

# Health Intelligence briefing

## The All Ireland Traveller Health Study (AITHS)

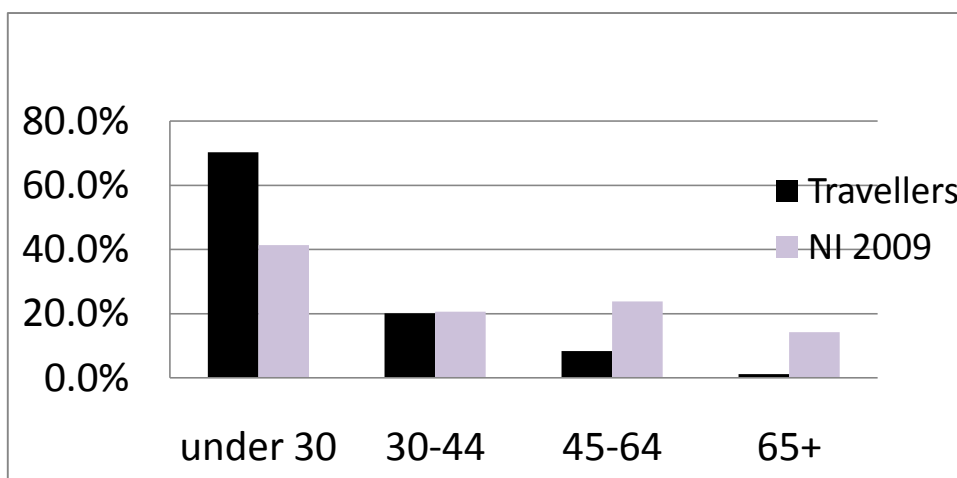
The All Ireland Traveller Health Study (AITHS), spanning research activity from 2007 to 2010, has recently been published.<sup>1</sup> Researchers employed a mix of both quantitative and qualitative methods to conduct seven sub-studies: census of Travellers, quantitative study of health status and health service utilisation, mortality study, birth cohort study, qualitative consultation, service provider study, and Travellers in institutions study. The summary report and the three technical reports can be found at:

[http://www.dohc.ie/publications/traveller\\_health\\_study.html](http://www.dohc.ie/publications/traveller_health_study.html).

In Northern Ireland AITHS estimate a population of 3,905 Travellers living in 1,562 families. This indicates a larger population than reported by the Northern Ireland Housing Executive needs assessment 2008.<sup>2</sup>

The age profile of the Traveller Community in Northern Ireland is markedly different from that of the general population with seventy percent of people under thirty and only one percent over sixty-five (Figure 1). The variation is particularly stark in the older age groups as illustrated in Figure2. This reflects in part a higher birth rate, higher mortality rates and inward migration from ROI.

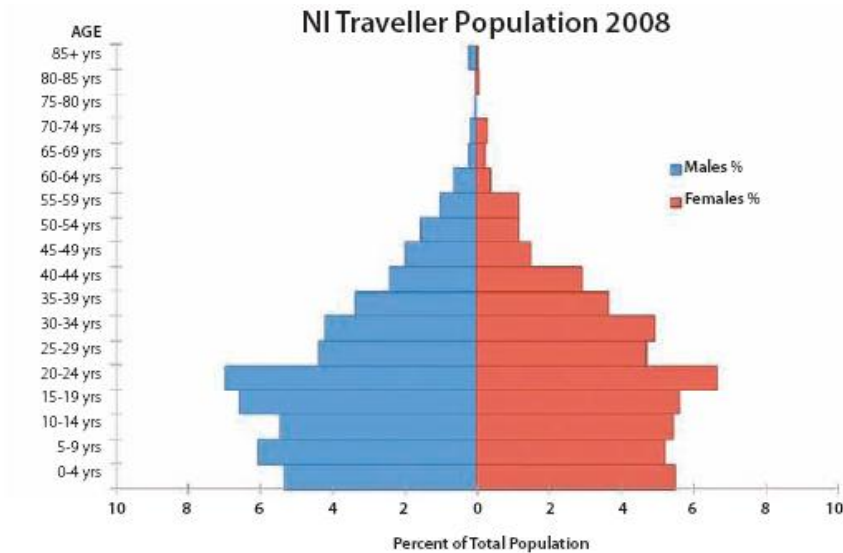
Figure 1. Population structure of Traveller community compared with Northern Ireland general population 2009



