

# ***A COMPARISON OF THE HEALTH NEEDS OF ASYLUM SEEKERS AND GYPSY TRAVELLERS IN THE UK***



*“Asylum seekers are being treated as packages to be processed and removed rather than as very vulnerable human beings”*

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## **Abstract**

**Background:** Asylum seekers and Gypsy travellers are two of the most vulnerable groups that exist in our society. There has been little research into the health needs of these two groups. However, there is growing evidence to suggest that their health care needs are even greater than some of the most disadvantaged groups currently living in the UK.

**Aims:** The aims of this article are to review the current literature regarding the health status of Gypsy travellers and asylum seekers in the UK, and to compare the health issues of the two groups.

**Method:** The database “Medline” was used to find the majority of the literature. Keywords such as “asylum seekers”, “Gypsy”, “traveller” and “health” were used to yield the most relevant articles. Limiting the search criteria to those published in ‘The Lancet’ and the ‘British Medical Journal’ ensured that the most reliable articles were found.

**Results:** A comparison of the health status of Gypsy travellers and asylum seekers showed that there are similarities between the two groups. It demonstrated that both groups, when compared to the general UK population, had higher rates of physical health problems, mental health problems and issues with domestic violence. There are also common issues relating to poorer access to healthcare services. There were, however, differences with the typical health problems experienced between the two groups. For example, Gypsy travellers were found to have a higher incidence of cardiovascular disease, whereas asylum seekers were found to more commonly suffer with health problems related to their country of origin, such as HIV, TB and hepatitis. Asylum seekers were also found to suffer from a higher rate of post-traumatic stress disorder (PTSD).

**Conclusions:** This article highlights the fact that both asylum seekers and Gypsy travellers experience poorer health than the rest of the population of the UK. Possible reasons for this include poor access to healthcare, social deprivation and poverty. It is the recommendation of this article that healthcare needs of these groups are not being met by current policies, and therefore there needs to be radical change in the way in which the NHS and the wider community approach the healthcare of these minority groups.

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## **Learning Objectives**

The learning objectives for this project are as follows:

1. To understand the difficulties faced by asylum seekers and Gypsy travellers and to review the current literature with regards to their healthcare needs.
2. To investigate more thoroughly the main healthcare needs of the two groups.
3. To compare the healthcare needs of the two groups, including how each group approaches healthcare with regards to their healthcare and cultural views.
4. To investigate what needs to be done by the NHS to more effectively provide good quality care for vulnerable society groups.

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## **Introduction**

Asylum seekers and Gypsy travellers are some of the most socially deprived groups currently living in Britain, and subsequently both groups face health problems to a far greater degree than the rest of the UK population. The inverse care law, first suggested by J. Hart in 1971, states that “the availability of good medical care tends to vary inversely with the need for the population served”<sup>1</sup>. This is particularly true for both asylum seekers and Gypsy travellers, who despite being some of the neediest members of society; continue to receive some of the poorest access to healthcare.

It is the purpose of this article to investigate some of the issues surrounding asylum seekers and Gypsy travellers and to compare the health needs of the two groups.

### **Useful Definitions 1**

- **Health-** *“a state of complete physical, psychological and social wellbeing and not merely the absence of disease or infirmity”<sup>2</sup>.*
- **Human rights-** *“rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are interrelated, interdependent and indivisible.”<sup>3</sup>.*
- **Inverse Care Law-** *first suggested by J. Hart in 1971, it states that “the availability of good medical care tends to vary inversely with the need for the population served”<sup>1</sup>.*
- **Beauchamp and Childress, 4 principles of medical ethics-** *Principles of autonomy, beneficence, non-maleficence and justice- principles which should be adhered to in good medical practice<sup>4</sup>.*

## **Background to Asylum Seekers**

An asylum seeker is “a person requesting asylum or refugee status whose application has not yet been decided”<sup>5</sup>. Through the Geneva Convention 1951, Britain has committed to offering asylum to those fleeing persecution<sup>6</sup>. In 2008, there were 30,545 new applications for asylum<sup>7</sup>, with many refused asylum seekers still residing in the UK.

Asylum seekers seek refuge in the UK often as a result of persecution in their country of origin<sup>6</sup>. On arrival in the UK they are subjected to a long asylum process (a summary of which can be found in the appendix), with many remaining out of work and living in socially deprived conditions. In 2008, 70% of asylum claims were refused<sup>7</sup> and therefore, many asylum seekers live with the knowledge that they are

likely to be forcibly returned back to the country from which they are fleeing. On this basis, it is no wonder that the health needs of this group are so wide and varying.

### **Background to Gypsy Travellers**

There are estimated to be approximately 300,000 Gypsy travellers living in England and Wales<sup>8,9,10</sup>. Romany Gypsies originate from India, and have slowly migrated Westwards<sup>11</sup>, first coming to British shores approximately 500 years ago<sup>9</sup>. They have a long history of persecution, most notably in World War Two where an estimated 2 million Gypsy travellers were murdered in Nazi gas chambers<sup>9</sup>.

