

Resource and Information Pack

Access and Health of Roma communities in the UK

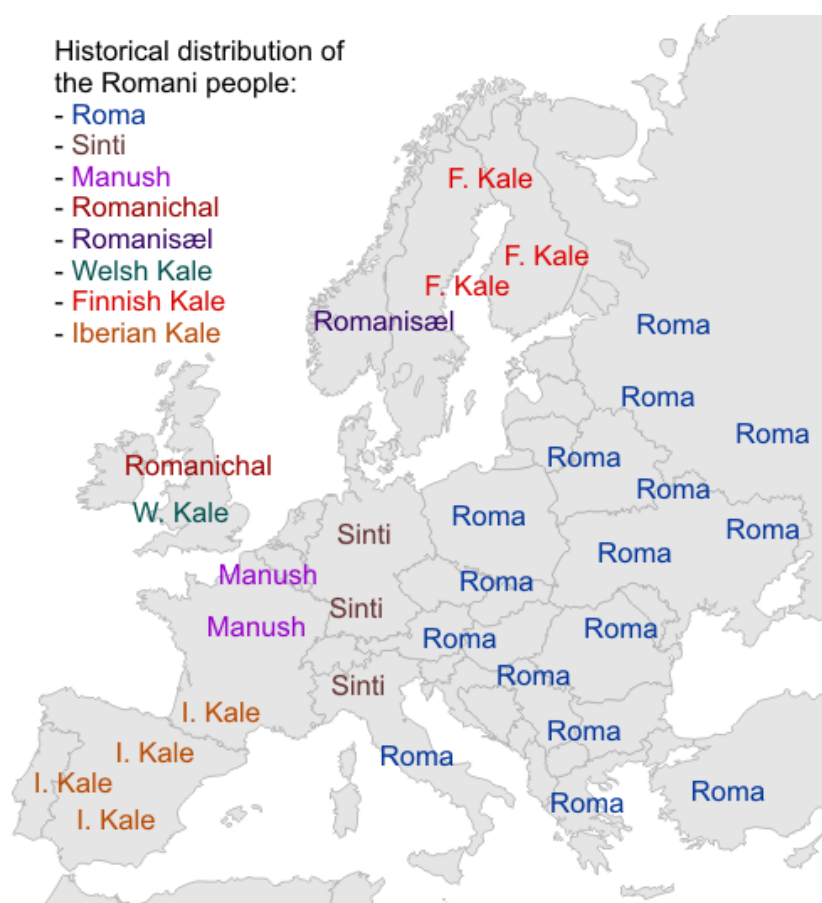


Improving Access to Healthcare for Migrants

The term 'Roma' encompasses many different national groups. It is impossible to overstate the diversity of the Roma communities in Central and Eastern Europe (and elsewhere).

Within these, there are subgroups which may have familial/ geographical/ territorial associations: Vlax Rom, Rumungro Rom, Kalderash, Sinti, Lovari, Manouche, Tattare, Kaale, Cale, Ursari, Luri and many more.

For this resource, the term Roma also includes persons describing themselves as Travellers, Manouches, and Sinti, among others.



Introduction



Flag of the Romani people, created in 1933 and accepted by the 1971 [World Romani Congress](#)

The first Roma from Central and Eastern Europe came to the UK in the 1990s seeking asylum to escape widespread racism and discrimination.

Since the EU enlargements in 2004 and 2007, they have been able to exercise their right to free movement as EU citizens. Although it is not known exactly how many Roma live in the UK, the best estimate is around 500,000, of which approximately 65% are children of school age.

Roma from Central and Eastern Europe are from the same broad ethnic group as English Gypsies, and suffer similar discrimination to Irish Travellers.

However Roma face issues that are similar to other ethnic groups who recently migrated to the UK, in addition to those commonly experienced by Gypsies and Travellers.

There are considerable gaps in the knowledge about the Roma; this training module has been designed to address some of those gaps.

Training Objectives

The objectives are:

4

to familiarise UK healthcare staff with basic information about the Roma

to familiarise UK healthcare staff with information about the political, social, economic and cultural backgrounds they have recently come from

to link this information to the Roma's experience of accessing healthcare in the UK

to establish good practice which can be disseminated in order for UK healthcare staff to provide services which are culturally sensitive and tailored to the specific needs of these diverse communities

The learning units are:

1. **Background to Roma and health**
2. **Female health; sexual and reproductive health**
3. **Children and young people**
4. **Lifestyle and health**
5. **Redressing the balance: myths and realities**

"May God give you luck and health."

Common Roma/Gypsy blessing

Unit 1: Background to Roma and Health



Unit Objectives:

- To learn about who the Roma are and which health-related issues you may identify/look for when working with the Roma.
- To understand how the Roma's experience of discrimination, racism, social exclusion and poverty while accessing healthcare in their countries of origin may impact on patterns of accessing healthcare in the UK.
- To understand what the Roma's experience of accessing healthcare in their countries of origin and in the UK has been.