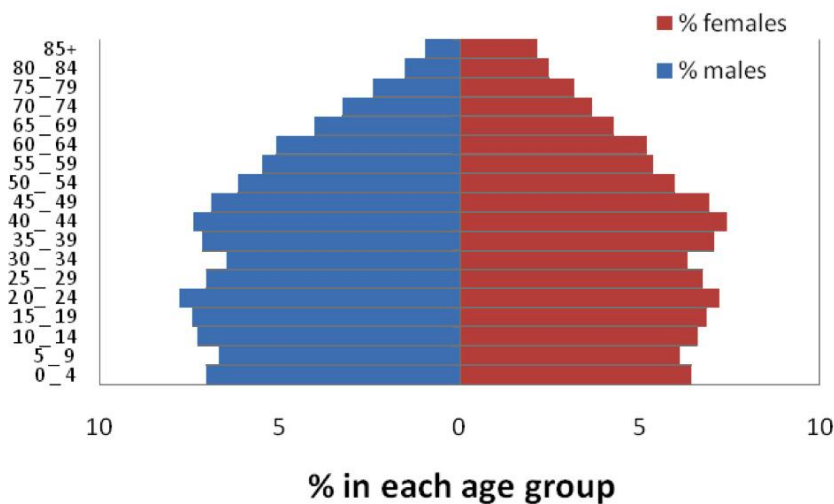
In the Northern Irish Traveller community, the average family size is 2.5 which is smaller than that shown in ROI (4.0). Over one in five adults aged 15+ were married, with another 4% co-habiting, 16% being divorced, separated, or widowed, and most being single (58%).<sup>1</sup>

This contrasts with NIHE’s report of 39% of household reference persons being separated and the predominant household type being lone parents (33%) which exceeds the prevalence in the general population (9%, CHS 2008/9).<sup>2, 3</sup>

Figure 2. Population pyramids of Traveller community in Northern Ireland 2008 and the general Northern Ireland population.



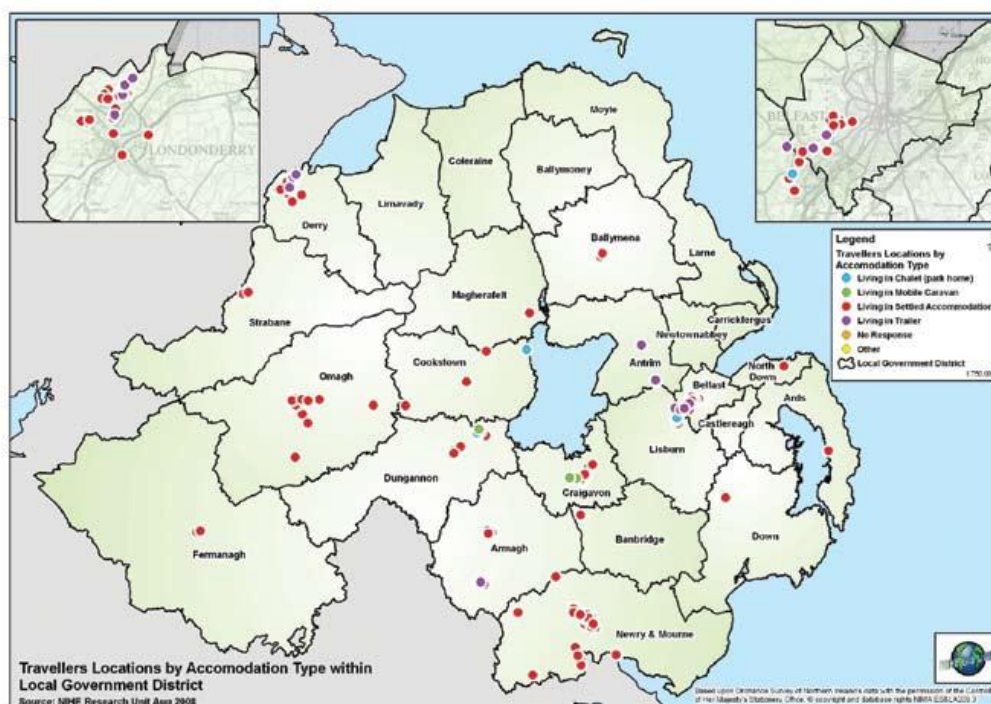
Northern Ireland General Population 2008



