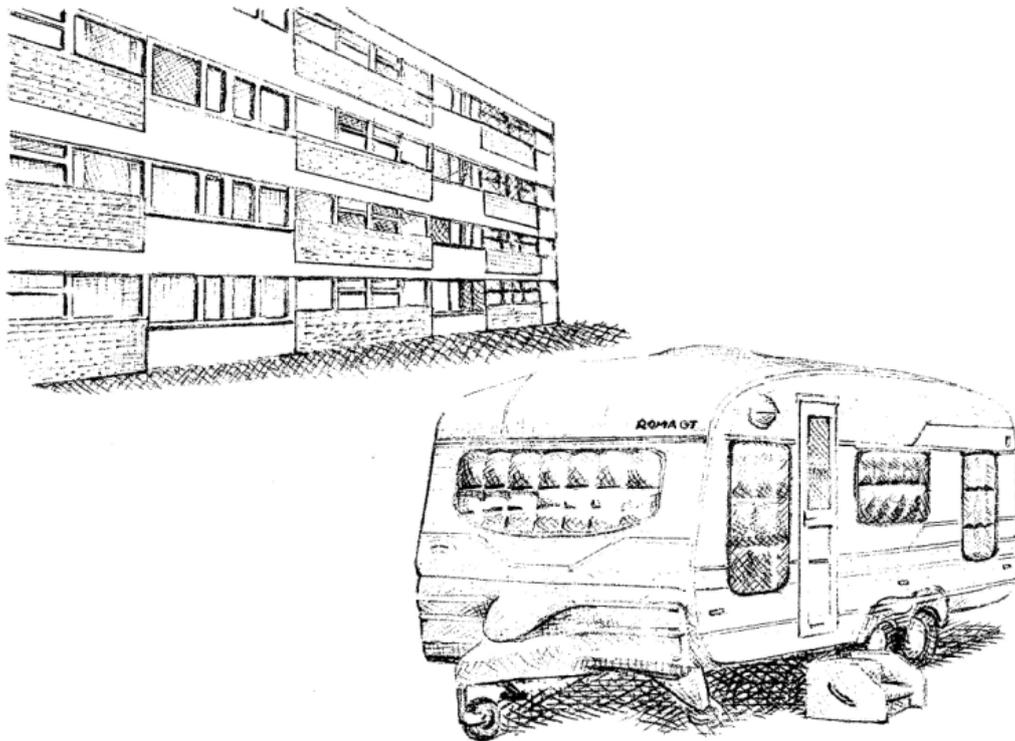




Impact of insecure accommodation and the living environment on Gypsies' and Travellers' health



A report by the Traveller Movement: principal authors Margaret Greenfields and Matthew Brindley

This report on the impact of insecure accommodation and the living environment on Gypsies' and Travellers' health was commissioned by the National Inclusion Health Board

January 2016

<http://www.travellermovement.org.uk>



"I live in terrible conditions really. I live in a camp on the side of the road. It's unofficial but they call it tolerated because we've been here 14 years. In a way we're lucky to be here even though it's a terrible place to be living. We live in between a quarry and a dump, and the lorries are going up and down the road....it's very dangerous because there's 23 children living here and the oldest is 16.....We have a tap outside, only Portaloos, so we don't have any proper electric or proper wash facilities or anything... we just have to get our own, temporary ones, and we go to leisure centres."

Irish Traveller Mother, 37, living on an unauthorised site with children, 2013

'The better accommodated the Traveller family, the better the health status.....the recommendation should be to ensure existing policy is comprehensively implemented so that there are for instance adequate amenities on halting sites, with the basic principle that the children particularly in such situations have rights to a secure childhood and that need should be the primary driver of policy.'

All Ireland Traveller Health Study, Our Geels, 2010

'One of the Government's aims in respect of traveller sites is to enable provision of suitable accommodation, which supports healthy lifestyles, and from which travellers can access education, health, welfare and employment infrastructure. Local planning authorities should ensure that traveller sites are sustainable economically, socially and environmentally and should, therefore, ensure that their policies promote, in collaboration with commissioners of health services, access to appropriate health services.'

Ministerial Working Group on tackling inequalities experienced by Gypsies and Travellers, 2012

I AM a Traveller

Poem written by Bernadette Reilly of Brentwood Gypsy Support Group and Traveller Movement Advisory Group Member

Yes, we know it's Green Belt land
But wasn't everywhere before it became man's.
Why can't we live beside you?
Why can't you understand?
We are only asking to stay on our own land.
I know this is not well written I know it's not very good,
But I'm doing my best like any mum would.
If my children finish their education, I know they could do better
And next time around, they could be writing my letter.
I am appalled at some of the things I have heard and read, they say: "Get rid
of all gipsies, they should be shot dead."
They say we don't pay our way, are all thieves and are really dirty.
If this was written about you, wouldn't it hurt you?
Our homes have been set fire to, stones thrown at us, called names, the
subject of much crime,
But we haven't complained.
We have not had time.
Packed up in the middle of the night, it is time to go.
How many are coming? I don't know.
Why are they coming? What did we do today?
NOTHING, it's because we live this way.
Get the children. Get the dogs.
"Watch your head. They're throwing logs."
Running just as fast as I can with a baby in each arm.
They don't care when you're a gipsy.
You could be child, woman or man.
So we settled down to get away from this kind of life.
We don't want to live on the edge of a knife.
So all we ask is you to give us a chance
And try to understand.
We are just a family and all we have done wrong
Was bought a small piece of land.
I don't want your sympathy,
I choose this way of life.
I want what's best for my family.
I am a woman, mother and wife

Foreword by Professor Steve Field

The National Inclusion Health Board (NIHB) has had a key role in providing a focus on the poor health outcomes of the most vulnerable members of society, and in championing their needs. Gypsies and Travellers have some of the worst health outcomes in the country. This means shorter, less healthy lives. This report found that two-thirds of respondents to the report reported bad, very bad or poor health. This report makes clear that the conditions in which members of this group are born, grow, live, work and age contribute significantly to their poor physical and mental health outcomes prospects.

It has systematically used the available evidence to expose the issues and barriers to better, healthier lives. In particular, the report highlights factors such as the impact on health of insecure accommodation – and the national shortage of Traveller sites, the poor environmental conditions on many of these sites and the wider discrimination and inequalities experienced by these communities. These factors that shape the lives of Gypsies and Travellers are both persistent and difficult to change, condemning children and young people to the fate of their parents and grandparents. Tackling these wider determinants is crucial to breaking this cycle of deprivation and health inequalities.

Gypsy and Traveller families are often invisible to services even though as this report has found that the majority of respondents to this report were local people living in the local areas they were born and brought up. They were too often viewed by both councils and settled residents as not being part of local communities and consequently not entitled to many of the basic services that facilitate good health outcomes. Equally, they are often overlooked in the planning for better community services – through, for example joint strategic health needs assessment (JSNAs) – because their existence is not recorded in local data systems. The NIHB has already shown how inclusive JSNAs can commission services that meet the needs of vulnerable groups, including Gypsies and Travellers (NIHB, *Commissioning Inclusive Services*, 2013 <https://www.gov.uk/government/publications/commissioning-inclusive-health-services-practical-steps--2>)

The report shows that these issues require a coordinated response across local and national government. It calls for more joined up working by local authorities, the NHS and responsible health agencies, and local public health services to tackle accommodation and environmental insecurity, and improve access to services. It also emphasises the importance of building greater community cohesion and partnership working to address some of the key obstacles to the development of a healthy and sustainable environment for Gypsy and Traveller families.

I am grateful to Margaret Greenfields and Matthew Brindley for leading this work, and for the support of the Traveller Movement in undertaking and delivering this important project.

Professor Steve Field CBE, FRCP, FFPH, FRCGP
Chair of the National Inclusion Health Board
Chief Inspector General Practice, Primary Medical Services and Integrated
Care, Care Quality Commission

Acknowledgments

The Traveller Movement are extremely grateful to all the community members who gave up their time to participate in this project. We would also like to extend our gratitude to the staff team from Leeds Gypsy and Traveller Exchange (Leeds GATE), in particular Helen Jones CEO, for their guidance and support and the numerous other organisations and individuals with whom we consulted during the course of this project.

We wish to express our gratitude to members of the project steering group for providing invaluable advice during the initial stages of the project. Members included Lisa Bruton from Friends Families and Travellers, Helen Jones from Leeds GATE, Dr. Peter Aspinall from the University of Kent, Dr. Aileen Kitching from Public Health England/Traveller Movement Trustee, Michael Hargreaves from Hargreaves Planning, Martin Gibbs and Alison Powell from the Department of Health, Josie O'Driscoll Traveller Movement Community Sessional Worker and Yvonne MacNamara CEO Traveller Movement.

