

Witness Name: Yvonne MacNamara

Statement No.:1

Exhibits: YM1, YM2, YM3

Dated: 8 January 2025

UK COVID-19 INQUIRY

WITNESS STATEMENT OF YVONNE MACNAMARA ON BEHALF OF THE TRAVELLER MOVEMENT

I, Yvonne MacNamara, am the Chief Executive Officer of the Traveller Movement and I will say as follows: -

1. Introduction

1. The Traveller Movement (TM) is a registered charitable organisation, Register Number: 1107113. TM was founded in 1999, to advocate on behalf of those whose voices were not being heard by the wider society making decisions impacting on Gypsy, Roma and Traveller ("GRT") people. TM was formally known as the Irish Traveller Movement in Britain.
2. In 2003 TM was granted charitable status and directed their services towards marginalized Irish Travellers in the UK. In 2008, TM widened their network and services to engage with Romani (Gypsy), Roma and Irish Traveller people.
3. TM plays a unique and essential role in national development and policy and providing a voice for the rights and inclusion of GRT people of the whole of the United Kingdom (England, Scotland, Wales and Ireland) and its service providers and policy makers.

4. TM is the largest organisation in the UK, which represents the interests of these three communities (GRT). It is important to note that, whilst accurate figures are unknown, GRT appear to account for between 0.5% - 1% of the population.
5. TM is the largest representative body engaging with national and local government for and on behalf of GRT communities in the UK. Members of TM serve the general interest through a democratic process, and play the role of mediator between public authorities and the GRT.
6. During the pandemic there was limited engagement between TM's policy manager at the time and the Department of Communities and Local Government. TM's policy manager attended online meetings regarding Covid-19 vaccine coverage among the GRT community.
7. TM aims to provide education and training and to develop the capacity and skills of the members of the socially and economically disadvantaged communities of GRT in such a way that they are better able to identify and meet their needs and to participate more fully in society.
8. TM also aims to promote equality and diversity and racial harmony for the benefit of the public by encouraging others to understand the culture and needs of GRT and highlighting the needs of and issues affecting GRT.
9. During the pandemic, TM's work also included providing support and advice to GRT people in relation to domestic violence and criminal justice. Approximately 7% of prisoners are GRT and 11% of the youth justice estate, despite making up only 0.1% of the population. TM continues to advocate on criminal justice issues.

2. Background

10. TM is a small charity made up of a dedicated team of 10 staff members and 22 volunteers, which includes TM's trustees, patron and GRT Advisory Board.

11. TM's GRT Advisory Board is made up of Travellers and Gypsies from across England.
12. TM represents the interests of the GRT communities. Although GRT is a population that has been present in the UK for hundreds of years, it is notable that statistics around their size have only recently begun to be collected and remain partial.
13. According to the Office for National Statistics [YM1 - INQ000474773] :

"...variations in the definitions used for this ethnic group has made comparisons between estimates difficult. For example, some previous estimates for Gypsy or Irish Travellers have included Roma or have been derived from counts of caravans rather than people's own self-identity. It noted that other sources of data estimate the UK's Gypsy, Roma and Traveller population to be in the region of 150,000 to 300,000, or as high as 500,000"

3. Covid-19 vaccine concerns

14. On TM's website under the tab for "Covid-19", TM displayed, and continues to display, the latest government advice on Covid, resources from other NGOs on Covid, in particular a link to Friends, Families & Travellers website which provides advice on "Access to Covid-19 Vaccination", guidance on employment and benefits advice and information for children and young people.
15. The lack of education amongst GRT people was one of the biggest barriers to the uptake of the vaccine amongst GRT people. A lot of GRT people were very nervous about taking the Covid-19 vaccine or letting their children have the vaccine due to rumors that their child would end up with a disability or developmental delay. There was no culturally sensitive education on vaccines delivered to GRT people, this is something that needs to happen.
16. GRT communities have poor rates of literacy. In 1995 a survey by Patrice Van Cleemput found that fewer than 30 per cent of Travellers in Sheffield could read or write at all, in 2007 Dorset council found that amongst GRT people "62% claimed to

*have difficulty completing forms, 55% with writing letters, 53% with reading newspapers*¹, TM also refers to the Bristol City Council JSNA report which provides *“Adult Illiteracy rates within the Gypsy, Roma and Traveller communities are over 62% (House of Commons, 2019)”*². There has been little, if any, change or improvement in GRT literacy rates since 1995.