Irish travellers originate from Ireland, first coming to Britain approximately 150 years ago<sup>9</sup>. There are distinct differences between the two groups described, however, they are known to share a common sense of identity as “Gypsy travellers”<sup>12</sup>, and therefore this is the term that will be used to refer to the travelling community in this article.

#### **Useful Definitions 2**

- **Refugee-** *“is a person who ‘owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country-”*<sup>13</sup>.
- **Asylum Seeker-** *“is a person requesting asylum or refugee status whose application has not yet been decided”*<sup>5</sup>.
- **Romany British Gypsies-** *a group of people originating from North-eastern India who slowly migrated Westwards<sup>11</sup>, and have now been resident in Britain for over 500 years<sup>9</sup>. The group includes English, Welsh and Scottish Gypsies, who all share in their long history travelling and continue to live the “nomadic way of life”<sup>9</sup>.*
- **Irish Travellers-** *nomadic people, originating in Ireland<sup>8</sup>. Some do move between Ireland and England, however, most are permanently resident as second generation Irish Travellers<sup>8</sup>.*

### **Media Portrayal**

Both asylum seekers and travellers have long suffered at the hands of hostile media headlines, which have promoted negative feelings towards these minority groups<sup>14</sup>. News articles, such as “Number of failed asylum seekers kicked out of Britain falls to lowest level for six years”<sup>15</sup>, from the Daily Mail, fuel negative stereotypes and do little to raise awareness of the difficulties faced by asylum seekers. However, not all media attention is negative, an example being a recent from the ‘Independent’ newspaper, “Asylum-seekers need urgent help to escape destitution in Britain”<sup>16</sup>. This article argues that there is a need to provide asylum

seekers with a licence to work, access to healthcare services and legal representation at all stages of the asylum process.

It seems that the British press can be equally hostile to Gypsy travellers<sup>9</sup>. Negative stereotypes of Gypsies as being “land grabbing”<sup>9</sup> are re-enforced by articles such as “It’s not racist to state that gypsy camps frequently cause an increase of crime and mess- it is a statement of fact”<sup>17</sup>. As noted by the chairman of the Commission for Racial Equality, Trevor Phillips, it seems that “Discrimination against Gypsies and travellers appears to be the last ‘respectable’ form of racism”<sup>18</sup>.

## **Methods**

To find relevant literature regarding the health of asylum seekers and Gypsy travellers, a number of searches were conducted. The main databases used were 'Medline' and 'Embase' and were accessed through NHS evidence and the University system. Keywords used included "asylum seeker", "refugees", "health", "care", "Gypsy", "traveller" etc, and by combining searches the most useful literature was obtained. Looking specifically for articles in more reputable journals such as the Lancet and the BMJ meant that the most reliable articles and editorials were found. Some of the older articles were found via a hand search in the Harold Cohen library.

An example of how a search strategy used is demonstrated below:

No.	<input type="checkbox"/>	Database	Search term	Hits
1	<input type="checkbox"/>	MEDLINE	exp *REFUGEES/ [Limit to: Publication Year 2005-Current]	876
2	<input type="checkbox"/>	MEDLINE	"asylum seekers".ti,ab [Limit to: Publication Year 2005-Current]	181
3	<input type="checkbox"/>	MEDLINE	1 AND 2 [Limit to: Publication Year 2005-Current]	125
4	<input type="checkbox"/>	MEDLINE	"health".ti,ab	732038
5	<input type="checkbox"/>	MEDLINE	3 AND 4 [Limit to: Publication Year 2005-Current]	75
7	<input type="checkbox"/>	MEDLINE	"care".ti,ab	613112
8	<input type="checkbox"/>	MEDLINE	5 AND 7 [Limit to: Publication Year 2005-Current]	43

The initial search criteria combined the terms "refugees" and "asylum seekers". This yielded too many results, and therefore, this was combined with the terms "health" and "care", as well as being limited to publications from 2005 to present. This search strategy gave 43 results, which was considered to be a manageable number of articles. Similar search strategies were used to find articles relating to Gypsy travellers, using the keywords "Gypsies" and "travellers". As well as using Medline, 'Embase' was also used, with similar search strategies employed.

## **Key Health Problems**

The World Health Organisation (WHO) defines health as “a state of complete physical, psychological and social wellbeing and not merely the absence of disease or infirmity”<sup>2</sup>. Nowhere does this definition have more relevance than in the health needs of asylum seekers and Gypsy travellers.