Roma health has received little attention in European public health circles.

Data about the living conditions and health status of Roma is hard to find.

Across Europe, a lack of trust and negative experiences with health systems keep Roma people from engaging with health professionals, which results in a lack of awareness by policy-makers of the specific health needs of Roma communities.

'The Elephant in the Room: Health of Roma Communities in Europe', Open Society Institute



Who are the Roma?

Click the box below to watch a short video on the Roma.

7

Please note this link will take you to YouTube so you will need an active internet connection and permission to view YouTube from your administrator.



NDI: The National Democratic Institute is a non-profit, non-partisan organization working to support and strengthen democratic institutions worldwide through citizen participation, transparency and accountability in government.

For a printable PDF of 'Key Facts: Who are the Roma?' please see the Resources section.

Impact of Social Exclusion

The accumulation of social exclusion, featuring inaccessible healthcare, poor housing and restricted education is seen all too clearly in the health statistics of the Roma community.



FACT Life expectancy for Roma populations in Eastern Europe is about 10 years less than the overall population.



FACT Infant mortality rates are twice as high among the Roma than the non-Roma in the Czech Republic, Slovakia, and Hungary.



FACT Studies show higher rates of type two diabetes, coronary artery disease, and obesity in Roma adults, and vitamin deficiencies, malnutrition, anaemia, dystrophy, and rickets among children.

FACT Fifty-one percent of Roma women aged 16–50 in settlements near Belgrade, Serbia, were found to be undernourished. Almost all women in Roma settlements around Belgrade smoke tobacco, many beginning at age 11 or 12.



FACT It is widely agreed that TB, HIV/AIDS, and viral hepatitis disproportionately affect minority populations in Eastern and Central Europe.

In a Serbian Roma community, the TB prevalence rate was found to be more than 2.5 times the national average.

From: Public Health Fact Sheet: Left Out: Roma and Access to Health Care in Eastern and South Eastern Europe, ODI

(For the full version, see the Resource section)

Impact of Social Exclusion on health

It is important to appreciate the following:

10

A sizeable proportion of Roma adults have had very little or no education and their access to health education, services and diagnostics has been severely limited due to high levels of discrimination: few were registered with doctors in their countries of origin.

Bear in mind that a Roma adult may well be unknowingly suffering from a chronic condition, for example, TB, Hepatitis, HIV/AIDS and other serious illnesses. For a useful TB awareness animation, see the resource section.

For a printable fact sheet about immunisations and particular health issues of the Roma community, *some of which* are brought about by the exclusion discussed in this unit, see the document: 'Roma UK Health Information' in the Resource Section which covers:

- Inoculation and lack of access to vaccination in the countries of origin
- Hepatitis and TB
- Genetic diseases and disorders
- Other health-related issues which may not be commonplace in the UK

Distribution of Roma communities in the UK

The various national groups of Roma have established significant communities throughout the UK, particularly in the north of England, the Midlands, Kent, north and east London, Glasgow, Cardiff/Newport and Belfast.

The main Roma nationality groups are from:



Among the most sizeable communities are Czech, Hungarian, Romanian, Polish and Slovak Roma. The map on the next page denotes the settlement of different Roma nationality groups in the UK.

This is important because of the different categories people fall under according to their country of origin. Experiences of life in the UK and access to services differ according to whether Roma migrants come from A8 or A2 countries.