In particular we would like to thank Dr. Peter Aspinall for his time, advice and valuable input and Dr. Patricia Walls for her input and time in the initial stages of project development.

We would like to express our deep appreciation for the hard work of the Traveller Movement research team, in particular research assistants Josie O'Driscoll, Mike Doherty and Madeleine Holloway whose commitment and work quality was exemplary.

An enormous gratitude is extended to Margaret Greenfields from Buckinghamshire New University and Matthew Brindley from the Traveller Movement who co-authored the report.

Finally we would like to recognise and thank the Department of Health for their financial support, and in particular Martin Gibbs, for making the project a reality.

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1. Executive Summary and Recommendations

Gypsies and Travellers experience some of the poorest health outcomes of any group in society. **Accommodation insecurity, the conditions of their living environment, community participation and discrimination** all play key roles in exacerbating these poor health outcomes, while at the same time these factors also hold the key to effectively addressing and improving the health and wellbeing of these communities. Long-term, joined-up working is urgently required at both local and national level to address the wider social determinants of Gypsies and Travellers health.

This report was commissioned by the Department of Health to inform the work of the National Inclusion Health Board.

1.1 Key messages

- Current and historical accommodation insecurity negatively impacts on Gypsies and Travellers physical and mental health. Effectively addressing accommodation insecurity/provision of sites will have a direct and positive 'knock-on' effect not just on community members' health, but also on the wider social determinants that impact on their intergenerational health and wellbeing (education, employment etc).
- Unauthorised and authorised sites for Gypsies and Travellers (including local authority owned and run) are all too often situated in environments which promote poor health (busy roads, beside heavy industry etc). Improving the environmental health factors of existing sites and promoting appropriate future development of Traveller sites will improve health outcomes in the long-term. Such measures are also likely to prove cost-effective in terms of reduced ill-health and disability, increased mental health etc.
- Despite the vast majority of Gypsies and Travellers being born and raised in local communities in Britain, many are still not recognised by councils and local communities as having a legitimate right to live and raise their families on Traveller sites in these locales. This non-recognition results in a direct negative impact on planning and accommodation decisions and consequently on their health, well-being and sense of community cohesion. The greater recognition of these groups' social and legal entitlement to live and work within local communities is a prerequisite to improving accommodation provision and in turn health.
- Local Authorities and Health and Wellbeing Boards should collaboratively address the negative impact accommodation insecurity has on Gypsies' and Travellers' physical and mental health. Effective joint working at the local level represents the most effective way of reducing health inequalities resulting from poor and insecure accommodation.

1.2 Key findings

The key findings mainly draw on data from the qualitative study which consisted of 33 in-depth interviews with community members and 6 detailed site surveys carried out across a dispersed sample in 5 regions of England and in Wales. The findings also make reference, where appropriate to existing data as summarised in the review of literature and policy (section 3 of this report). The findings should not be interpreted as conveying national trends or equivalent to the findings of a large scale epidemiological study. They do however represent exemplars of the environmental and social conditions experienced by many Gypsies and Travellers who are living with accommodation insecurity.

Accommodation insecurity and health outcomes

- **Poorer general health:** 66% of the sample reported having bad, very bad or poor health. This figure is significantly higher than findings from the Census (which reported that 70% of respondents had 'good' or 'very good' health) and the University of Sheffield (2004) report (in which 49.9% of respondents indicated that they had bad or very bad health) possibly reflecting this study's focus on insecurity and poor living conditions.
- **Poor health as reflective of poor and inappropriate accommodation:** Individuals with the highest rates of self-reported bad, very bad or poor health (both physical and mental) predominantly lived on unauthorised tolerated and roadside sites, local authority sites and in housing.
- **Private sites, healthier sites:** Even where their planning status was precarious, residents at private sites (generally with long-term residents and on-going neighbourhood contact in school and community settings) were more likely to report good or fair health compared to those at local authority or unauthorised tolerated/roadside sites. Those at private sites with planning permission were most likely to report good or very good health as well as higher levels of satisfaction with their surroundings.
- **Mental health and insecurity:** 39% of the sample reported suffering from anxiety or depression. The majority of these respondents were either living in conditions where they felt deeply insecure as a result of their planning status, threat of eviction and/or poor site conditions; or were living in 'bricks and mortar' accommodation which they had accepted reluctantly in the absence of a pitch on a Traveller site.
- **Poorer health at a younger age:** The majority of respondents rated their health as bad or very bad by the time they were in their mid-late 30's and by their 40's a steep decline had begun.

Living Environment and access to services

- **Poor environment and poor health:** Overall 55% of respondents cited poor quality sites/accommodation as a barrier to health care. Poor air quality, proximity to industrial sites, asthma and repeated chest infections (particularly amongst children and the elderly) were noted in around half of all interviews undertaken on local authority sites. These factors were also a central theme in interviews carried out at roadside and tolerated unauthorized sites where residents were living with minimal services in conditions of considerable environmental hazard.
- **Busy roads and noise pollution impact on health:** Busy roads and noise pollution were the most prominent environmental health and safety issues raised on all sites surveyed, particular in the context of child/pedestrian safety. Whilst this finding cannot claim to be a national trend (and is most likely a consequence of focused sampling), previous research by Pat Niner for the Office of the Deputy Prime Minister (ODPM, 2003) found that 26% of local authority sites surveyed were located beside motorways or major roads. These figures are of concern considering a Health Protection Agency (HPA, 2009) study established that long-term exposure to high levels of transport noise in community settings leads to elevated blood pressure and medication for hypertension and a small increased risk of cardiovascular disease.
- **Environmental issues:** Other common environmental issues experienced on half of the sites surveyed were vermin, overcrowding/fire hazard and poor quality paving/hard-standing which were implicated in a number of serious and potentially avoidable accidents. Industrial process and fly-tipping were also raised as serious concerns in the context of the health and safety of Travellers living on unauthorized sites, whilst dog mess and poor drainage were issues on both local authority sites and one private site.
- **Local authority sites and the environment:** 62.5% of respondents living at local authority sites indicated that they had concerns about the environmental conditions or level of services provided. This figure echoes a previous ODPM study (Niner, 2003) which found that half of the local authority sites surveyed suffered from environmental problems.
- **Accessing local services whilst living on the fringes:** The majority of sites surveyed had reasonable access to local services (i.e. were under 2km from health, education, employment, transport, shopping etc). However, all the unauthorised and local authority sites surveyed were located away from residential developments, whilst the two private sites with temporary planning permission were located near to settled housing. It's worth noting that both private sites had experienced or continued to experience strong opposition - and in some cases harassment - from elements of the local population opposed to their presence in the area.

- **Accessing GP's and hospital services:** All interviewees (apart from one who did not respond to the question) reported having access to a GP. In 15% of cases (mainly roadside or those at insecure sites) interviewees were registered some miles away from their current location.

Community participation and discrimination

- **Impact of discrimination and poor community cohesion:** Issues pertaining to experiences of racism and harassment, and poor relationships with neighbours were found to be fundamental to emotional well-being, appearing to have virtually as great an impact on health as access to good quality, well serviced sites in appropriate locations.
- **Local people living in local communities:** 70% of the sample resided under 25 miles from their birth place (reflecting 2011 Census data pertaining to place of birth). These respondents cited deep rooted family connections with their local areas, however many continued to face significant barriers to realising accommodation security and were typically portrayed by housed neighbours as 'incomers' who were perceived to have no right to reside locally.
- **Accommodation insecurity increases racial discrimination:** 63% of respondents indicated that they had experienced some form of harassment or racism as a result of their ethnicity. Those living in the most vulnerable circumstances (tolerated and not tolerated unauthorised sites, on the roadside) were the most likely to experience discrimination and racially motivated crime. Interviewees described a variety of negative health impacts as a result of this (anxiety, depression, as well as more direct physical complications resulting from forced frequent movement and limited access to services which exacerbated existing conditions such as diabetes, kidney complications etc).
- **Secure accommodation reduces discrimination:** The study found that the longer-established and more secure a site, the lower the likelihood of respondents experiencing discrimination and overt abuse in their immediate environment. This finding is particularly important considering the World Health Organisation (WHO, 2012) has established that lack of control over life circumstances and health inequalities are closely linked to community participation, discrimination and social justice issues.
- **Community development and empowerment as a route to better health:** Respondents at two thirds of the sites surveyed made specific reference to being actively involved in their local communities, especially through their children attending at local schools, and through residents' groups engaging with local councils and service providers

such as the police, health etc. Community development and engagement represented the most effective way for Gypsy and Traveller residents to address their accommodation and health needs. However it was noted in a number of case studies that this is a long-term process which requires a degree of accommodation security.