In these reports the study examined issues about accommodation, education, work and employment, health status (including both morbidity and mortality), and provision of and access to health services. Many issues raised in the present study reiterate findings from the earlier qualitative research conducted by Ginney in the Belfast area in the early nineties.<sup>4</sup> Key findings from the AITHS relevant to the Northern Ireland context are summarised below. This is in some areas supplemented by information from other sources including the ‘Travellers’ accommodation. Needs assessment in Northern Ireland’ by NIHE, 2008, and ‘Adequacy and effectiveness of education provision for Traveller Children and young people in Northern Ireland’ by NICCY and ECNI, 2007.<sup>2, 5</sup>

## Accommodation

Figure 2 shows the current locations of Traveller sites in Northern Ireland.



The largest proportion of Travellers in Northern Ireland reside in the Belfast area (22%), followed by Dungannon (17%), Craigavon (12%), and Derry (11%).<sup>2</sup> Just over half of families lived in a house or flat, almost one quarter (23.8%) lived in a trailer/mobile home or caravan,<sup>1</sup> with 21% living on a serviced site and 7% on an unauthorised site.<sup>2</sup> Of those in houses or flats most lived in social housing provided either by NIHE or housing associations, with 9% privately renting.<sup>2</sup>

In the qualitative work from AITHS Travellers mentioned that the level and quality of accommodation needs improved, with a lack of basic facilities and amenities being particularly pertinent on sites and grouped accommodation. Major concerns are water supply and drainage, refuse collection, living on dangerous sites (eg nearby power lines, embankments), etc., which pose a health threat to them. There are concerns about safety at night and the widespread lack of footpath and safe play areas. Settled accommodation/standard housing is seen as isolating Travellers from their family and friends which in turn impacts negatively on their mental wellbeing.<sup>1</sup> Thus, unsurprisingly 41% of those in housing prefer grouped accommodation, while almost three in ten prefer social housing and or serviced sites, respectively.<sup>2</sup>

## Education

A high proportion of adult Travellers have no formal qualifications although this is improving slightly in the younger age groups.<sup>2,6</sup>

The survey of parents identified that nine in ten 5-year olds had started school, while less than three-quarters of 14 year olds attended school and another 17.5% attended training centres.<sup>1</sup> At both primary and post-primary level Traveller children have an absence rate 6-7 times that of the general population or other ethnic minority groups (Table A1 in Appendix).<sup>7</sup>

AITHS reinforces much of the findings from the study by NICCY (2007).<sup>4</sup> With the cross-generational deprivation, low literacy and numeracy levels, accommodation (eg crowded trailers), parents are unable to help their children with school work.<sup>1</sup>

Overall, there are too few role models that continued their education or even completed further or higher education (college education 1.1%, university education 0.1%, N=3248).<sup>8</sup> Perceived low employment chances also undermine young people's motivation to stay on in school. More positively, many Travellers value adult education, Traveller organisations, and training centres are seen as alternative routes to the conventional model of education.<sup>1</sup>

## **Work and employment**

AITHS reported an overall employment rate of 14.5% of the Traveller community, 20% being unemployed, with the remainder not being economically active.<sup>1</sup> This is consistent with the needs assessment by NIHE (2008) which showed that only 11% of household reference persons were in employment and 85% were economically inactive; 47% were looking after their family/home.<sup>2</sup>