17. The poor rates of literacy amongst GRT people negatively affected their ability to access public health guidance and information on, for example, who was eligible for the vaccine, how the vaccine was given and how to book the vaccine.
18. There is widespread digital exclusion amongst GRT people, with fewer than 1 in 5 GRT communities having access to or ability to use the internet. This limited GRT access to public health guidance, information and services.
19. Many of the GRT community do not live in a permanent residence and there are barriers that go with travelling. Many GRT members were house hopping and would need different types of access to records, for example hand held records. If GRT people had hand held records they could walk in with their records and show that they are vulnerable and in need of a vaccine.
20. Despite the COVID-19 vaccination programme being rolled out, local authorities were evicting and aggressively moving GRT people out of sites and areas where the vaccine was being delivered making it even more difficult for GRT people to obtain the vaccination.
21. Mobile Health Services available to Roadside Travellers has been rolled back. These services were important to building trust and relationships between GRT people and medical practitioners, which in turn broke down barriers, broke down information and made medical advice and information accessible. Had these services been available at Traveller sites during the pandemic it may have instilled more understanding and trust in the vaccine amongst GRT people.

¹ Dorset Traveller Needs Assessment, March 2007, Anglia Ruskin University, page 28, para 2.5.1

² Joint Strategic Needs Assessment Health and Wellbeing Profile 2021/22, Bristol City Council, page 1

22. In 2007, Patrice Van Cleemput and Glenys Parry published a report in the Journal of Public Health Medicine titled "Health status of Gypsy Travellers", which found that

"Health status of Gypsy Travellers was significantly poorer than in the lowest socio-economic UK population group"

And

*"Although there was no difference in the overall EQ index score, the sub-scores and visual analogue scale showed that the Traveller's health status is poorer in terms of mobility and usual activity and perceived overall health problems. These differences cannot be attributed to age, sex or generic social deprivation, and show the health impact of membership of this socially distinct ethnic minority group."*³

23. Not much research has been done on GRT people since this 2007 report and the issues highlighted continues to be a serious problem with the health data desert.
24. In 2008 the Pacesetters Programme was set up, it was a partnership between local communities who experienced health inequalities, the NHS and the Department of Health.
25. The Pacesetters Programme evaluation report for the Department of Health sets out the following:

"Better sharing of personal health information

SHAs were reminded of the problems of recording, updating and sharing of personal health information for Gypsy, Roma & Traveller communities. They were informed of two examples of health records, completed by NHS and health staff, and owned and kept by community members, that had been developed to address this issue. Hastings and Rother PCT, a participating Trust, had worked with local communities to develop a local hand-held record. NHS Scotland had also introduced nationwide hand held record

³ Health Status of Gypsy Travellers, Van Cleemput & Parry

GP registration and better access to NHS

*Pacesetters sites were asked to consider ways to improve GP registration, thereby improving access to NHS services in general*⁴

26. The report highlights the importance of GRT people having hand held records so that when they are travelling and not living in a permanent registered address they can take their health records with them and share them with the relevant medical practitioners. However, it appears that hand held records have gone, which in turn proves to be a barrier for GRT people who are not registered to a GP surgery or permanent address.
27. Many GRT members are not registered to a GP surgery which can result in poorer health outcomes for GRT people, GRT people routinely experience dismissive or discriminatory behaviour from GP practices, significantly higher instances of long-term health conditions (42% of GRT people in England have a long-term health condition compared to 18% of the wider population). This also contributed to issues with booking vaccinations.
28. During the pandemic, there was poor access to guidance, information and advice about the impact of vaccination on fertility and the health of pregnant GRT people. Members of the GRT community experience disproportionately high levels of child mortality, still birth and miscarriage, with 1 in 5 GRT mothers experiencing infant mortality, still birth or miscarriage compared with 1 in 100 in the wider community.
29. As a result of systematic and long-term societal discrimination and governmental marginalization, GRT communities have a cultural distrust of institutional and government authority. This symptom of long term oppression was a barrier to the uptake of the vaccine as there was a lack of trust in government information and advice on the vaccine.