- **A community of carers:** 42% of respondents were involved in helping to care for immediate household members or wider family on site or in the immediate vicinity who had severe long-term conditions or were disabled. This is significantly above the rate found in mainstream populations as reported in the census finding (ONS 2014) and reflects cultural values common to Gypsies and Travellers and significant cost-savings to local authority and health services who would otherwise need to engage with delivering care to vulnerable individuals.

1.3 Recommendations

Accommodation insecurity and health outcomes

1. The Department for Communities and Local Government (DCLG) should gather robust national data on the provision of new pitches on Traveller sites to ensure its policies are effectively and consistently addressing the national shortage of sites as identified by the Equality and Human Rights Commission (EHRC):

http://www.equalityhumanrights.com/sites/default/files/documents/research/gt_research_report_68_exec_summary_english.pdf
2. DCLG should consider reinstating a duty on local authorities to provide sites for Gypsies and Travellers where a need has been identified. This would address the root cause of unauthorised sites and encampments which too often have a negative impact on these communities' health and wellbeing. This has been the approach of the Welsh Assembly who in September 2014 introduced such a duty:

<http://www.senedd.assemblywales.org/mglIssueHistoryHome.aspx?lId=8220>
3. DCLG, the Local Government Association and other relevant bodies such as London Councils should promote local authority use of Negotiated Stopping Places based on the model successfully piloted by Leeds Gypsy and Traveller Exchange and Leeds City Council. Use of such options are both low-cost and effective in reducing tensions and ensuring access to services including much needed health provision:

<http://www.leedsgate.co.uk/2013/11/25/negotiated-stopping-versus-transit-sites-whats-the-difference/>

4. DCLG should ensure that local planning authorities are abiding by their duty to cooperate (section 110 Localism Act) in planning for Travellers' sites. Under section 4 of the Town and Country Planning Regulations 2012 agencies are under a duty to cooperate including Clinical Commissioning Groups and/or Health and Wellbeing Boards:

http://www.local.gov.uk/briefings-and-responses/-/journal_content/56/10180/3552517/ARTICLE

5. The Equality and Human Rights Commission should update its 2009 briefing paper/good practice guide on Gypsy and Traveller sites 'Simple solution for living together' bringing it in line with current guidance and legislation and including a specific focus on health and accommodation provision:

<http://www.equalityhumanrights.com/key-projects/good-relations/gypsies-and-travellers-simple-solutions-for-living-together/>

Living Environment and access to services

6. Local authorities should take immediate steps to improve the living environment on local authority Traveller sites so they meet the standards set out in the Government guidance on 'Designing Gypsy and Traveller Sites':

<https://www.gov.uk/government/publications/designing-gypsy-and-traveller-sites-good-practice-guide>

7. Local Planning Authorities (LPAs) should, as routine, engage Clinical Commissioning Groups or Health and Wellbeing Boards when reviewing planning applications for Traveller sites thus ensuring that provision conforms with Planning Policy for Traveller Sites (PPTS) and the National Planning Policy Framework (NPPF) requirements to promote healthy communities. A NPPF and health and wellbeing checklist is available from the Town and Country Planning Association:

http://www.tcpa.org.uk/data/files/TCPA_FINAL_Reuniting-health-planning.pdf

8. DCLG should ensure landlords and councils comply with their duties to keep socially rented sites in a good and habitable order, as outlined under the amended Mobile Homes Act 1983 Schedule 1 Chapter 4 para 22 (c-g).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236493/Consolidated_implied_terms_in_park_home_pitch_agreements.pdf

9. DCLG should develop national standards and key performance indicators for public sites with specific reference to health and the living

environment.

Community participation and discrimination

10. The Department for Communities and Local Government in partnership with local authorities and Public Health England should support a pilot accommodation and health, community empowerment initiative that supports Gypsy and Traveller communities and service providers to champion and promote the development of sustainable and healthy sites in their areas.
11. The Government should introduce a community cohesion fund with a specific focus on Gypsies and Travellers as has been done by the Welsh Assembly. This could involve the development of a model of community restorative practice to resolve conflict regarding the development of Gypsy and Traveller sites (especially in the context of children and health):

<http://wales.gov.uk/topics/people-and-communities/communitycohesion/item/comcofund1112/?lang=en>

12. DCLG should ensure they provide support/funding to Gypsy and Traveller organisations and/or those working closely with these groups at the local level to enable them to more effectively understand and engage in the development of local authority plans. A good example of this would be to ensure Gypsy and Traveller inclusion (as outlined above) in initiatives such as DCLG's 'Supporting Communities and Neighbourhoods in Planning Programme':

<http://locality.org.uk/projects/building-community/>

13. Closer partnership working should be encouraged between local authorities, police forces and Crime and Policing Commissioners (such as are under consideration in Humberside following a ground-breaking multi-agency, local authority and GRT community meeting convened by the Office of the Police and Crime Commissioner for Humberside in October 2014) Such partnership working would ensure that all parties are supporting closer community cohesion, access to services including health and wellbeing provision, and reduction of inter-community tensions through reducing unauthorised encampments and evictions, whilst complying with Equalities duties.

2. Introduction

'Poorer people are more likely to live in more deprived neighbourhoods. The more deprived the neighbourhood, the more likely it is to have social and environmental characteristics presenting risks to health. These include poor housing, higher rates of crime, poorer air quality, a lack of green spaces and places for children to play and more risks to safety from traffic....Creating a physical environment in which people can live healthier lives with a greater sense of well-being is a hugely significant factor in reducing health inequalities.'

The Marmot Review p. 78-80

The aim of this study/policy advice is to provide a comprehensive understanding of how accommodation insecurity and the living environment impact on the physical and mental health of Gypsies and Travellers living on sites. The report also considers (in a small number of cases included in the qualitative study) how residence in housing can negatively impact on health in the case of formerly sited participants. The Government has already acknowledged the relationship between accommodation disadvantage and health in their 2012 Ministerial Working Group (MWG) report on tackling inequalities experienced by Gypsies and Travellers:

'Gypsies and Travellers living on unauthorised sites can face additional difficulties accessing health and education services and the precarious nature of their homes can further exacerbate inequalities and stifle life chances.'

This study provides policy advice on how health inequalities experienced by Gypsies and Travellers are closely related to other social inequalities experienced by these groups in the areas of planning, accommodation, environment, and community cohesion. To this end it will rely heavily on the social determinants of health outlined in Professor Sir Michael Marmot's Strategic Review of Health Inequalities in England Post (2010) "Fair Society, Healthy Lives".

The report reviews all available literature and policy, establishing the relationship between accommodation insecurity, environmental conditions, community cohesion, planning and health, whilst providing the policy context within which these factors exist. It summarises the findings from the qualitative study and site surveys conducted by the project team to provide the report with novel data and case studies to inform our conclusions and recommendations.

This report is the culmination of a one year study by the Traveller Movement which has consulted and worked with Gypsies and Travellers from across the country, academic experts in the fields of health and accommodation, health practitioners, planners and third sector organisations.

3. Review of literature and policy

This report considers the literature pertaining to health and social inequalities experienced by Gypsies and Travellers. It then summarises the broader evidence of the relationship between accommodation insecurity, the living environment and health. Following this it focuses specifically on environmental conditions experienced by Gypsies and Travellers on local authority and unauthorised sites and considers how these may affect health.

We shall look at how the planning system, community participation and experiences of discrimination all play key roles in explaining the interplay between accommodation and health issues which impact on these communities. Finally the review considers the current policy context relevant to the provision of accommodation and health services for Gypsies and Travellers.

