures that require healthcare providers to implement the policies and these are monitored by the Clinical Quality Commission (CQC). The CQC is a government body that ensures that health and social care providers follow the policies and the procedures of protecting vulnerable people under the HSC act on safeguarding policy (DH, 2015).

The Race Relation Act 2000 identifies the Gypsy and Traveller community as a marginalised group, but the 2002 amendment to the same act reiterates that these groups such as the Gypsies and Travellers are to be recognised as a fully established part of a community without discrimination or prejudice highlighting the need for the community to be recognised to foster equality and diversity. This made the letter G-in the word Gypsy uppercase as well as the letter T-for Traveller to show respect to this target group (HM Government, 2015). The UK government, therefore, has a statutory duty to ensure that delegated government and non-government agencies conduct equality impact assessments on every policy and ensure that there is the

implementation of equality to all including the target group (HM Government, 2009).

The 2010 Equality Act also provides a legal framework to protect the rights of individuals and the promotion of equality regardless of age, race, religious beliefs, disability and gender. The Equality Act provides significant protection for the target population from discrimination. Policy makers and service providers use key points of the acts to augment the health and well-being of the target population regarding education, housing, employment, etc. (Department of Health, 2005).

The 1998 Human Rights Act is a legislation established to defend human rights and ensure all individuals are treated equally with fairness, dignity and respect regardless of age, sex, race, disability. The application of this right to the Gypsy and Traveller groups in the UK ensures that service providers have an obligation to improve the health and wellbeing of the target group respectively (HM Government, 2015).

The UK government under the Department of Health and especially in the HSC Act mandate several safeguarding interventions to protect vulnerable people and ensuring that they enjoy equal benefits as everyone (London Safeguarding Children Board, 2010). As such, many organisations and government departments have implemented successful interventions that directly benefit the Gypsies and Travellers group, e. g. promoting educational equality under the Department of the Community and the Local Government, provision of long-term and adaptable services to the target population, providing anti-racist health and social care services within the

targeted communities and working collaboratively with other organisations to ensure that the target communities benefit from the planned interventions (Van Cleemput et al., 2007)

For educational equality, several interventions have been implemented within the Gypsy and Traveller communities aimed at ensuring they benefit from all educational service provided nationally; including the registration of all children who are entitled to school, providing services enhancing early year education in communities, and supporting families to ensure that their children receive government standard education. An example can be seen in the Barnet borough where several Gypsies and Travellers project provides specialist groups with the aim of safeguarding an early intervention. This includes the provision of available data to the government and providing training and policy implementation that benefits the target group. For social inclusion, several networking projects have been implemented at community levels to ensure the promotion of social inclusion within the target group and other communities at large (London Safeguarding Children Board, 2016).

With regards to promotion to behaviours change due to the risky lifestyle of the Gypsy and Traveller groups, several successful intervention groups have been implemented to provide good sexual health, housing and other facilities. An example is an intervention that is provided by the department of health under local authorities to provide one to one and focus group interventions on raising awareness and exposure to factors that influence ill health. Examples of this health education include the provision of leaflets on how to practice good sexual behaviours, good nutrition and better housing options.

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By achieving safeguarding interventions, the Clinical Commissioning Groups (CCG) and the Joint Strategic Needs Assessment teams of all local authorities ensure that they conduct the Health Needs Assessment (HNA) of the whole population and priority is given to the Gypsies and Travellers to ensure their health and wellbeing needs are met. The Health Watch and Public Health England also ensure that health profiles of particular populations are obtained and interventions are planned accordingly. But, to attain all these importance of the role and responsibilities of nurses and other health professionals plays an important part.

Health care professionals like nurses have the duty of care to ensure that vulnerable people are always protected (Martin, 2015; NMC, 2015).

Academics argue that professionals have an obligation to work conscientiously to improve the individual's health and wellbeing; e. g. nurses need to adhere to the NMC code of professional practice and competencies to address inequalities in health that exist amongst the vulnerable people such as the Gypsies and Travellers. Nurses, therefore, have a responsibility to provide health promotion information, make referrals to other agencies; to ensure that effective interventions have been implemented and provide advocacy to tackle hate crime and discrimination amongst vulnerable people, promote social inclusion and above all to participate in community projects that aim to promote the health and wellbeing of Gypsies and Traveller groups.

As a prospective student of mental health nursing, I have learnt the importance in accurately identifying vulnerability; being sensitive, non-discriminatory, non-judgemental avoiding stereotypes and being cognisant of

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stigma and underlying factors correlated with mental infirmity or illness. I will also embark on a holistic approach and work closely with patients to promote dignity, confidentiality and professionalism and use current evidence-based practice as potential interventions that will enhance the health and wellbeing of vulnerable people (Larkin, 2009). I will also work efficiently as part of a team during my prospective placements; report concerns to my mentors or ward managers regarding safeguarding and protection of vulnerable people as outlined by health and social care legislations and policies and stipulated by the Nursing and Midwifery Codes of conducts.

Overall, health policies and legislations are likely to evolve fundamental changes in health inequalities; they are not drivable on their own. Effective implementation and evaluation are respectively essential to achieve the success of policies and legislations. The national government should support bottom-up initiatives and schemes to prompt community actions and engagement as well as community development. It is crucial that the Gypsies and Travellers population are engaged and supported to participate in every phase of health and social care project. However, according to Mechanic and Tanner (2007), it is evident that making changes or amendments in policy is more rapid than engagement and works with families and individuals within the Gypsy and Traveller communities. This may be time-consuming, entails tolerance and commitment to achieve the predetermined objectives.

The apparently the national strategy and implementation on Gypsy and Traveller health are essential, supported by devoted funding, for continual improvements, especially in the local projects. Although it has been

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documented that the Gypsy and Traveller communities relatively live in poor health conditions as opposed to the rest of the population, there are several factors that have been found to contribute and provide answers to the research on why they have poor health status (Van Cleemput et al., 2007).

The national government and the international organisations have come up with several policies and legislations to ensure that there is a reduction of inequality in health amongst the target group. Policies such as the Equality Act, the HSC Act and the Human Rights Act have all played a significant role in improving the health and wellbeing of the vulnerable people. However, several interventions have been implemented to tackle these challenges; the role of health professional especially nurses, by the whole, has played a major role in making sure that vulnerable people are safeguarded and protected from harm, abuse, and discrimination.

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