With societal and economic changes, Travellers traditional place in the labour market has disappeared. Interviews with Travellers highlighted that lack of education and training limit job prospects which was further compounded by a sense of being discriminated against in the formal economy and also excluded from the informal economy (eg gardening). Moreover, Travellers feel they have to hide their identity and do so when accessing work. Overall opportunities and barriers vary by age and gender, with women generally being worse off due to cultural norms and young men experiencing greater freedom.<sup>1</sup>

## **Discrimination**

Travellers' experience of discrimination is widespread and affects every area of their life. Discrimination was identified by –

- 3 in 4 in getting accommodation;
- 7 in 10 at school, being served in a shop or pub, and on the street/in a public place;
- 6 in 10 getting work and from the police or in the courts;
- Over half at work and when getting health care.<sup>1</sup>

This experience of discrimination was more keenly felt in Northern Ireland than in ROI. In fact, ethnic discrimination is higher among Travellers than in low income mixed race groups in US on the listed issues.<sup>1</sup> Over one quarter (26.3%, N=327) of Travellers felt they had worse opportunities for accessing mental health care than everyone else.<sup>8</sup>

In addition, both male and female Travellers were also at greater risk of being imprisoned (based on ROI data only).<sup>1</sup>

The wide range of racial attitudes and prejudice towards Travellers among the general population has been reported elsewhere.<sup>9, 10, 11</sup>

## Health and health care utilisation

**Children:** Travellers place a high value on children and their wellbeing. Growing up in close-knit communities was seen as bringing benefits in terms of social relationships such as having multiple close friends. Parents rate their children's health positively and uptake of immunisations (93.4% of under 5s received needles/vaccinations) and dental care is high (seen a dentist in last 12 months:78.7%, 76.9%, and 71.4% of 5, 9, and 14 year olds, respectively).<sup>1</sup>

However, some health problems are more prevalent among Traveller children (see Table 1). Children seem to be presented early to health care when having symptoms, yet, 10.6% of children did not receive medical care for a problem that needed attention, with over one quarter of parents (28.6%) indicating they could not pay for the care.<sup>1</sup>

Table 1. Positives and negatives in Traveller children's health

Positive	Negative
<ul style="list-style-type: none"> <li>• Multiple close friends</li> <li>• Experimentation with alcohol and tobacco in 14 year olds rare</li> <li>• Physically active in their day-to-day life</li> </ul>	<ul style="list-style-type: none"> <li>• Higher prevalence of hearing, eyesight and speech problems</li> <li>• Few have home access to computers</li> </ul>

**Adults:** Half of adult Travellers rated their health as excellent or very good, with worse health ratings being more common among older Travellers. In comparison to the general population, Travellers do not have a higher prevalence of disability that limits daily activity. In fact, it is lower in those 65 and older which may be a result of the high early mortality rate (Table 2).

Table 2 Prevalence of disability that limits daily activity by age group

	Travellers (N=390)	NI CHS 2008/9 (N=4,008) <sup>12</sup>
Under 44 years	12.4%	12%
45-64	32.0%	27%
65 and older	28.6%	41%
All	15.1%	24%

The overview in Table 3 summarises some of the issues faced by adult Travellers in terms of physical health and lifestyle factors (for further detail see Table A3 in Appendix). Rather than the lifestyle factors smoking, diet and physical activity, Travellers themselves were more concerned about addiction, alcohol and drugs, although drugs seemed to be restricted to small pockets and less a problem than in ROI and GB. Social networks (ie family, friends) are important sources for Travellers' mental health, with fracturing these bonds being seen as threatening for their wellbeing (eg through moving into settled accommodation).<sup>1</sup>

Table 3 Positives and negatives in adult Travellers' health

Positive	Negative
Health subjectively rated in a positive manner	Higher burden of chronic disease
Similar rates of injury	Higher rate of non-accidental injury
	Higher measures of risk factors such as smoking, high blood pressure, cholesterol, dietary consumption of fried food
Fewer Travellers drink alcohol	Those drinking alcohol, drink more frequently
	Extremely low breastfeeding rates
Access of preventative medicine services, eg voluntary screening programmes	More frequent access of health services
	Experiences of health service consistently less positive than Travellers in ROI