### **Asylum Seekers**

#### **Physical Health**

Asylum seekers have been found to have generally poorer health than the remainder of the UK population<sup>14</sup>. A higher prevalence of hepatitis B, HIV and TB have been reported<sup>19</sup> as well as increased levels of diabetes, hypertension and coronary heart disease in Eastern European asylum seekers<sup>14</sup>. The reasons for these health disparities are the subject of much debate. Contributing factors are thought to include poorer access to healthcare, social isolation and poverty as well as the higher prevalence of diseases such as HIV and TB in the country of origin<sup>14</sup>.

#### **Mental Health**

Psychologically asylum seekers are again a particularly vulnerable group, commonly suffering from depression and anxiety<sup>14</sup>. It is estimated that between 5-30% of asylum seekers have previously been tortured<sup>20</sup>, which may contribute to the finding that in this group there is a higher prevalence of PTSD<sup>21</sup>. There is growing evidence to suggest that, as a group, asylum seekers suffer from a higher prevalence of mental health problems than do the host population<sup>22</sup>. Possible reasons for this are negative past experiences in the country they are fleeing from and social isolation and poverty whilst in the UK<sup>14</sup>. It has also been suggested that the asylum process itself has a detrimental effect on the health of asylum seekers<sup>19,23</sup>.

#### **Access to Healthcare**

In spite of increased health needs, asylum seekers often experience a number of barriers to accessing healthcare. Communication difficulties are commonly encountered between healthcare staff and asylum seekers, sometimes leading to members of the family being used as translators<sup>14</sup>. This can raise potential difficulties when speaking about sensitive issues<sup>14</sup>. Health promotion through written form is also difficult due to widespread illiteracy<sup>14</sup> and some important NHS documents, for example the HC1 form is only available in English<sup>6</sup>.

Asylum seekers themselves have also expressed concerns with the use of translators; many being discouraged from accessing healthcare services due to worries about their confidentiality<sup>24</sup>. It has also been shown in a small qualitative study that asylum seekers prefer to see GPs who offer advice, and don't just offer prescriptions<sup>24</sup>. This suggests that GPs also require a greater amount of training in how to provide appropriate healthcare for this group.

### Legislation

Recent legislation has also made access to health care much more difficult. Currently free primary and secondary healthcare can be offered to asylum seekers, however, refused asylum seekers are not entitled to free secondary care under the NHS in England<sup>25</sup>. This has recently changed in Wales, where refused asylum seekers are now entitled to all stages of healthcare<sup>26</sup>. Whilst many argue that this goes against the ethical codes of healthcare professionals and is inhumane<sup>19, 25, 27</sup>, others go as far as to say that this actually illegally violates a person's human rights

**Duties of a Doctor<sup>29</sup> – particularly relevant to asylum seekers**

- “Make the **care of your patient** your first concern”
- “Protect and **promote the health** of patients and the public”
- “Treat patients as **individuals** and respect their **dignity**”

(Full list can be found in the appendix)

<sup>25</sup>. The BMA argues that only allowing access to emergency care is, in the long-run, less cost effective than providing on-going support<sup>28</sup>.

When considering the GMC duties of a doctor, the second point on the list is “protect and promote the health of patients and the public”<sup>29</sup>.

This is in contradiction to government legislation that compromises a doctor's ability to adhere to their duties<sup>30</sup>.

### **Gypsy travellers**

The health needs of Gypsy travellers was first highlighted about 20 years ago<sup>31</sup>. In spite of this, there has been a lack of research into this area<sup>32</sup>. This may be due to difficulty accessing sites, lack of funding or simply just a lack of urgency to care for our most vulnerable people.

### Physical Health

Gypsies and Travellers have a poorer health status than even the most disadvantaged groups in society<sup>12</sup>. Research published in 2007<sup>33</sup> and 2009<sup>12</sup> compared the health of 260 Gypsies with 260 people from the non-travelling community, including other ethnic minorities and white people from inner city areas<sup>33</sup>. The studies found that Gypsy travellers are more likely to experience chest pain, respiratory problems, arthritis and miscarriages<sup>33</sup>.

Local findings have mirrored these results, finding that in a small travelling community near Wrexham there were higher levels of smoking, drinking and binge drinking as well as poorer diet, less physical activity, higher cholesterol and higher blood pressures<sup>34</sup>.

### Mental Health

Gypsy travellers commonly refer to the concept of mental health as their “nerves” and have specific health beliefs regarding this issue<sup>34</sup>. Mental illness is commonly viewed as a ‘weakness’ with many fearing medical intervention, especially counselling, instead preferring to try and “fight it”<sup>34</sup>.

There is some evidence to suggest that Gypsy travellers suffer from an increased prevalence of anxiety and depression<sup>33,34</sup>. Reasons for this are thought to include long periods of stress<sup>10</sup>, barriers to healthcare<sup>8</sup>, racial discrimination and harassment<sup>34</sup>, accompanied by a culture amongst Gypsy travellers of normalising ill health accompanied by low expectations of healthcare<sup>8</sup>.