3.1 Health inequalities and social inequalities

Despite a lack of national data on the health status of Gypsies and Travellers, studies have revealed their health outcomes to be much poorer than the general population and also poorer than others in socially deprived areas.¹ Such studies are supported by health data outputs from the 2011 Census which included Gypsies and Irish Traveller for the first time in the White ethnic minority category.²

The previous Coalition Government acknowledged these poor health outcomes in the 2012 Ministerial Working Group (MWG) report on tackling inequalities experienced by Gypsies and Travellers.³ That report provides a good summary of studies evidencing the health status of these communities:

- 39% of Gypsies and Travellers have a long-term illness compared with 29% of age and sex matched comparators, even after controlling for socio-economic status and other marginalised groups⁴
- Travellers are 3 times more likely to have chronic cough or bronchitis, even after smoking is taken into account⁵

¹ Parry, G. et al. (2004): *The Health Status of Gypsies and Travellers: Report of Department of Health Inequalities in Health Research Initiative*, University of Sheffield, Executive Summary, para 3
http://www.shef.ac.uk/polopoly_fs/1.43714!/file/GT-final-report-for-web.pdf

² 'In 2011, the African ethnic group had the lowest proportion of 'Not Good' general health (8.4 per cent), whereas Gypsy or Irish Traveller had the highest proportion of people with 'Not Good' general health (29.8 per cent)' ONS July 2013, *Ethnic Variations in General Health and Unpaid Care Provision*
http://www.ons.gov.uk/ons/dcp171776_318773.pdf

³ Progress report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers, April 2012
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6287/2124046.pdf

⁴ Parry, G. et al. (2004): *The Health Status of Gypsies and Travellers: Report of Department of Health Inequalities in Health Research Initiative*, University of Sheffield
http://www.shef.ac.uk/polopoly_fs/1.43714!/file/GT-final-report-for-web.pdf

⁵ *ibid*

- 22% of Gypsies and Travellers reported having asthma and 34% reported chest pain compared to 5% and 22% of the general population⁶
- Gypsies and Travellers are nearly three times more likely to be anxious than average and just over twice as likely to be depressed⁷
- Irish Travellers are 3 times as likely to die by suicide than the general population⁸
- There is an excessive prevalence of miscarriages, stillbirths and neonatal deaths in Gypsy and Traveller communities and high rates of maternal death during pregnancy and shortly after childbirth⁹
- A high prevalence of diabetes has been reported in Gypsy and Traveller communities, and a lack of community knowledge of the risk factors¹⁰
- Studies show that Gypsy and Traveller women live 12 years less than women in the general population and men 10 years less, although recent research suggests the life expectancy gap could be much higher.¹¹

The MWG report goes on to evidence the challenges faced by Gypsies and Travellers in accessing primary care services. Obstacles such as reluctance of surgeries to permit registration due to proof of permanent address, poor literacy, anticipation of discrimination and lack of cultural awareness are all cited as substantial barriers to care.¹²

Data from the 2011 Census supports the issues highlighted by the MWG by providing data on self-reported general health. Table 1 (below) shows that Gypsies and Irish Travellers are significantly less likely to have 'very good health' or 'good health', are over twice as likely to experience 'bad health' and are over three and half times more likely to experience 'very bad health' when compared to the population as a whole.

It is important to note that the 2011 Census data is based on a total population of 58,000 Gypsies and Irish Travellers for England and Wales. This is widely regarded as a significant underestimate, with previous figures from the Council of Europe estimating the population in the region of 150,000 -

⁶ *ibid*

⁷ *ibid*

⁸ Rose-Walker, M (2008): *Suicide Among the Irish Traveller Community 2000-2006*. Wicklow County Council

⁹ *ibid*

¹⁰ Saunders, R. (2007): *The Forgotten Minority. Diabetes Update*, Spring 2007

¹¹ Barry J, Herity B, Solan J. (1987): *The Travellers' health status study, vital statistics of travelling people, 1987*.

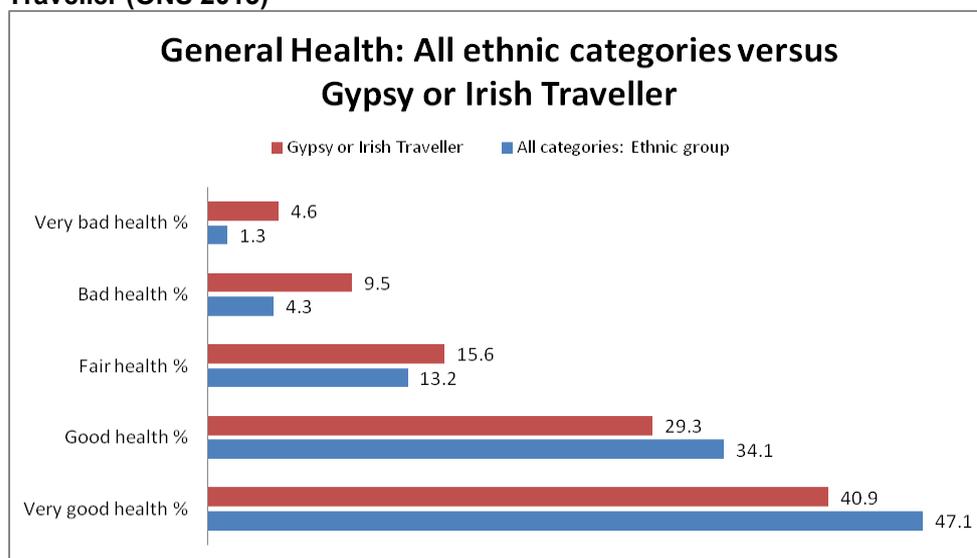
Dublin: Health Research Board, Baker, M, (2005) Leeds Baseline Census 2004-2005 Gypsies and Travellers. Leeds: Leeds Racial Equality Council,

It is important to note that whilst studies show that life expectancy is low across the group, life expectancy can vary across the Gypsy and Traveller community.

¹² Progress report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers, April 2012, p. 14

300,000¹³ and the Traveller Movement calculating a minimum population of 120,000.¹⁴

Table 1: General Health Status all ethnic categories compared with Gypsy or Irish Traveller (ONS 2013)



Considering the evidence of a census undercount, it follows that the data does not consist of a broad and definitive sample, and most likely excludes many Gypsies and Travellers experiencing higher rates of exclusion and social isolation, particularly those living on unauthorised sites and in housing, groups who are particularly vulnerable to poor health. Nonetheless, the Census data still provides a large and important sample to be utilized and contrasted with other datasets.

In the context of the wider social determinants of health the Office for National Statistics has conducted a detailed analysis of data pertaining to Gypsies and Irish Travellers collected in the 2011 Census.¹⁵ Below are some of its key findings:

- Gypsy or Irish Travellers had the highest proportion with no qualifications for any ethnic group (60 per cent) – almost three times higher than for England and Wales as a whole (23 per cent).
- Gypsy or Irish Traveller was the ethnic group with the lowest proportion of respondents who were economically active at 47 per cent, compared to 63 per cent for England and Wales as a whole.
- Just under half of Gypsy or Irish Traveller households had dependent children (45 per cent) – above the average for the whole of England and Wales (29 per cent).

¹³ Council of Europe, 2012, Roma and Travellers

http://www.coe.int/t/dg3/romatravellers/archive/documentation/strategies/statistiques_en.asp

¹⁴ Traveller Movement, 2013, *Gypsy and Traveller population in England and the 2011 Census*

<http://irishtraveller.org.uk/wp-content/uploads/2013/08/Gypsy-and-Traveller-population-in-England-policy-report.pdf>

¹⁵ ONS, 2014, *What does the 2011 Census tell us about the characteristics of Gypsies or Irish Travellers*

<http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/what-does-the-2011-census-tell-us-about-the-characteristics-of-gypsy-or-irish-travellers-in-england-and-wales-/rpt-characteristics-of-gypsy-or-irish-travellers.html>

- Gypsy or Irish Travellers were more than twice as likely to live in social housing than the overall population of England and Wales (41 per cent compared to 16 per cent) and less likely to own their accommodation outright (21 per cent compared to 26 per cent).
- The Gypsy or Irish Traveller ethnic group was among the highest providers of unpaid care in England and Wales at 11 per cent (10 per cent for England and Wales as a whole) and provided the highest proportion of people providing 50 hours or more of unpaid care at 4 per cent (compared to 2 per cent for England and Wales as a whole).

Analysis of the 2011 census data by the Centre on Dynamics of Ethnicity (CODE) has also found that Gypsy and Traveller men and women have twice the White British rates of limiting long-term illness, and at each age they are the group's most likely to be ill (Appendix A).¹⁶

CODE also conducted an analysis of ethnicity and deprivation. It calculated which ethnic minority groups were most likely to live in deprived neighborhoods.¹⁷ Interestingly Gypsies and Travellers were found to be less likely than other minority groups to be living in environmentally deprived areas (however they were still more likely to live in deprived neighbourhoods when compared to the white British average). CODE elaborated on its findings acknowledging that even though Gypsies and Travellers are less likely to live in deprived areas than other ethnic groups, they are disproportionately represented among the relatively few people who live in poor housing in these areas. This conclusion would tally with Census data, which indicates that the Gypsy and Irish Traveller population is widely dispersed throughout England and Wales and experience particularly poor social outcomes.