**Health care utilisation:** The vast majority of Travellers in Northern Ireland (93.9%; 100% those aged 65+) are registered with a GP. Overall, Travellers access health services more frequently than the general population, with attendances at A&E departments/hospitals rated as more positive than those at GPs. Perceived communication issues (not listening, unempathetic doctors), Travellers' literacy problems and difficulties in following prescribed instructions are seen as contributors to such negative experience, with waiting lists (46.8%) and embarrassment (50.0%) cited as major barriers to access. Men in particular delay access of health care when needed and present generally late and then more so in A&E departments. Progress has been made in accessing preventative health services, more so among women than men. This mirrors the value placed on maternal and child health services by female Travellers as a result of successful outreach programmes and the training of Traveller Community Health Workers.<sup>1</sup>

### **Mortality and life expectancy**

(Due to the small numbers involved this is based on ROI data only.)

**Mortality:** Overall, mortality among Travellers is 3.5 times higher than in the general population for both genders (males 3.7; females 3.1) and across ages. Infant mortality is still higher than in the general population (14.1 vs 3.9 per 1,000 live births) and the ratio compared with the general population has increased since 1987 (3.6 vs 2.4), thus the relative position has deteriorated. There are notable gender differences in the whole population in comparison to 1987:

- Among males: Travellers saw an increase in their mortality in the context of a decrease in the general population, which effectively widened the mortality gap (ratio: 3.7 versus 2.2; see Figure 3a).

- Among females: mortality decreased slightly more among Travellers as compared to the general population yet remained at a higher level, thus resulting in no change in the mortality ratio (see Figure 3b).

Figure 3a. SMRs for male Travellers 1987 to 2008

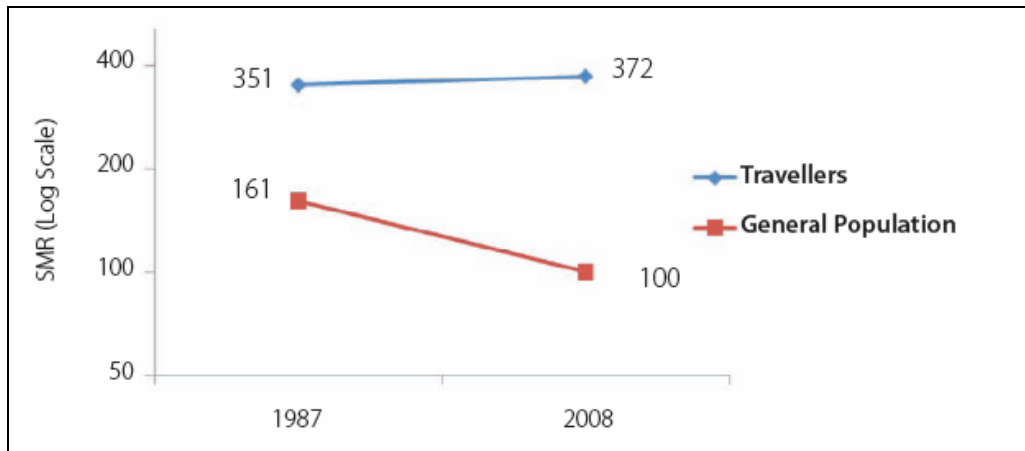
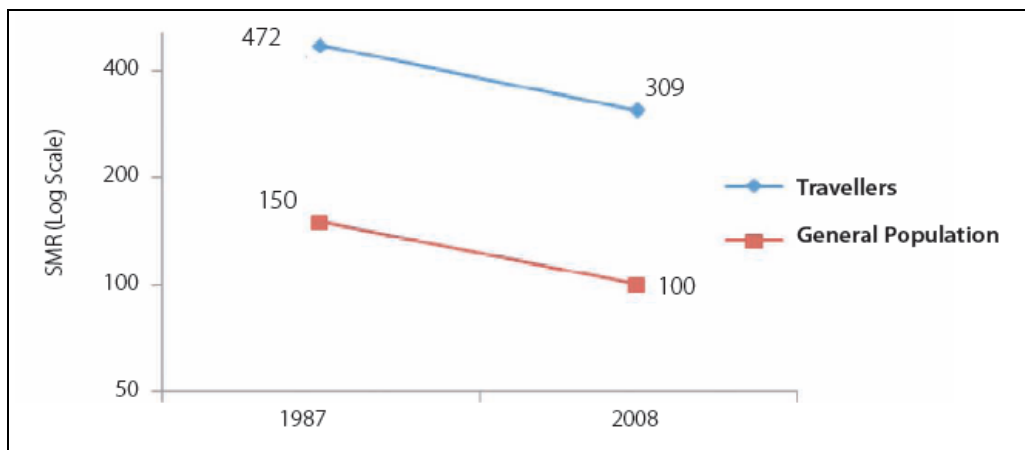