### Access to Healthcare

One of the potential causes of disproportionately poor healthcare amongst Gypsy travellers is poor access to healthcare. Some of the suggested reasons for this are discussed in the table opposite.

#### **Possible Reasons for Poor Access to Healthcare**

- **Site positions**- Often far from local health services<sup>34</sup>
- High prevalence of **illiteracy**- difficulty finding out where to go for healthcare<sup>31,34</sup>
- Difficulties **registering with GPs**<sup>31</sup>
- Lack of **cultural knowledge** by health workers<sup>31</sup>

### Healthcare Beliefs

Gypsy travellers have unique health beliefs. Qualitative studies have shown that as a group they have a general attitude of being “tough” against chronic disease, tending to accept it as long as day-to-day symptoms are controlled <sup>8</sup>. Gypsy travellers are also described as possessing a sense of fatalism, whereby things that happen to you are inevitable <sup>10</sup>. This often extends to cases of domestic violence where some women just accept it as part of their way of life <sup>10, 34</sup>. It could be argued that some of these beliefs contribute to their poorer health.

Healthcare beliefs also affect the way in which this group approach health services. For example, many Gypsy women would prefer to see a Doctor that is a woman <sup>9</sup>. Ignorance by the healthcare profession to these cultural preferences can also result in barriers to healthcare.

## Results

It has already been discussed that Gypsy travellers and asylum seekers both have been found to have poorer health than the general population. A comparison of the key health needs of the two groups is displayed below:

		<b>Gypsy Travellers</b>	<b>Asylum Seekers</b>
<b>Physical Health</b>	<i>Common Health Problems</i>	Chest pain, respiratory problems, arthritis, miscarriage <sup>33</sup>	Hep B, TB, HIV, GI parasitic disease <sup>14</sup>
	<i>Cardiovascular Disease</i>	Reportedly higher prevalence of smoking (76% vs 26%*) <sup>34</sup> , high cholesterol (13 x*) <sup>34</sup> , hypertension (2x*) <sup>34</sup> , possible angina (30% vs 20%*) <sup>33</sup>	Only increased prevalence of diabetes, hypertension and coronary heart disease in Eastern Europeans <sup>14</sup>
	<i>Specific needs for Women</i>	Domestic violence <sup>34</sup> , more miscarriages and stillbirths <sup>33</sup>	Female genital mutilation, increased domestic violence, lack of screening uptake and generally poorer health than men <sup>14</sup>
<b>Psychological Health</b>	<i>Main Psychological Issues</i>	Depression and anxiety <sup>33, 34</sup> , higher suicide rates <sup>34</sup>	Depression, anxiety, panic attacks, agoraphobia <sup>14</sup> and PTSD <sup>20, 21</sup>
	<i>Percentages affected</i>	Mental Health Problems, as self reported, ranging from 19% <sup>34</sup> to 28% <sup>33</sup>	Estimated as 7% of females and 3% of males seen by a GP treated for depression <sup>19</sup>
<b>Access to Healthcare</b>	<i>Causes of poor access</i>	Poor site positions <sup>34</sup> , illiteracy <sup>31, 34</sup> , registering with GPs <sup>31</sup> , lack of cultural awareness <sup>31</sup>	Communication difficulties <sup>14</sup> , illiteracy <sup>14</sup> , lack of time given during consultations <sup>24</sup>

\*Figures compared to that of the general population

## **Discussion**

### **Comparison of Health Needs of Asylum Seekers and Gypsy Travellers**

In terms of physical health, Gypsy travellers more commonly suffer from problems associated with cardiovascular disease and associated risk factors<sup>33,34</sup>. Excluding Eastern Europeans, this is not found to be the case in asylum seekers. Cardiovascular risk factors often involve expensive habits, such as smoking and drinking, and it may be that the low income received by an asylum seeker is not enough to fund such habits. Asylum seekers, on the other hand, tend to suffer more with diseases such as hepatitis, TB and HIV, which is likely to be due to a higher prevalence of these diseases in their country of origin<sup>14</sup>.

It is also clear that women in both groups are particularly vulnerable. They are more likely to experience domestic violence as well as having generally poorer health than men<sup>14,33,34</sup>. Increased levels of domestic violence may be due to a number of factors including; a lack of a social support network and the fear of being single outweighing the fear of a violent relationship<sup>14</sup>. Particularly with Gypsy travellers, domestic violence is commonly seen by women as part of their way of life<sup>10,34</sup>.