The health inequalities and challenges in accessing primary care services highlighted in the MWG report and 2011 census data are key indicators of the wider social determinants of Gypsies' and Travellers' health. The 2010 Marmot Review specifies that 'health inequalities result from social inequalities' and that 'action on health inequalities requires action across the social determinants of health.'¹⁸

This is especially true for Gypsies and Travellers, who, according to the MWG 'experience, and are being held back by, some of the worst outcomes of any group, across a wide range of social indicators.' These include poor educational attainment and indicators revealing high levels of child poverty,¹⁹ high levels of homelessness,²⁰ employment disadvantage

¹⁶ Code, 2013, *Which ethnic groups have the poorest health? Ethnic health inequalities 1991 to 2011*, p. 1 <http://www.ethnicity.ac.uk/census/CoDE-Health-Inequalities-Briefing.pdf>

¹⁷ Code, 2013, *Ethnicity and deprivation in England: How likely are ethnic minorities to live in deprived neighbourhoods?* <http://www.ethnicity.ac.uk/census/CoDE-Deprivation-Census-Briefing.pdf>

¹⁸ The Marmot Review, 2010, *Fair Society, Healthy Lives. Strategic Review of Health Inequalities in England post-2010*, executive summary, p. 15

<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

¹⁹ 'At present, Gypsy/Roma pupils and pupils of Irish Traveller heritage (GRT) are among the lowest-achieving groups at every Key Stage of education.....We know that there is a particularly strong link between deprivation and

(Appendix B),²¹ marginalization and experiences of hostility and discrimination.²² It is important to note that accommodation insecurity and the living environment can potentially impact on the wider social determinants of Gypsies' and Travellers' health such as education, employment and sustainable communities.²³ Based on its own research into provision of Traveller sites in England, the EHRC have described providing adequate accommodation for Gypsies and Travellers as 'an essential first step towards addressing a host of other problems, both social and economic.'²⁴

3.2 Accommodation insecurity, the living environment and health

There is a dearth of literature and research directly addressing the impact of accommodation insecurity and the living environment on Gypsies' and Travellers' health. The definitive 2004 University of Sheffield report *The Health Status of Gypsies and Travellers* noted that 'accommodation was the overriding factor, mentioned by every respondent, in the context of health effects.'²⁵ The report recommended that a further detailed study be carried out specifically on 'the impact of accommodation and cultural lifestyle factors on health.'²⁶ Building on the Sheffield report Van Cleemput's 2007 paper, *Health Impact of Gypsy Sites Policy in the UK* is the most in depth work on this issue and provides an invaluable reference point.²⁷ Van Cleemput focuses on the impact of different forms of accommodation (such as unauthorised camping, authorised sites and housing) on Gypsies' and Travellers' health. She also discusses how a 'lack of control over life circumstances' and 'discrimination' negatively influences the health of these communities.²⁸

As referred to in Van Cleemput's paper, a range of specific housing-related factors are known to adversely affect health and wellbeing, as outlined in the 2005 NICE review of housing and public health:

underachievement and in primary schools, 43.2 per cent of all registered pupils registered as either Gypsy, Roma or Irish Traveller are currently eligible for free school meals', DfE website, 2012, *Gypsy Roma Traveller achievement* <http://www.education.gov.uk/schools/pupilsupport/inclusionandlearnersupport/mea/improvingachievement/a0012528/gypsy-roma-and-traveller-achievement>

²⁰ 'the January 2013 count indicated that 86% of Gypsy and Traveller caravans in England were on authorised land and that 14% were on unauthorised land,' DCLG, 2013 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199237/Statistical_release_Gypsy_and_Traveller_caravan_count_-_Jan_2013.pdf

²¹ 'White Gypsy or Irish Traveller group was particularly disadvantaged. Both men and women had very low rates of economic activity (67% for men and 41% for women) and very high rates of unemployment (16% for men and 19% for women).'

ESRC Centre on Dynamics of Ethnicity (CoDE), September 2013, *Dynamics of diversity: Evidence from the 2011 census*, p. 1

<http://www.ethnicity.ac.uk/census/CoDE-Employment-Census-Briefing.pdf>

²² 'Studies have reported that Gypsy and Traveller communities are subjected to hostility and discrimination and in many places, lead separate, parallel lives from the wider community.' DCLG, MWG report, 2012, p. 5

²³ EHRC, 2009, *Gypsies and Travellers: Simple solutions for living together*, p 5 http://www.equalityhumanrights.com/uploaded_files/gypsies_and_travellers.pdf

²⁴ Ibid, p. 9

²⁵ Parry, G. et al. (2004): *The Health Status of Gypsies and Travellers: Report of Department of Health Inequalities in Health Research Initiative*, University of Sheffield, p. 8

http://www.shf.ac.uk/polopoly_fs/1.43714!/file/GT-final-report-for-web.pdf

²⁶ Ibid, p.72

²⁷ Van Cleemput, 2007, *Health Impact of Gypsy Sites Policy in the UK* http://scholar.google.co.uk/scholar?q=Health+Impact+of+Gypsy+Sites+Policy+in+the+UK&btnG=&hl=en&as_sdt=0%2C5

²⁸ Ibid, p. 106

- *Agents that affect the quality of the indoor environment, including housing design or layout*
- *Factors that relate more to the broader social and behavioural environment such as overcrowding, sleep deprivation, neighbourhood quality etc*
- *Factors that relate to the broader macro-policy environment such as housing allocation, lack of housing etc*²⁹

In seeking to address these factors NICE formed the Spatial Planning and Health Group (SPAHG) which in 2011 reported in more depth on issues which impact on physical and mental health:

- *The location, density and mix of land uses*
- *Street layout and connectivity*
- *Access to public services, employment, local fresh food and other services*
- *Safety and security*
- *Open and green space*
- *Affordable and energy efficient housing*
- *Air quality and noise*
- *Extreme weather events and a changing climate*
- *Community interaction*
- *Transport*³⁰

Whilst the NICE review recognises the complex relationship between housing, the environment and health, the specific housing related factors it and SPAHG highlight are supported further by research from the World Health Organisation (WHO) who recognise that housing conditions are clearly linked to health status. The WHO state that there is a growing bank of evidence of the potential harmful effect that unsatisfactory housing can have on the health of occupiers, going on to acknowledge that housing should be considered in a wider context:

*'WHO recognizes that housing comprises four inter-related elements – the house (or dwelling), the home (the social, cultural and economic structure created by the household), the neighbourhood (or immediate housing environment), and the community (the population and services within the neighbourhood).'*³¹

²⁹ - Agents that affect the quality of the indoor environment such as indoor pollutants (eg asbestos, carbon monoxide, radon, lead, moulds and volatile organic chemicals)

- Cold and damp, housing design or layout (which in turn can affect accessibility and usability of housing), infestation, hazardous internal structures or fixtures, noise

- Factors that relate more to the broader social and behavioural environment such as overcrowding, sleep deprivation, neighbourhood quality, infrastructure deprivation (ie lack of availability and accessibility of health services, parks, stores selling healthy foods at affordable prices), neighbourhood safety, and social cohesion

- Factors that relate to the broader macro-policy environment such as housing allocation, lack of housing (homelessness, whether without a home or housed in temporary accommodation), housing tenure, housing investment, and urban planning.

National Institute for Health and Clinical Excellence, 2005, *Housing and public health: a review of reviews of interventions for improving health*

http://www.nice.org.uk/nicemedia/pdf/housing_MAIN%20FINAL.pdf

³⁰ SPAHG, June 2011, *Steps to Healthy Planning: Proposal for Action*, p.4

<http://www.spahg.org.uk/wp-content/uploads/2011/06/SPAHG-Steps-to-Healthy-Planning-Proposals-for-Action.pdf>

³¹ World Health Organisation, 2011, *Environmental burden of disease associated with inadequate housing*, p.1

http://www.euro.who.int/_data/assets/pdf_file/0003/142077/e95004.pdf

This wider consideration of housing and the environment is in-line with the social determinants of health outlined in the 2010 Marmot Review. The Marmot Review identified six key elements as having a significant impact on health, as well as relating to socio-economic status:

- Pollution
- Green and Open Space
- Transport
- Food
- Housing
- Community Participation and Social Isolation

Thus NICE, SPAHG, WHO and Marmot Review all make a direct or indirect distinction between practical factors relating to the living environment (such as housing, pollution, transport etc) and community interaction/participation (such as social isolation and factors relating to the macro-policy environment including planning and housing allocation). In the context of Gypsies and Travellers, these same distinctions are made by Van Cleemput in her 2007 paper *Health Impact of Gypsy Sites Policy in the UK* and in the 2004 University of Sheffield report:

*'The roles played by environmental hardship, social exclusion and cultural attitudes emerge from the qualitative study, and are consistent with the finding there is a health impact of factors associated with being a Gypsy Traveller, over and above other measured socio-demographic variables.'*³²

For the purposes of this review we will make a similar distinction between the living and social environment focusing on **environmental conditions**, and on **planning and communities**.

