



Homeless & Inclusion Health 2016

GRT communities seminar

Presented and delivered by
The Roma Support Group (RSG)

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www.romasupportgroup.org.uk



Our housing and homelessness casework:

Vulnerably housed rather than street homeless

Reliance on private rented sector

Conditions within the PRS – evictions / illegal evictions

Impact of welfare reform on EU nationals, impact on housing benefit and intentionality

Impact on children's services.

The impact on health:

Impact on continuity of treatment of chronic conditions

Difficulty registering with GPs

Impact on mental health



Newly arrived Roma and street homelessness:

- 6 month research in collaboration with St Mungo's Broadway specifically in the City of Westminster. Report will be published shortly.
- Romanian nationals have been identified as the fastest growing group of rough sleepers across Greater London and particularly within the City of Westminster and neighbouring boroughs.
- End of March 2015, there were 1,388 Romanian rough sleepers. This represents 18.7% of all rough sleepers in Greater London and second only to UK nationals. This is a stark increase from a total of 497 in 2012/13 and 730 in 2013/14.
- There is no ethnic breakdown of this data to say definitively how many of the 1,388 Romanian nationals are of Roma ethnicity. However, the homeless sector estimates that they represent a significant percentage.
- Overview of research and breakdown of interviewees.
- Majority who have travelled are in good health – essentially those in the family who are of working age and in theory well enough to travel and secure work – but those who are ill are suffering from chronic illnesses including diabetes and mental health complaints. They did not know how to access a doctor or how to renew prescriptions.



Push and pull factors of Roma migration:

Housing:

- Rural areas where housing standards are substantially lower. Many Roma live in settlements with a lack of infrastructure such as water, electricity, sewage system and rubbish collection which contributes to their poor health status.
- Rural Roma settlements often lack access to roads and public transport for access to employment and schools
- In urban areas many live in overcrowded conditions; old and poorly-maintained blocks of flats.
- In recent years some Roma families living in urban areas have experienced forced evictions. Some Roma families have been relocated to hazardous areas near garbage dumps, sewage treatment plants or industrial areas on the outskirts of cities. For e.g. In Cluj, where 56 Roma families were moved from the city centre to a polluted industrial area next to the city's rubbish dump called Pata Rat and the town of Baia Mare where 100 Roma families from the city centre who were moved to a former copper factory, which was not properly decontaminated after it was closed.



Employment:

- Currently, there is a disproportionate degree of long-term unemployment amongst the Roma population in Romania.
- Many young Roma have never had a formal job or have only had short-term employment.
- The Soros Foundation's study, conducted in 2012, showed that for Roma aged 16 and over more than half (51.5%) did not have work and only 10% reported having regular employment over the previous two years.
- Left with very few real possibilities to find work within Romania, many Roma have travelled to other European countries. This was initially to Spain or Italy in order to work in the agricultural sector and on farms. However, the start of the economic crisis in 2006 meant that Roma had to find new destinations, including the UK.



Education:

- Educational outcomes for Roma children are significantly lower than for children of non- Roma ethnicity at all stages of education.
- The preschool enrolment rate of Roma children (aged 3 - 6) was 32%, compared to 77% of the general population.
- In the age group 7-15, the compulsory education enrolment rate of Roma is 78% and that of non-Roma is nearly 95%.
- Only 10% of Roma complete an upper secondary level of studies, compared to 58% in non-Roma population
- 25% of the respondents to the EU Access initiative who were over sixteen years of age stated to be illiterate, whilst literacy rates of non-Roma in Romania are close to 100%
- For many Roma families who live in rural settlements, poverty has a significantly impact as families struggle to pay for transport, clothes and books.



Health:

- Poor health status in the community is related to inadequate living conditions, low income, unbalanced diet, limited access to medical services and insufficient health education.
- The World Bank Group report (2004) shows that only 51% of Roma who participated in their study had health insurance, whilst the figure was 77% amongst non- Roma.
- Almost 66% of Roma cannot afford prescribed medication, whilst for the non-Roma population this figure is 29%.
- A 2011 study found that over half of the participants suffered from disabilities or chronic disease, almost half of those interviewed had never been to a dentist, more than 50% of the participants did not receive all appropriate immunisations and one in four had received none.
- Other studies indicate a higher prevalence of infectious diseases amongst Roma. For instance, a 2013 ERRC survey showed that the rate of diagnosis of TB among Roma respondents was more than double that of the general population, while in the 55 to 64 age group diagnosis was four times higher among Roma respondents.
- Life expectancy for Roma is considerably lower than for the general population in Romania, with some studies finding a gap of sixteen years between the Roma and non-Roma population.



Fafo Research Foundation

When Poverty Meets Affluence – Migrants from Romania on the streets of the Scandinavian capitals. (2015)

To map and analyse the situation for Romanian street workers in three Scandinavian capitals: Oslo, Copenhagen and Stockholm.

The majority of their 1269 interviewees were of Roma ethnicity.



What they noted specifically in relation to health:

1. Many are elderly and many have lived their lives in extremely poor social and economic circumstances, leading to extensive health problems.
2. But it appears to be the family members with better health are the ones who come to Scandinavia to work.
3. Many migrants are not aware of the difference between the public healthcare and emergency services, and of the clinics available to immigrants without documents.



4. Oslo has a larger share of the overall population using healthcare facilities - explained by the presence of Romanian social workers hired by an NGO to do outreach work and provide information and assistance to people in need.

At the time of the survey, one of the social workers had an agreement with the clinic to bring in homeless Romanian nationals in need of medical assistance once a week.

The social worker both distributed information and made sure they found the way to the clinic and translated for them while there.



Barriers to accessing services in the UK:

- Unable to secure work on arrival in the UK – lack of English, qualifications, competition
- Cannot access hostel accommodation as not entitled to Housing Benefit due to restrictions on welfare entitlements for EU nationals
- Most existing support services are based on very specific criteria which Roma rough sleepers are not identifying with – substance misuse, domestic abuse.
- Lack of Romanian speaking staff in frontline agencies to communicate and offer support – even with the limited employment projects they have
- Assessment processes designed around housing history rather than employment history
- Associated with anti social behaviour - police, local authority and UKVA involvement
- Focus on reconnections – but the push factors remain strong and this is identified as unsustainable.
- Report and recommendations to follow in due course....