⁴ Pacesetters Programme, Gypsy Roma and Traveller core strand, Evaluation Report for the Department of Health, April 2010, page 14

30. The communities' trust in institutions was further undermined by revelations that UK government officials, including the Prime Minister and Chancellor, had not followed lockdown rules, and also by offensive language towards GRT people being used by Members of Parliament, for example Charlotte Nichols' electoral pledge leaflet.
31. The National Centre for Biotechnology Information (NCBI) published a report on 1 May 2023 entitled 'COVID-19 vaccination decisions among Gypsy, Roma and Traveller communities: A qualitative study moving beyond "vaccine hesitancy"' [YM2 - INQ000474772]. The report found that vaccination decisions were affected by distrust of health services and government, which stemmed from prior discrimination and barriers to healthcare, which persisted or worsened during the pandemic.
32. The NCBI report concluded that among marginalized minority groups, the socio-historical context in which people make decisions about vaccinations may be crucial, and deserves much greater attention and scrutiny. The report finds that there is a danger that efforts to increase vaccination uptake may not only be unsuccessful but could even exacerbate existing inequalities by stereotyping certain communities as particularly in need of vaccine promotion efforts, or by putting unacceptable pressure of individuals from those communities to take up the vaccine.
33. Amongst GRT people there is a serious lack of trust in healthcare services, including provision of non-emergency, routine health services in the community. The experiences of GRT people in relation to the COVID-19 vaccination programme were affected by the systemic discrimination against GRT people, which pervades the provision of healthcare and other public services. The historic inequality of healthcare outcomes, which TM believes impacted the uptake of vaccination within GRT communities, are well-evidenced. The Women and Equalities Select Committee's Report published on 5 April 2019 found that health outcomes for GRT people are "*very poor compared to other ethnic groups*", and found problems existed throughout the provision of healthcare services, from registration and access to discrimination, literacy barriers and mistrust.
34. TM confirms that many GRT people felt abandoned during the pandemic – they were often unable to attend GP appointments and were required to attend accident and

emergency departments. Reduced visits from health and social care workers increased and exacerbated feelings of abandonment and isolation. Many GRT people felt discriminated against by dismissive conduct from medical staff during the pandemic, which fed into reluctance to seek medical help. Some GRT people were reluctant to receive vaccines because they believed that if there were any complications, emergency services would not attend Traveller sites. These issues exacerbated the low vaccine uptake.

35. TM also maintains that some of those GRT people who did receive vaccinations felt that they had been forced into doing so. Their concerns, for example about infertility, were inadequately addressed or even dismissed by healthcare staff.
36. TM found that GRT people felt that the healthcare system was not fully or properly responsive to their concerns over vaccination during the pandemic. Government initiatives were perceived as oppressive and dismissive of those who had concerns and did not address any issues relevant to GRT people's distrust.

4. Formal engagement by the Traveller Movement with UK government departments, the devolved administrations or other public bodies

37. In June 2021 TM delivered a remote presentation to the Cabinet Office COVID-19 Taskforce to educate and raise awareness on the work that TM does, the history of GRT communities and the persecution and discrimination that they face and steps that can be taken to educate and bring about change for GRT people. TM was engaging in regular everyday policy work, particularly with the Ministry of Justice and Department for Levelling Up, and were therefore engaging with the cabinet office and government, this regular communication lead to TM's presentation to the Cabinet Office Covid-19 Taskforce. The reaction to the presentation was very positive.
38. It has been TM's public position that there were discrete issues that impacted Gypsies, Roma and Travellers in the Covid-19 pandemic including the following [YM3 - INQ000474771] :

“Issues relating to Covid-19

- *Digital exclusion impacted home education*
- *Lack of coherent information relating to Covid transmission and treatment*
- *For nomadic Travellers, a failure to ban evictions and poor access to water and sanitation*
- *Those living on sites have not had any gov. guidance about how to socially distance or isolate*
- *Those in bricks and mortar experiencing loneliness and mental health issues because away from families*
- *Poor information about testing or vaccination-specific comms*
- *Funerals - not able to grief properly, no mass*
- *Traveller Movement created a Covid-19 web page to fill this gap*
- *It contains information relating to health, education, domestic abuse, prisons, social welfare and universal credit and furlough.”*