3.3 Environmental conditions

'Environmental inequalities impact on health and wellbeing, and 'conspire' with other factors to reinforce health inequalities. People who live next to 'environmental benefits', such as good quality green spaces, enjoy better air, less noise and access to natural spaces. People who, for example, live in the vicinity of polluting factories, major roads or railway lines inevitably suffer from the related noise and air pollution.'

The Marmot Review: implications for Spatial Planning, page 9

Many of the environmental conditions cited by the Marmot Review as impacting on people's health are evidenced in numerous reports and assessments on Gypsies' and Travellers' accommodation and health. The EHRC's 2009 review of inequalities experienced by Gypsies and Travellers provides a useful summary of current literature:

³² Parry, G. et al. (2004): *The Health Status of Gypsies and Travellers: Report of Department of Health Inequalities in Health Research Initiative*, University of Sheffield, p. 70
http://www.shef.ac.uk/polopoly_fs/1.43714!/file/GT-final-report-for-web.pdf

*'Although conditions vary, many publicly provided sites are of poor quality, with sites built on contaminated land, close to motorways, adjoining sewage works or on other poor quality land (Richardson, 2007; Niner, 2003; CRE, 2004; Crawley, 2004; EOC, 2001; NAW, 2003). A number of GTAA's and Niner (2003) have found bad conditions on some public sites, with significant failings in fire safety, contamination by vermin, chronically decayed sewage and water fittings, and poor-quality utility rooms.'*³³

Conditions on local authority sites

The most detailed study of conditions on local authority sites is Niner's 2003 report for the Office of the Deputy Prime Minister (ODPM) focusing on the provision and condition of *Local authority Gypsy/Traveller Sites in England*. Niner surveyed 107 local authority sites and found that many had very poor facilities and environmental conditions (see Table 2):

- 70% of sites were located in fringe areas of towns and villages³⁴
- goHalf of sites suffer from environmental problems relating to adjoining land or activities to some extent. The most common cause of problems were adjacent motorways or major roads (26% of sites), railways (13%); rubbish tips (12%); industrial or commercial activity (8%) and sewage works (3%).³⁵
- Fire points were provided on just 54% of sites. Where there were fire points, 48% were deemed to be inadequate³⁶
- General condition of amenity units were rated as good (43% of units); average (41%) and poor (16%). Niner's team judged 10% not to be fit for their purpose (this seems to be related to smallness and poor conditions). Vermin problems are evident in 18% of units³⁷
- Over half of pitches (54%) included nothing but areas for vehicular/pedestrian movement. Over a third (38%) had an area of garden, 15% had a clothes drying area, 4% a play area, 2% an animal grazing area, and just 1% a designated work area on the pitch³⁸

Table 2 (a reproduction of Table 3.5 from the 2003 ODPM report) puts these figures in perspective through a comparison between Gypsy and Traveller sites and English housing stock.

Specifically on health issues the ODPM report found that on about half of the sites surveyed, three or more residents had some form of special health need.³⁹ The report noted that the number was related to overall site size, but does suggest that some sites generated specific health needs. One of the report's conclusions was that the location and environment of many existing sites were poor, in respect of isolation from services or proximity to noisy or

³³ EHRC, 2009, *Inequalities experienced by Gypsy and Traveller communities: A review*, p.9
http://www.equalityhumanrights.com/uploaded_files/research/12inequalities_experienced_by_gypsy_and_traveller_communities_a_review.pdf

³⁴ Niner, ODPM, 2003, *The provision and condition of local authority gypsy/traveller sites in England*, p. 75

³⁵ Ibid, p. 76

³⁶ Ibid, p. 78

³⁷ Ibid, p. 81

³⁸ Ibid, p. 80

³⁹ Ibid, p. 147

polluting land uses or both. The report goes on to note that as Gypsy/Traveller sites are residential they should only be located in areas considered appropriate for general residential use.⁴⁰

ODPM/Niner's findings are supported by the Sheffield study (2004) which surveyed a variety of accommodation types including council sites, private sites, unauthorised encampments and housing. The report found that respondents stated that the overwhelming disadvantages to living on a site were the 'site conditions and the surrounding environment.'⁴¹

Table 2: The provision and condition of local authority Gypsy/Traveller sites in England (Niner, ODPM, 2003)

Table 3.5: Problems in the local area: comparison of gypsy sites and the english housing stock		
Factor	% assessed as a problem on factor (code 3-5 on 5-point scale where 1 = no problem and 5 = major problems)	
	Gypsy sites	English housing stock
Litter/rubbish/dumping	36	12
Heavy traffic	30	17
Railway/aircraft noise	18	9
Scruffy gardens/landscape	18	13
Intrusion from motorways/arterial roads	16	11
Vandalism	15	7
Ambient air quality	13	12
Dog excrement	12	8
Intrusive industry	10	4
Vacant/derelict sites/buildings	10	3
Graffiti	7	7
Nuisance from parking	6	24
Non-conforming land uses	4	3

Source: English House Condition Survey 2001 and physical survey; base = 97

*'Very few sites of any type had safe play areas for the children or firefighting equipment. Many Council sites were located in extremely poor and hazardous environments, such as one located next to the Council tip and works department and a river with sewage outlet, causing a major problem with rats. Others lay between busy roads, next to sewage treatment plants and under electricity pylons.'*⁴²

A detailed 2006 report by the Commission for Racial Equality (now the EHRC) found that 'while some sites had good facilities, living conditions on others were poor, and in many cases far below those expected in conventional housing' (see appendix C).⁴³

More recent literature has also highlighted the extent to which Gypsies and Travellers on public sites live in poor environmental conditions and the

⁴⁰ Ibid, p. 218

⁴¹ Parry, G. et al. (2004): *The Health Status of Gypsies and Travellers: Report of Department of Health Inequalities in Health Research Initiative*, University of Sheffield, p. 56
http://www.shf.ac.uk/polopoly_fs/1.43714!/file/GT-final-report-for-web.pdf

⁴² Ibid, p. 28

⁴³ CRE, 2006, *Common Ground: Equality, good race relations and sites for Gypsies and Irish Travellers*, p. 92-94
http://www.lancsngfl.ac.uk/projects/ema/download/file/commonground_report.pdf

consequent impact this may have on their the health.⁴⁴ The 2009 European Union Agency for Fundamental Rights United Kingdom country report on *Housing conditions of Roma and Travellers* summed up the wider social implications of inadequate availability and conditions of suitable housing for Gypsies and Travellers:

*'It is an established fact that Gypsies, Roma and Travellers (GRT) fare worse in comparison to other ethnic groups in terms of health and education, the life expectancy of Gypsy men and women being ten years lower than the national average. Their harsh situational experience is further exacerbated by the highly inadequate availability of housing to suit their needs (cultural and otherwise), and also the conditions in which they are forced to live.'*⁴⁵

Conditions on unauthorised sites

At any given time in the last ten years approximately 16%-20% of Gypsies and Travellers living in caravans (equivalent to 3,000-4,000 families) are living on unauthorised sites,⁴⁶ many subject to repeated evictions. Numerous reports have highlighted how conditions on unauthorized sites can impact on Gypsies and Travellers health (see for example the summary provided in the EHRC, 2009 review).

The 2006 report by the Commission for Racial Equality noted that 'the lack of facilities on unauthorised encampments has implications not only for the immediate environment and those living nearby but also the health of those living in these conditions.'⁴⁷ That report went on to take a closer look at the problems arising from the lack of basic facilities on unauthorized sites, such as waste collection and sanitation:

*'Specialist health workers interviewed in the case study areas said that the lack of toilet facilities had serious effects on the health of those living on unauthorised encampments. One health worker told us that in her experience inadequate facilities at stopping places could lead to urinary problems and renal failure.'*⁴⁸

The Sheffield study and subsequent publications by Van Cleemput et al have noted interviewees perceived there were health benefits to a travelling

⁴⁴ 'Health-related concerns about the conditions on official rented sites and the surrounding environment were also commonly reported.'

2007, Patrice Van Cleemput, Glenys Parry, Kate Thomas, Jean Peters, Cindy Cooper, J Epidemiol Community Health, *Health-related beliefs and experiences of Gypsies and Travellers: a qualitative study*, p. 206

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2652909/pdf/205.pdf>

'In the United Kingdom, the access of Travellers on public sites to water, electricity, public transport and sewage is reportedly still problematic.'