Both groups have higher rates of mental illness than the general population, particularly depression and anxiety<sup>14,33,34</sup>. Possible reasons for this are that both groups are known to suffer from poverty and social isolation<sup>14</sup> and are also subject to persecution and negative stereotyping, which is often fuelled by certain branches of the media<sup>15,17</sup>. Gypsy travellers were found to suffer from greater levels of mental illness than asylum seekers<sup>19,33,34</sup>. This may be due to variation in the way the data was collected. In the Gypsy traveller studies<sup>33,34</sup>, the group were asked directly about the state of their mental health, whereas, the data for asylum seekers was based on how many reported problems to their GP<sup>19</sup>. It is likely that more people are likely to offer the information when asked directly, compared to when a prompt is not given. It may also be that the lower figure suggested for asylum seekers is due to different cultures having different ways of viewing mental illness<sup>14,20</sup>.

Asylum seekers also suffer from higher rates of PTSD<sup>20,21</sup>, whereas this is not found in Gypsy travellers. An estimated 5-30% of asylum seekers have been tortured<sup>20</sup>. Accompanied by the fact that asylum seekers are fleeing persecution, it is

not surprising that as a group they suffer with a greater prevalence of PTSD than other minority groups.

Both groups were found to experience difficulties with accessing healthcare. Common themes between the two groups were found, with illiteracy, general communication difficulties and a lack of cultural awareness by health professionals being the biggest problems. It is clear from the research that more needs to be done with regards to reducing some of these barriers to health care. Providing specific training for staff as well as producing accessible NHS literature could help to achieve this. It is also important that the NHS reaches out to vulnerable groups, providing services that are more appropriate to their needs.

### **State of Current Research and the Need for Further Research**

There has been little research performed into either group. It is clear that there is a wide scope for further research into the health needs of both groups so that appropriate health interventions can be provided. The research available, although providing good initial evidence, was found to have a number of limitations.

A study looking at the health status of Gypsies and Travellers in England<sup>33</sup> was the first study to try and provide data on a large number of Gypsy travellers and to compare it to a sample of matched individuals from the general population. Some of the study limitations are discussed in the table below.

#### **Health Status of Gypsies and Travellers in England<sup>33</sup>-**

##### **Study Limitations**

- **Selection Bias**- recruitment for the study was performed through health visitors, who may have introduced selection bias
- Lack of **demographic knowledge** causing difficulties with sampling
- Problems with **qualitative data**- differing **cultural beliefs** between the two groups could have caused different ways of responding to questions
- No differences found between study and control group for rates of **cancer**- as a group Gypsy travellers do not comfortably discuss “cancer”, and therefore this may have skewed their responses
- Difference in **education** between different groups- may have been differing understanding of the questions asked as well as understanding about diagnosis
- Important conclusions based on relatively **weak questioning**- Some questions were extremely vague, asking about “respiratory problems” for example, which could mean different things to different people.

A further study produced by the same group of researchers addressed some of these issues <sup>12</sup>, however, it is clear that these initial results need to be backed up by further research comparing larger groups of Gypsy travellers with the UK population as well as using a more robust method of recruitment and data collection.

Many of the conclusions regarding the health status of asylum seekers were based on editorials, due to a lack of primary research. Some of the conclusions made, for example the increased prevalence of hepatitis and TB, were based upon evidence from studies conducted in Spain and the USA. Whilst it is likely that similar findings would exist in the UK, it is important for research to be conducted with the UK population, so that trends in other countries can be confirmed.

### **What Needs to be Done to Provide for these Groups?**

#### *Asylum Seekers*

In October 2002, the BMA made a number of recommendations with regards to the health care of asylum seekers. The most important of these are shown in the box below:

#### **Key BMA Recommendations for the Healthcare of Asylum Seekers** <sup>19</sup>

- “More research is needed”
- “Physical and mental health of all asylum seekers should be assessed, and appropriate treatment and/or support given as required”
- “Trained interpreters or advocates should be used wherever possible if language is not shared”
- “Healthcare professionals need to develop a greater understanding of cultural, social and other issues relating to asylum seekers”

Seven years on and it is clear from recent evidence, as well as listening to asylum seekers’ own experiences, that little progress has been made. It is the conclusion of this review that the health status of asylum seekers remains in a poorer state than that of the host population. This remains true for a number of reasons including; poor access to healthcare, a detrimental effect of the asylum process on health, legislation against secondary care for refused asylum seekers and general lack of understanding from the medical profession regarding the needs of asylum seekers.

All of the points made by the BMA <sup>19</sup> are still important today. Further steps that need to be made include; following Wales' lead in making all levels of healthcare available to all asylum seekers regardless of their status <sup>26</sup>, as well as providing services in all regions to work hand in hand with asylum dispersal process.