Figure 3b. SMRs for female Travellers 1987 to 2008



In figures 3a and b the 2008 ROI Standardised Mortality Rates (SMR) for the general population per gender are defined as 100 and all other rates are relative to that.

The most common causes of death include heart disease/stroke and respiratory disease, with external causes of death being particularly prevalent among men which include alcohol and drug overdose and suicide. Male Travellers have a suicide rate which is 6.6 times that of men in the general population.<sup>1</sup>

**Life expectancy:** For male Travellers life expectancy at birth is 61.7 years – fifteen years less than that of the general population and now at the level of the ROI overall population on the later part of nineteen-forties. For female Travellers life expectancy at birth is 70.1 years – eleven years less than the general population and equivalent to that of women in the early nineteen-sixties.

In comparison to 1987 the picture for life expectancy is similar to the one reported for mortality. In comparison to 1987:

- Among males: Travellers saw no change in their life expectancy (61.7 year) whereas the general population experienced an increase of 5.2 years, thus increasing the deficit to 15.1 years.

- Among females: Traveller life expectancy increased slightly more than in the general population (4.8 years versus 4.4 years) which resulted in a slight narrowing of the mortality gap (0.4 years). However, female Traveller life expectancy at birth remains 11.5 years less than the general population.<sup>1</sup>

Further detail on mortality and life expectancy between the Traveller and general populations is provided in Table A4 in the Appendix.

## **Recommendation from AITHS**

The study identified a series of actions to attempt to address some of these challenges:

- Providing and ensuring adequate accommodation
- Increase continuation in education among young people; review relevance of curriculum to Travellers; and provide an alternative route via adult education
- A national multi-level education campaign to break down the stigma and stereotypes surrounding the Travelling community (including media policy and watch; promotional events)
- Include a module on Traveller health and customs as a standard element in the under- and postgraduate curricula for health and education professionals
- In hospitals with significant Traveller catchment population and in general practices with Traveller lists: routine induction on Travellers, guidelines on management of Traveller families
- Use of an ethnic identifier that is acceptable to Travelling community

### ***Health care specific recommendations:***

- All sectoral aspects of mother and child services merit top priority
- Men's health issues need to be addressed specifically (facilitate work opportunity, break down substance misuse problems, engage men in health service participation)
- Concerted effort to address cause-specific issues for respiratory and cardio-vascular disease
  - Supportive and culturally appropriate strategies for all aspects of positive lifestyle
  - Risk detection and management: ie an opportunistic CVD risk factor detection programme
  - Mainstreaming women peer leaders as agents of positive change
- Introducing a new delivery model of targeted primary care intervention that would be pro-active rather than reactive.



## References

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## Appendix

**Table A1. Attendance at primary and post-primary school by ethnicity 2008/9**

	% of total half days			
	Total attended	Total not attended	Total authorised absence	Total unauthorised absence
<b>Primary school</b>				
White	95.1	4.9	3.8	1.1
Minority Ethnic Background	92.5	7.5	4.9	2.6
Traveller	68.0	32.0	24.9	7.1
<i>Primary average</i>	<i>94.9</i>	<i>5.1</i>	<i>3.9</i>	<i>1.2</i>
<b>Post-primary school</b>				
White	92.4	7.6	5.1	2.5
Minority Ethnic Background	92.8	7.2	4.4	2.8
Traveller	52.9	47.1	25.6	21.6
<i>Primary average</i>	<i>92.3</i>	<i>7.7</i>	<i>5.1</i>	<i>2.5</i>