European Union Agency for Fundamental Rights, 2009, *Housing conditions of Roma and Travellers in the European Union: Comparative Report*, p. 68

http://fra.europa.eu/sites/default/files/fra_uploads/608-ROMA-Housing-Comparative-Report_en.pdf

⁴⁵ European Union Agency for Fundamental Rights, 2009, *Housing conditions of Roma and Travellers*, United Kingdom report, p.4

http://fra.europa.eu/sites/default/files/fra_uploads/596-RAXEN-Roma-Housing-UK_en.pdf

⁴⁶ DCLG, July 2012 Caravan Count

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/11710/caravan.pdf

⁴⁷ CRE, 2006, *Common Ground: Equality, good race relations and sites for Gypsies and Irish Travellers*, p.160

http://www.lancsngfl.ac.uk/projects/ema/download/file/commonground_report.pdf

⁴⁸ Ibid, p. 160

lifestyle, especially in the context of proximity to extended family members and support networks. However, such observations are qualified, especially in the context of the health impacts resulting from poor environmental conditions on unauthorized sites:

*'Those trying to maintain a travelling lifestyle also described negative effects. Travelling was seen as potentially hazardous because of the diminishing choice of safe stopping places. Lack of basic amenities, such as running water, on unauthorised camping sites or poorly serviced transit sites, and difficulties in accessing services such as education and healthcare were other perceived disadvantages that sometimes precipitated a decision to seek a settled base.'*⁴⁹

It should also be noted that while the Sheffield study found that health outcomes among Travellers living in brick and mortar are considerably worse than those of nomadic households, it also acknowledged that poor health may precipitate a move into housing:

*'It is not possible from these data to determine whether accommodation and travelling patterns have an impact on health or vice versa. Those with poorer health status may choose or be constrained to live in a house or travel rarely. On the other hand, living in a house or on a Council site, and travelling rarely, may have a negative effect on health.'*⁵⁰

In her 2003 report to the ODPM Niner notes that it 'would be unwise to assume that any trend towards greater settlement is universal, or unidirectional. Individuals can pass from one pattern of travelling to another in line with family cycle, health and personal circumstances.' Niner supports this position with evidence from her comprehensive survey which explored local authority respondents' perceptions of why Gypsies and other Travellers move into housing. The survey found the two most commonly identified reasons were a desire to 'settle' (53%) and health reasons (51%).⁵¹

Both the desire to 'settle' and 'health reasons' may well be influenced by poor environmental conditions on both unauthorised sites and authorised local authority and private sites. The 2009 EHRC review of inequalities experienced by Gypsies and Travellers found that many Gypsies and Travellers are caught between an insufficient supply of suitable accommodation on the one hand, and the insecurity of unauthorised encampments and developments on the other:

'They then face a cycle of evictions, typically linked to violent and threatening behaviour from private bailiff companies. Roadside stopping places, with no facilities and continued instability and trauma, become part of the way of life.'

⁴⁹ Van Cleemput et al, 2007, *Health-related beliefs and experiences of Gypsies and Travellers: a qualitative study*, p. 206

<http://jech.bmj.com/content/61/3/205.full.pdf+html>

⁵⁰ Parry, G. et al. (2004): *The Health Status of Gypsies and Travellers: Report of Department of Health Inequalities in Health Research Initiative*, University of Sheffield, p. 34

http://www.shef.ac.uk/polopoly_fs/1.43714!/file/GT-final-report-for-web.pdf

⁵¹ Niner, ODPM, 2003, *The provision and condition of local authority gypsy/traveller sites in England*, p.56

Health deteriorates, while severe disruptions occur to access to education for children, healthcare services and employment opportunities.'

As will be covered in the following section, the insufficient supply of Gypsy and Traveller sites is the main cause of unauthorised sites and the all too often poor environmental conditions which exist on these sites.

3.4 Planning, communities and discrimination

'Evidence of the association between social capital and health is significant and improving: in many communities facing multiple deprivation, stress, isolation and depression are all very common, and low levels of social integration, and loneliness, significantly increase mortality.....Furthermore, there is some evidence that increasing community empowerment may result in communities acting to change their social, material and political environments.'

The Marmot Review: implications for Spatial Planning, page 7

As highlighted in the previous section, between 16%-20% of Gypsies and Travellers living in caravans are based on unauthorised sites, largely as a result of the shortage of authorised sites nationwide (DCLG data 2010-2013). This review has also cited research which found that 70% of sites are located in fringe areas of towns and villages. With these figures in mind the key factors to be considered when assessing how accommodation insecurity and the living environment impact on Gypsies and Travellers health is the **shortage of sites, evictions, insecurity, community participation and discrimination.**

Shortage of sites, evictions and insecurity

2010 research by the EHRC assessing local authorities' progress in meeting the accommodation needs of the Gypsy and Traveller communities found that it will take councils approximately 27 years to meet their five year pitch target requirements at the rate of progress achieved in 2006-2009.⁵² The EHRC concluded that the overall rate of progress on site provision needs to increase more than fivefold to meet the five-year pitch shortfall, where pitches are provided with permanent planning permissions.

In its Human Rights Review 2012 the EHRC again concluded that 'there continues to be a shortage of authorised Gypsy and Traveller sites, increasing the likelihood of further forced evictions from unauthorised sites.'⁵³ The review goes on to observe that the planning system may not be fair towards Gypsies and Travellers:

⁵² EHRC, 2010, *Assessing local authorities' progress in meeting the accommodation needs of Gypsy and Traveller communities in England and Wales: 2010 update*, Executive Summary, p.ix

http://www.equalityhumanrights.com/uploaded_files/research/rr68_gt_web_version.pdf

⁵³ EHRC, *Human Rights Review 2012*, p. 262

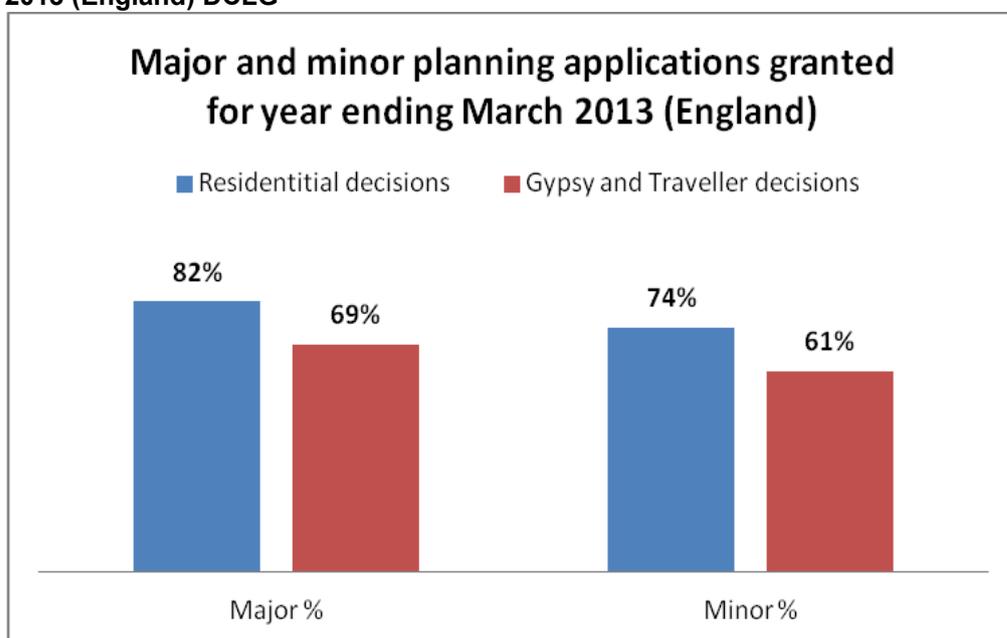
http://www.equalityhumanrights.com/uploaded_files/humanrights/ehrc_hrr_full_v1.pdf

*'Department for Communities and Local Government figures from April 2009 to December 2010 show that only half of applications for new sites are successful in England, compared with around 70 per cent of residential applications. The Commission's report attributes this low success rate to very few local authorities having identified suitable land for site development, which means that 'plan-led' development cannot operate in the same way as for residential applicants. In addition, the survey of local authorities carried out for the Commission report showed that between 2006 and 2009, 40 per cent of the applications for new sites in England were granted only on appeal, and half of the 'successful' applications for new sites only received temporary permissions. As these will expire at some point in the future they are not sustainable.'*⁵⁴