### Gypsy Travellers

The largest study of the health status of Gypsy travellers to date concluded by suggesting the following policy implications:

**Policy Implications- Health status of Gypsies and Travellers 2005** <sup>33</sup>

- “Health needs of Gypsies and travellers are not met by existing policy”
- “Strong ethnic identity, and coherent cultural beliefs and attitudes, underpin health-related behaviour”
- “Gypsies and travellers should be included in routine ethnic monitoring”

Although there is little research on the health of this group, there is growing evidence that Gypsy travellers have specific health needs, and therefore this should be used to help organise appropriate services in order to meet these needs. Accompanying this, it is important to ensure that resources are made available to fund these services and that every possible step is taken to create a less hostile public opinion of this group <sup>32</sup>.

## **Conclusion**

The main conclusions drawn are:

- Both Gypsy travellers and asylum seekers experience poorer health than the general population, and also in the case of Gypsy travellers, worse health than other socially disadvantaged groups.
- It is clear that both groups suffer from increased problems with barriers to healthcare services, mental health problems, and generally poorer physical health. However, there are distinct differences between the two groups in terms of the nature of typical physical health problems. It is important that this information is considered in the future planning of healthcare services.
- It is also apparent that there is a huge lack of research into both groups, with available data often having significant flaws. There is a huge need for further research to confirm some of the early findings with respect to the health needs of both groups. It is also important to target research at finding out how to provide the most appropriate health services.

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→Even though this article is a little out of date, the principles suggested in the article provide an unrivalled overview of the health needs of asylum seekers- a fantastic starting point for research.
2. Parry G, Van Cleemput P, Peters J, Walters S, Thomas K, Cooper C. Health status of gypsies and Travellers in England. *J Epidemiol Community Health* 2007;61:198-204  
→Great research paper, despite of the flaws, it is by far the best research to date in this dramatically understudied area. An invaluable resource for this project.
3. Derbyshire Gypsy Liaison Group. Health and emotional wellbeing for the Romany Gypsy & Irish Traveller communities. Information pack, May 2008.  
→A fantastic resource for everything to do with Gypsies and Travellers. Included information ranging from Gypsy history to guidelines on how to discuss sensitive issues with Gypsy women.

## **Bibliography**

The main books used in the research for this article were:

- Fell P, Hayes D, eds. *What are they doing here?* Birmingham: Venture Press, 2007  
→This book was the most useful book used during this project. It gives a great overview of all of the main issues regarding asylum seekers. It was particularly useful for providing definitions, as well as a very interesting chapter on mental health.
- Derbyshire Gypsy Liaison Group. Health and emotional wellbeing for the Romany Gypsy & Irish Traveller communities. Information pack, May 2008  
→This was a fantastic resource given to us by Siobhan Spencer at the Traveller Health Seminar Day. The two booklets contained huge amounts of information on everything to do with Gypsy and Traveller health.
- Hope T, Savulescu J, Hendrick J, eds. *Medical ethics and law*. Edinburgh: Churchill Livingstone, 2003  
→This book was used to research the four ethical principles

## **Appendix 1- Timetable of SSM**

### *Week One*

<b><u>Day</u></b>	<b><u>Activity</u></b>
<i>Monday</i>	<ul style="list-style-type: none"> <li>• AM: Introduction to asylum seekers and their stories, with Julia Taylor and Jan Macintosh</li> <li>• PM: Fade library session</li> </ul>
<i>Tuesday</i>	<ul style="list-style-type: none"> <li>• AM &amp; PM: Traveller Health day</li> </ul>
<i>Wednesday</i>	<ul style="list-style-type: none"> <li>• AM: Preparation of article for journal club</li> <li>• PM: Missionaries of Charity Homeless Hostel</li> </ul>
<i>Thursday</i>	<ul style="list-style-type: none"> <li>• AM: Asylum Link Merseyside</li> <li>• PM: Journal club- PowerPoint presentation of article</li> </ul>
<i>Friday</i>	<ul style="list-style-type: none"> <li>• AM: Sahir House- HIV awareness</li> <li>• PM: Amina House- Caring for people with mental illness</li> </ul>

### *Week Two*

<b><u>Day</u></b>	<b><u>Activity</u></b>
<i>Monday</i>	<ul style="list-style-type: none"> <li>• Began research into potential topics for study, including some brief literature searching into Gypsies, travellers and asylum seekers.</li> </ul>
<i>Tuesday</i>	<ul style="list-style-type: none"> <li>• Wrexham Refugee Asylum Seekers Support Group (WRASSG)</li> </ul>
<i>Wednesday</i>	<ul style="list-style-type: none"> <li>• Write up off case histories from previous day, continuing literature searches</li> </ul>
<i>Thursday</i>	<ul style="list-style-type: none"> <li>• AM: HAVEN Project- Child asylum seeker/refugee needs</li> <li>• PM: Journal club at the Lighthouse project</li> </ul>
<i>Friday</i>	<ul style="list-style-type: none"> <li>• Continued literature searches, including searches for articles regarding Gypsies and Travellers.</li> </ul>