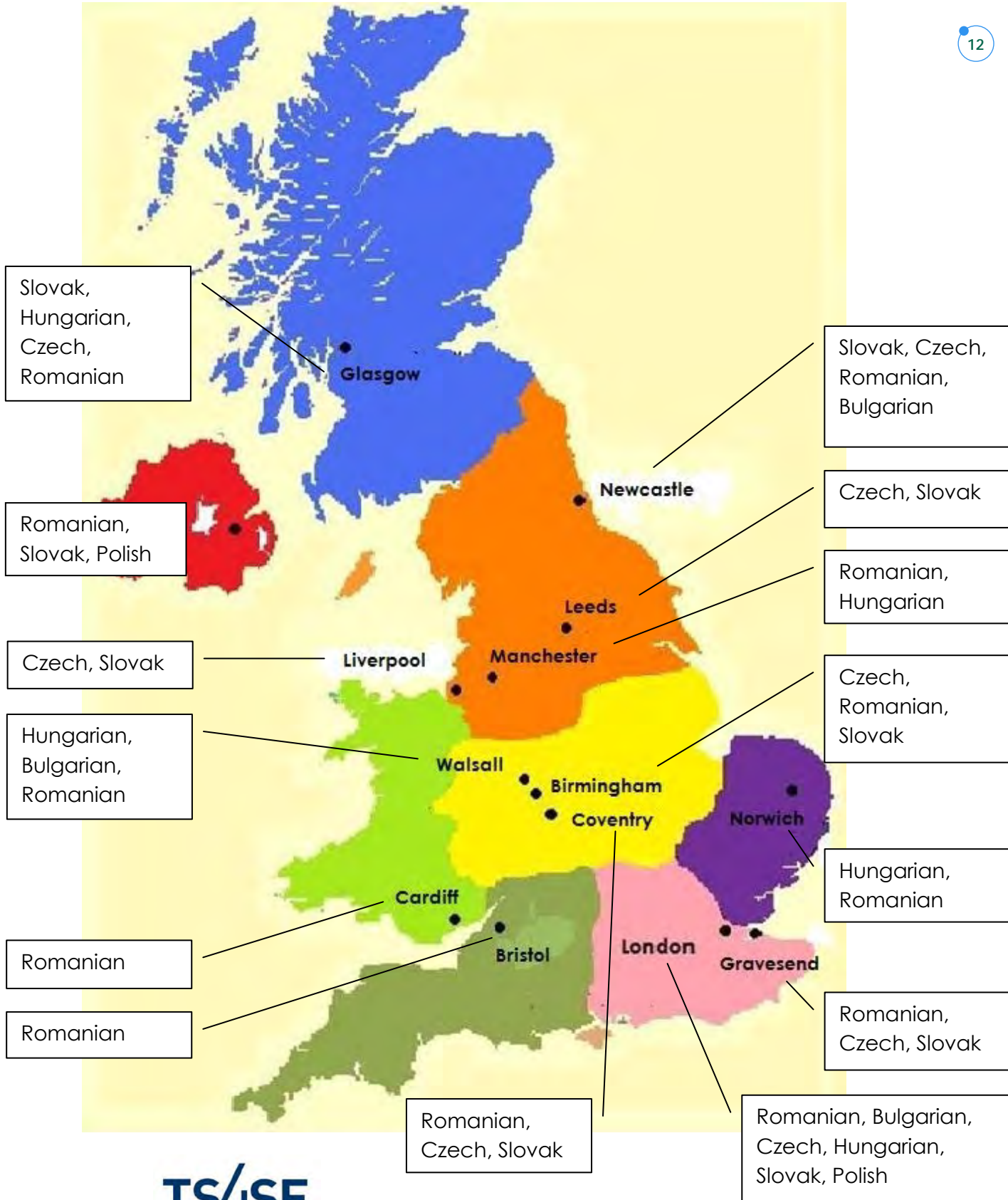
A8 countries: Poland, Czech Republic, Slovakia, Hungary, Estonia, Latvia, Lithuania, Slovenia



A2 countries: Bulgaria and Romania

Please see Module A for more information about A8 and A2 countries and Module F for information on how these categories impact on entitlement to work and support in the UK.

Nationalities of Roma communities living in different parts of the UK



So, once in the UK, is the situation improved?

Research by Equality into the Roma living in the UK (2009) found:



- A number of local authorities felt that Roma in their area were socially isolated.
- Overcrowding is a very serious issue, especially in poorer households of Romanian and some eastern Slovak Roma.
- The average number of people living in a household was 6.
- Broken down by nationalities,
 - on average, 10 people lived in Romanian and Bulgarian Roma (A2) households,
 - an average of 4 people per household in the Czech, Slovak, Polish and Hungarian Roma (A8) homes



- Romanian Roma are particularly at risk: 27 people were sharing accommodation in one house; others reported 17, 16, 14 and 13 people per household respectively.
- Such overcrowding can have implications for health, with raised incidence of conditions such as respiratory problems, childhood TB, and meningitis.

Roma Experience of Healthcare in the UK

The same research paper asked people about healthcare in the UK. Are the following findings True or False? See overleaf to check your answers



The majority of Roma participating in the survey reported that they and their children were registered with a local GP.

True or False?

The vast majority of Roma were generally happy with healthcare in England, mainly because they had not been subjected to discriminatory treatment on the grounds of their ethnicity.

True or False?



Roma are used to having one GP only, unlike in England where they may see different GPs in a practice.

True or False?

Roma people frequently return to their countries of origin for treatments such as gynaecology, cancer treatment and hospital care.



True or False?

Some Roma had been declined healthcare provision in their countries of origin, which, according to them, had never happened to them in England.

True or False?



Mothers with newborn babies and/or who had the experience of giving birth in their countries of origin and in England were much happier with the medical staff's approach to them in England than in their home country where the staff would treat them as "gypsies only".

True or False?

Answers

All responses were 'True'

The research findings concluded that although Roma generally perceived healthcare in the UK to be good, they still returned home for certain types of treatment, despite the discrimination faced, apparently due to a combination of quality of care, language barriers and waiting times.

So what are the implications for your service? Make a note of three facts you have learned in this unit which may have a bearing on the work you do to engage the Roma community.

1

2

3