Note: Ethnicity was not provided for 169 enrolments at primary schools, representing 0.1% of the total; ethnicity was not provided for 29 enrolments at post-primary schools, 0.02% of the total; source: [http://www.deni.gov.uk/attendance\\_at\\_grant\\_aided\\_primary\\_post-primary\\_and\\_special\\_schools\\_200809\\_detailed\\_statistics.pdf](http://www.deni.gov.uk/attendance_at_grant_aided_primary_post-primary_and_special_schools_200809_detailed_statistics.pdf)

**Table A2. Achieving expected level (5 or above) at Key Stage 3 2004/5**

	All Pupils	Travellers
English	73.3%	19.4%
Maths	71.0%	29.0%
Science	69.6%	25.8%

Source: [http://www.deni.gov.uk/index/32-statisticsandresearch\\_pg/32-statistics\\_and\\_research\\_statistics\\_on\\_education\\_pg/32\\_statistics\\_and\\_research-numbersofschoolsandpupils\\_pg/32\\_education\\_and\\_library\\_board\\_level/32\\_statistics\\_and\\_research-indicators\\_on\\_traveller\\_education.htm](http://www.deni.gov.uk/index/32-statisticsandresearch_pg/32-statistics_and_research_statistics_on_education_pg/32_statistics_and_research-numbersofschoolsandpupils_pg/32_education_and_library_board_level/32_statistics_and_research-indicators_on_traveller_education.htm)

**Table A3. Lifestyle factors among Travellers and the general population**

	Travellers	General population
<b>Positive</b>		
Alcohol - never drank	39.3%	74% (drinking prevalence)
<b>Negative</b>		
Smoking	50.8%	34% (semi- and unskilled manual workers)
Alcohol users	65.6% males 39.3% females (6+ alcoholic drinks on a day they drink)	35% males (binge: 10+ units in 1 session) 29% females (binge: 7+ units in 1 session)

Note: source for general population figures: Continuous Household Survey data 2008/9 for drinking ([http://www.csu.nisra.gov.uk/Prevalence\\_of\\_drinking\\_by\\_sex\\_and\\_age\\_Trend.ht](http://www.csu.nisra.gov.uk/Prevalence_of_drinking_by_sex_and_age_Trend.ht)) and smoking prevalence ([http://www.csu.nisra.gov.uk/Prevalence\\_of\\_cigarette\\_smoking\\_by\\_socio-economic\\_group\\_and\\_sex\\_trend.htm](http://www.csu.nisra.gov.uk/Prevalence_of_cigarette_smoking_by_socio-economic_group_and_sex_trend.htm)); binge drinking prevalence from Adult Drinking Pattern Survey 2008 (<http://www.ninis.nisra.gov.uk/mapxtreme/DataCatalogue.asp?button=Health>)

**Table A4. Comparison of Traveller mortality in ROI with that of general population (Source: AITHS 2010)**

**Table 38: Comparison of Traveller mortality in ROI with that of the general population**

		Traveller population 2008	General population value or expected value.
Proportion of population aged < 25 years		63%	35%
Proportion of population aged 65+ years		2%	11%
Infant mortality rate (per 1,000 live births)		14.1	3.9
Number of Traveller deaths		188	54
Excess deaths		134	0
All-cause SMR	(Males)	372	100
	(Females)	309	100
Life expectancy at birth	(Males)	61.7 yrs	76.8 yrs
	(Females)	70.1 yrs	81.6 yrs
Change in life expectancy since 1987	(Males)	0 yrs	+5.2 yrs
	(Females)	+4.8 yrs	+4.4 yrs
External cause SMR	(Males)	548	100
	(Females)	393	100
Respiratory disease SMR	(Males)	746	100
	(Females)	536	100
Heart disease and Stroke SMR	(Males)	337	100
	(Females)	489	100
Suicide SMR	(Males)	660	100
	(Females)	489	100

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