### *Week Three*

<b><u>Day</u></b>	<b><u>Activity</u></b>
<i>Monday</i>	<ul style="list-style-type: none"> <li>• Critically appraised the articles found from the searches, and began the write up of the introduction</li> </ul>
<i>Tuesday</i>	<ul style="list-style-type: none"> <li>• Continued write up of the introduction and also documentation of the methods of searching</li> </ul>
<i>Wednesday</i>	<ul style="list-style-type: none"> <li>• Research into key health problems section, and began write up of this section</li> </ul>
<i>Thursday</i>	<ul style="list-style-type: none"> <li>• Creation of table comparing Gypsy travellers with asylum seekers</li> </ul>

<i>Friday</i>	<ul style="list-style-type: none"> <li>• Women's support Group- Guild of Students</li> </ul>
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***Week Four***

<u>Day</u>	<u>Activity</u>
<i>Monday</i>	<ul style="list-style-type: none"> <li>• Write up of the discussion section, reflecting on results from the table</li> </ul>
<i>Tuesday</i>	<ul style="list-style-type: none"> <li>• Further write up of the discussion section, as well as write up of the conclusions section</li> </ul>
<i>Wednesday</i>	<ul style="list-style-type: none"> <li>• Completion of SSM, formatting of references</li> </ul>
<i>Thursday</i>	<ul style="list-style-type: none"> <li>• Final copy of SSM submitted</li> </ul>

**Appendix 2- SSM Reflection**

This project has opened my eyes to problems that I never knew even existed. Asylum seekers and Gypsy travellers are two groups of people that even the most open-minded of us form preconceptions about due to general ignorance of their way of life and the problems they face. This project has not only shown me just how difficult their lives can be, but has also raised my awareness of other group's cultures, and has helped me to dispel some of my own ignorance.

The most memorable moments were meeting asylum seekers. Talking to these people turned statistics into real life stories, which are stories that I don't think I will forget for a long time.

**How will this help me in my future career?**

In my future career, I will recognise the difficulties that these groups face, work to reduce some of the barriers to healthcare as well as approaching all vulnerable minority groups in a sensitive and thoughtful manner.

### **Appendix 3- Case Histories**

During this project I was lucky enough to meet a number of asylum seekers as well as a lady from the Gypsy travelling community.

#### **Case History: A 34 year old Palestinian- refused asylum, “Mr A”**

*Mr A is a 34 year old Palestinian. Born in Jordan, he lived his childhood in Tel-Aviv Israel. He has spent most of his early life in jail- a total of 4 times in various countries, having been found with an invalid passport. He was unable to return to his home country and was offered a passage to the UK at the cost of \$1000- all of his money that he had left. He has now been in the UK for 5 years. He is the only Palestinian asylum seeker in the entire Cheshire region and has to live on a meagre £35/week. He is not allowed to work and spends his day being continually frustrated that his skills as a plasterer/builder are going to waste.*

*Having been refused asylum, he cannot be returned to Israel due to him being Palestinian and so remains in the UK in “limbo”, unsure about his future.*

*He just wants to go back to Palestine to see his mother, father and his 7 siblings. £35/week is not enough for him, and he vents his frustration saying that he just wants to be able to earn money for himself. He just wants to live a normal life and be able to do the same things as everyone else around him.*

#### **Case History: Siobhan Spencer MBE- A Gypsy Traveller**

*Siobhan Spencer is an English Gypsy who lives and works in Derbyshire as part of the Derbyshire Gypsy Liaison Group (DGLG).*