And

“TM advocacy during the pandemic

- *Education – open letters to secretary of state*
- *Health and access to health care*
- *Digital exclusion*
- *The national GRT strategy*
- *Data collection and ethnic monitoring*
- *Call for coherent communications with vulnerable communities*
- *Advocacy and training services moved online*
- *Numerous submissions and evidence gathering for government inquiries”*

39. In 2020 TM made public statements on the exceptionally poor health experiences and outcomes for Gypsies, Roma and Travellers, including on:

Health

Gypsies and Travellers experience some of the poorest health outcomes in the UK, including the lowest life expectancy of any group⁵. This makes these communities more vulnerable to Covid-19. Having high rates of respiratory problems, diabetes, disabilities, maternal mortalities, and low child immunisation levels means that many Gypsies and Travellers have a high risk of getting seriously ill or even dying from Covid-19.

Evidence suggests that men, BAME groups and disabled people may be more adversely affected by Coronavirus in terms of health impacts, but opportunities to collect and make use of consistent data are currently being missed. Without this it is impossible to measure the extent of the problem or take appropriate action to address it. Currently the NHS does not record GRT in its data dictionary, which means the health impact of Covid-19 will not be fully known.

What needs to change:

- The NHS must include GRT in its data dictionary. Without accurate data, the needs and health inequalities of GRT communities cannot be meaningfully addressed.
- This recommendation must be included in the national GRT strategy.

And

Access to Information

Accessing information and keeping up to date on public health messages and other information about Covid-19 is difficult for those who have limited literacy skills and are digitally excluded. Some Gypsy and Traveller people rely solely on information they see on social media. Even when GRT organisations are doing their best to produce targeted and legitimate information, false news and information about Covid-19 can spread fast.

What needs to change:

- All GRT communities must be included in any digital inclusion strategy going forward.
- This recommendation must be included in the national GRT strategy.

40. TM also put Dr Aileen Kitching, who is a consultant in Public Health Medicine in the Department of Public Health in Cork, Ireland, and is also one of TM's Trustees, in touch with the English Public Health counterpart to share the Irish government response strategy to Covid-19 pandemic.

5. The Traveller Movement's publications and evidence on Covid-19

41. TM developed and published evidence on the disproportionate Impact of the coronavirus on people with protected characteristics

42. TM highlighted the disproportionate impact that Covid 19 was having on the prison population, in which GTR are exceptionally over represented. TM raised the failure of Government to publish data, and called for the:

- Publication of the ethnicity data of those affected by Coronavirus in prisons.
- Appropriate risk assessments for BAME staff and prisoners.
- Clear action plan of how the needs of these groups will be identified and met.
- Improved data collection for Gypsy, Roma and Traveller ethnic groups.

43. TM developed and published provided written evidence which highlighted the following:

Gypsies, Roma and Irish Travellers experience some of the worst social and economic outcomes of all ethnic minority groups in the UK. It has been found that GRT people were comprehensively failed for decades by policymakers. This failure continues under the Covid-19 pandemic.

To date, no specific guidance or information have been disseminated to Gypsy, Roma or Traveller communities. While the Communities minister Stephen Greenhalgh wrote to advise local authorities in April in relation to nomadic Travellers, there has been little to no coherent national policy pertaining to GRT during the pandemic, and no engagement or published communications from government. Any advice or support

provided has been carried out by a handful of voluntary and charitable organisations across the UK.

Given this lack of government engagement, it is unsurprising that GRT communities feel forgotten about during the pandemic, are deeply affected by the Covid-19 and require urgent assistance in the following areas

44. Within the evidence developed and published by the Traveller Movement, TM addressed the issues of Health and Accommodation and Housing, which affected GRT people during the pandemic. It was and is TM's position that:

Health

Currently the NHS does not record GRT ethnicity in its data dictionary, which means the health impact of Covid-19, including the mortality rate will not be fully known. Additionally, GRT were completely excluded from the recent Public Health England review of the impact of Covid on BAME communities.

Gypsies and Travellers experience some of the poorest health outcomes in the UK, including the lowest life expectancy of any group. This makes these communities more vulnerable to Covid19. Having high rates of respiratory problems, diabetes, disabilities, maternal mortalities, and low child immunisation levels means that many Gypsies and Travellers have a high risk of getting seriously ill or even dying from Covid-19.

The close-knit nature of Gypsy and Traveller families mean that Covid-19 can potentially spread fast within their communities, adding to their vulnerability in this crisis. Evidence suggests that men, BAME groups and disabled people may be more adversely affected by Coronavirus in terms of health impacts, but opportunities to collect and make use of consistent data are currently being missed. Without this it is impossible to measure the extent of the problem or take appropriate action to address it.

And

Accommodation and housing Gypsies and Travellers who live on sites can be faced with overcrowding, having to share kitchens, bathrooms and toilets. Self-isolation and social distancing will be extremely hard in these conditions. If one person gets infected by Covid-19, it is highly likely that many other if not all people living on that site will get it too.

Gypsies and Travellers who are homeless, will face the constant threat of eviction, poor living conditions at the side of the road without access to clean water or electricity and are thus the most vulnerable community members.

45. For context, the position of Gypsy, Roma and Traveller Communities in the healthcare system was considered in 2019 in the Parliamentary Report “*Tackling inequalities faced by Gypsy, Roma and Traveller communities*” of 5 April 2019, which found:

45. As outlined in Chapter 2, there is a lot we do not know about the lives and needs of Gypsy, Roma and Traveller communities, including something as simple as the number of Gypsy, Roma and Traveller people who live in the UK. The need for good quality data was expressed by numerous witnesses, who spoke about the difficulties in commissioning services and planning budgets when there is insufficient information about Gypsy, Roma and Traveller populations in a local area. Shaynie Larwood-Smith of Cambridgeshire County Council gave us an example in healthcare:

On a big national level, even on a county council level or on an NHS level, you cannot commission for what you do not know. You cannot go and do cultural competency in a hospital that does not even recognise that it might have a Gypsy/Traveller community that it serves. You cannot make change until you can prove need, is my feeling.

46. TM provided written submissions to Baroness Lawrence’s review into the impact of Coronavirus on Black Asian and Minority Ethnic (BAME) communities in which TM made the following recommendations to government:

- More accessible information on Covid-19 is required on Traveller sites, as a lot of older Travellers are terrified

- Ensure information on viruses and vaccinations is disseminated. There is currently a wide number of anti-vaccination campaigns circulating in Gypsy and Traveller communities. Also myth busting is required in relation to viruses not coming from 5G towers

47. It is TM's position that GRT remain largely or wholly invisible to policy makers and providers, as they are simply not counted and there is no sufficient data collected or monitored in relation to GRT.

6. Lessons the Traveller Movement considers can be learned and recommendations the Traveller Movement would wish the Inquiry to consider

48. Going forward, there needs to be grassroots education delivered to GRT communities to prevent rumor mills and ensure that GRT people are able to make informed decisions around vaccinations.

49. There has been very poor decision making and lack of political will and engagement and ownership by successive government over the last decade which has led to the current GRT position.

50. From a policy perspective things need to change, nothing has changed and we are not better prepared if Covid-19 were to visit again. The government should target and direct their strategy at GRT people given their vulnerabilities.

51. It is vital for the NHS to have a data dictionary on GRT people as currently the NHS does not include GRT people in its data dictionary. It is essential that GRT people are included in national statistic recordings and recognised in the ONS consensus.

52. Data is needed to meaningfully address the health needs of GRT people and to fully understand the impact of Covid-19 on GRT people. Without this data GRT people were invisible during the Covid-19 pandemic.

53. GRT people are an afterthought and there is not disaggregated data. GRT people cannot be clumped in with BAME people, from a health perspective treatment is different, for example respiratory issues are high amongst GRT people which is important in the context of the Covid-19 pandemic.
54. There has been no funding around the health sector for GRT people, TM has had no health funding for 6/7 years. There needs to be investment in statutory services for GRT people.
55. TM recommends that there should be Traveller specific health care workers to provide services to GRT people as this would assist with myth and rumor busting around vaccination rollouts.
56. TM considers that the steps taken to increase Covid-19 vaccine coverage among the GRT community, such as public messaging campaigns, were not highly effective as GRT literacy levels are poor. There was also poor access to online campaigns due to digital exclusion amongst GRT people and those in nomadic communities. TM considers that there should have been on the ground outreach and funding offered to accommodate that level of outreach, TM does not and did not have funding for that level of outreach.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Personal Data

Signed: _____

Dated: 8 January 2025