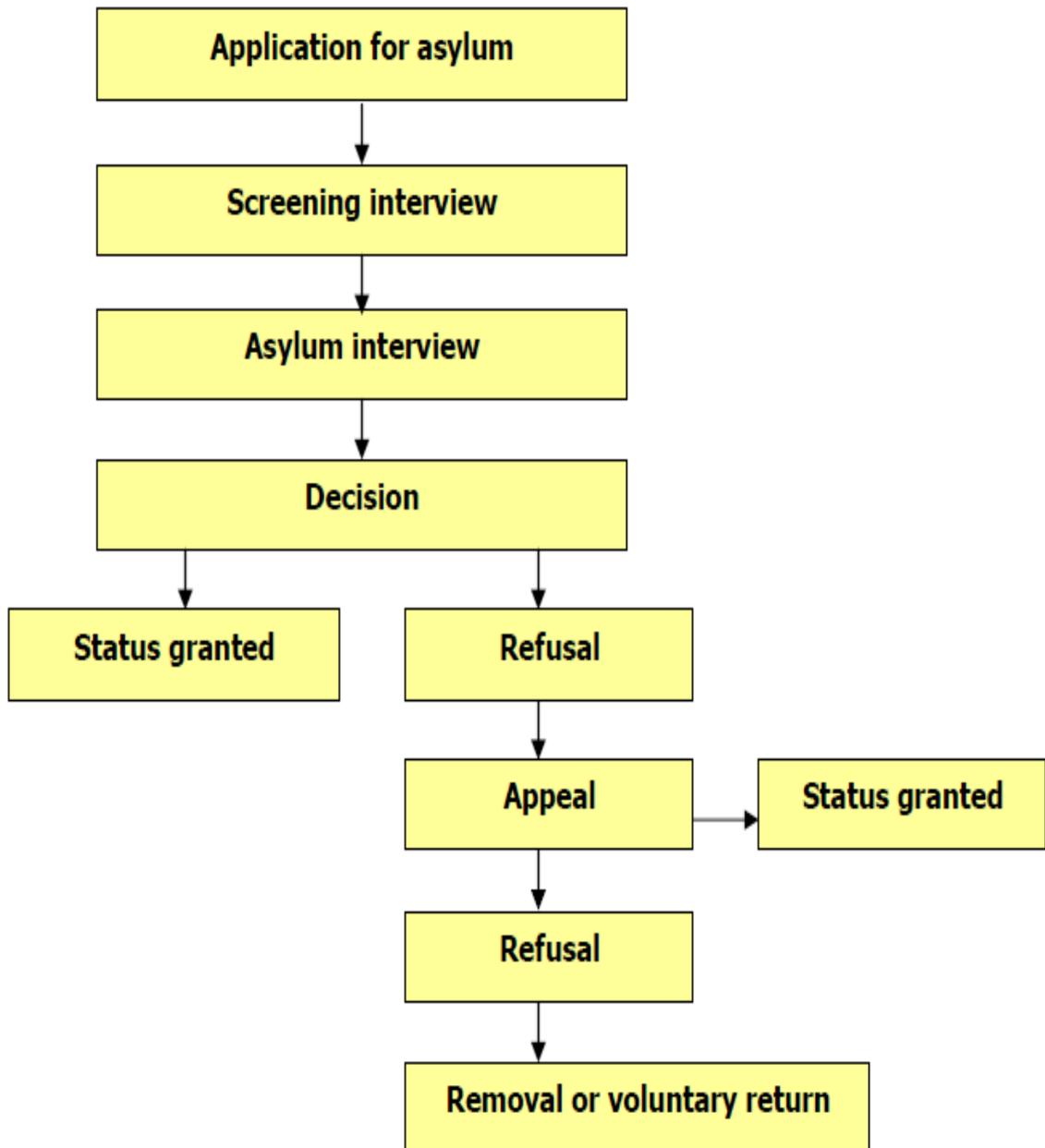
*I was lucky enough to be able to attend a conference where Siobhan gave an interesting talk on the Gypsy way of life and the problems faced by the travelling community.*

*It was particularly interesting to hear about Gypsy’s customs of cleanliness, which goes in direct contrast to some of the negative stereotypes of Gypsies being dirty and unclean.*

*I asked her specifically how Gypsy people view non-travelling peoples, or ‘Gaje’<sup>9</sup>, as they are known in Gypsy communities. She tells how Gypsies won’t let their teenagers go out into towns to get drunk as it is a common view that “‘Gaje’ have a problem with binge drinking”, in spite of her also discussing how Gypsies themselves have huge problems with alcohol abuse. This was interesting as it showed that suspicion and lack of understanding can cause negative views of other people to generate.*

*Siobhan also received an MBE earlier this year for her services to community relations as a member of the DGLG.*

**Appendix 4- Summary of the UK Asylum Process**



(Source: [http://languages.refugeecouncil.org.uk/pdf/English/Applying\\_for\\_asylum-English.pdf](http://languages.refugeecouncil.org.uk/pdf/English/Applying_for_asylum-English.pdf) (accessed 29 July 2009))

**Good Medical Practice (2006)**

**The duties of a doctor registered with the General Medical Council**

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and you must:

- Make the care of your patient your first concern
- Protect and promote the health of patients and the public
- Provide a good standard of practice and care
  - Keep your professional knowledge and skills up to date
  - Recognise and work within the limits of your competence
  - Work with colleagues in the ways that best serve patients' interests
- Treat patients as individuals and respect their dignity
  - Treat patients politely and considerately
  - Respect patients' right to confidentiality
- Work in partnership with patients
  - Listen to patients and respond to their concerns and preferences
  - Give patients the information they want or need in a way they can understand
  - Respect patients' right to reach decisions with you about their treatment and care
  - Support patients in caring for themselves to improve and maintain their health
- Be honest and open and act with integrity
  - Act without delay if you have good reason to believe that you or a colleague may be putting patients at risk
  - Never discriminate unfairly against patients or colleagues
  - Never abuse your patients' trust in you or the public's trust in the profession.

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

## **Appendix 6- Key SSM Contacts**

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(→ I managed to get in touch with Kylie, however, was unfortunately not able to organise a site visit)