DCLG figures for the year ending March 2013 show that Gypsies and Travellers continue to experience inequalities in the planning system (see Table 3). As highlighted by the EHRC, the barriers Gypsies and Travellers face securing authorised accommodation increase the likelihood of unauthorised sites and consequently evictions. The 2004 Sheffield report shared similar findings:

*'Those living on unauthorised encampments, unless officially 'tolerated' were regularly moved on. Those who were not on a council or privately owned site found it difficult to obtain planning permission.... Several of the unauthorised encampments visited were disbanded in the course of the research.'*⁵⁵

Table 3: Outcomes of whole population residential planning applications contrasted with Gypsy and Traveller 'major' and 'minor' planning applications January to March 2013 (England) DCLG⁵⁶



⁵⁴ Ibid, p. 310

⁵⁵ Parry, G. et al. (2004): *The Health Status of Gypsies and Travellers: Report of Department of Health Inequalities in Health Research Initiative*, University of Sheffield, p. 28
http://www.shef.ac.uk/polopoly_fs/1.43714!/file/GT-final-report-for-web.pdf

⁵⁶ <https://www.gov.uk/government/publications/planning-applications-in-england-january-to-march-2013>

The health impacts of eviction are widely documented in the EHRC 2009 review⁵⁷ which notes that 'being forced to move on, results in a lack of continuity of care, the treatment of symptoms rather than causes, the late detection of abnormalities, and sometimes the misdiagnosis of maternal and child health complications.'⁵⁸ Numerous studies, Gypsy Traveller Accommodation Assessments (GTAA) and Joint Strategic Needs Assessments (JSNA) have found that Gypsies' and Travellers' living on unauthorised sites and encampments experience high levels of stress, restricted access to healthcare and unsafe environmental conditions (see Appendix E for a summary of GTAA and JSNA evidence). A good example is the Cambridge GTAA (2006, page 41):

'Accommodation was an overriding factor, mentioned by most respondents in our survey, and confirmed by other research, as the context for bad health effects, because of the impact of increased evictions, restricted access to healthcare and education, an increase in unsafe conditions on roadside sites, and a breakdown of social and community support networks. Ill-health is exacerbated by living on road-side sites with limited access to clean water, and Gypsies/Travellers particularly suffer from disease linked to sanitation and environment. Unsited Travellers experience inequality in matters such as registering with a GP, obtaining hospital appointments and contact with health services.'

The EHRC 2009 review also noted that the cost of eviction is high for families evicted from roadside encampments or from their own land for which they have failed to obtain planning permission.⁵⁹ Research by the Children's Society found that forced eviction 'can be a threatening and frightening experience for children.'⁶⁰ This is supported by concerns raised in the EHRC review:

*'There is an unquantified but substantial negative psychological impact on children who experience repeated brutal evictions, family tensions associated with insecure lifestyles, and an unending stream of overt and extreme hostility from the wider population.'*⁶¹

The health impacts of insecure accommodation and repeated evictions may thus be longitudinal and result in Gypsies and Travellers experiencing poorer health later in life. As noted by Van Cleemput, most respondents in the Sheffield study spoke of their decision to move into housing as being forced by circumstance rather than a lifestyle choice.⁶² Niner also found that 'health

⁵⁷ EHRC, 2009, Inequalities experienced by Gypsies and Travellers, p.16
http://www.equalityhumanrights.com/uploaded_files/research/12inequalities_experienced_by_gypsy_and_traveller_communities_a_review.pdf

⁵⁸ Ibid, p.54

⁵⁹ EHRC, 2009, Inequalities experienced by Gypsies and Travellers, p. 17
http://www.equalityhumanrights.com/uploaded_files/research/12inequalities_experienced_by_gypsy_and_traveller_communities_a_review.pdf

⁶⁰ Children's Society, 1998, Children's Participation Project, My Dream Site. Midsomer Norton
http://www.gypsy-traveller.org/cyberpilots/pdfs/dream_site.pdf

⁶¹ EHRC, 2009, Inequalities experienced by Gypsies and Travellers, Executive Summary, p.vi

⁶² Van Cleemput, 2007, *Health Impact of Gypsy Sites Policy in the UK*, p. 111
http://scholar.google.co.uk/scholar?q=Health+Impact+of+Gypsy+Sites+Policy+in+the+UK&btnG=&hl=en&as_sdt=0%2C5

reasons' were one of the most commonly identified justifications for a move into housing. A 2008 qualitative study by the University of Warwick into the health experience of Gypsy Travellers in the UK with a focus on terminal illness found that Gypsy and Traveller respondents recognised the impact mobility had on access to health care. The authors went to note:

*'The historical suspicion of the authority figure held by many Gypsy Travellers can make provision of services for this community difficult but this is being compounded by the current UK law resulting in increased enforced mobility. The lack of control over their mobility contributes to poor health and poor access to health services in addition to its indirect effects for health through availability of work and access to education.'*⁶³

Other factors which may impact on the health of Gypsies and Travellers due to their accommodation status are the high number of 'temporary planning permissions' issued by local authorities, planning applications which are granted through the appeals process and unauthorized sites which are 'tolerated'. As evidenced by the EHRC, 40 per cent of the applications for new sites in England were granted only on appeal, and half of the 'successful' applications for new sites only received temporary permissions.⁶⁴ Generally speaking temporary permissions expire after a maximum three year period which can lead to Gypsy and Traveller families experiencing a cycle of high levels of accommodation insecurity (demonstrated by the qualitative findings in section 4 of this study), especially in the case of expensive appeals processes. Similarly, community members living on unauthorized tolerated sites with no rights of residence often experience high levels of insecurity as a result of threat of eviction and/or being moved on. The Sheffield report acknowledged that difficulty in obtaining suitable accommodation is a cause of insecurity for many Gypsy Travellers:

*'Whenever respondents felt compelled to move onto a site or into housing, sometimes for health or related reasons, the process was often lengthy and very stressful, requiring intervention and support from advocates in order to succeed. The obstacles, particularly legal ones, are seen as indicative of society's discriminatory attitude towards them.'*⁶⁵

Van Cleemput pays particular attention to what she describes as 'the lack of control over life circumstances' and its possible health damaging effect on Gypsies and Travellers. She cites Giddens' definition of ontological security and places an emphasis on the 'profound negative consequences for emotional and mental health' resulting from the social exclusion and lack of cultural recognition experienced by Gypsies and Travellers.⁶⁶

⁶³ University of Warwick, 2008, Louise Jesper, Frances Griffiths, Len Smith, A qualitative study of the health experience of Gypsy Travellers in the UK with a focus on terminal illness, p. 10

⁶⁴ EHRC, 2009, Ibid, p. 310

⁶⁵ Parry, G. et al. (2004): *The Health Status of Gypsies and Travellers: Report of Department of Health Inequalities in Health Research Initiative*, University of Sheffield, p. 54
http://www.shef.ac.uk/polopoly_fs/1.43714!/file/GT-final-report-for-web.pdf

⁶⁶ Van Cleemput, 2007, *Health Impact of Gypsy Sites Policy in the UK*, p. 106

http://scholar.google.co.uk/scholar?q=Health+Impact+of+Gypsy+Sites+Policy+in+the+UK&btnG=&hl=en&as_sdt=0%2C5

Community participation and discrimination

Lack of control over life circumstances and health inequalities are closely linked to community participation, discrimination and social justice issues, as highlighted by the WHO:

*'Many of the environmental health inequalities, particularly where they are linked to socioeconomic variables or sex, also represent "inequities" because they are unfair, unjust and avoidable. The root cause of such inequalities is most often a lack of "distributive justice", indicating that environmental risks are not evenly distributed within societies and populations, and a lack of "procedural justice", indicating that different population groups may have different opportunities to influence decisions affecting their close environment.'*⁶⁷

WHO Regional Office for Europe, 2012

As previously referenced in this study, research by Niner for the ODPM found that 70 per cent of local authority Traveller sites were located in fringe areas and half of the sites suffered from environmental problems relating to adjoining land or activities. It should be noted that these figures do not take account of unauthorised sites, where Gypsies and Travellers face even greater barriers accessing secure and appropriate accommodation.

The impact of unauthorised sites on community participation and discrimination is particularly acute, as reported by the Commission for Racial Equality:

*'We found that unauthorised encampments have a significant effect on community relations. Two-thirds (66.9%) of local authorities responding to the survey said there had been tensions in the community over Gypsies and Irish Travellers. Almost all (93.7%) of these authorities said that unauthorised encampments were a cause of tensions, making this the most common cause of tension.'*⁶⁸

As previously noted, unauthorised sites in local areas are all too often a consequence of the national shortage of Traveller sites. A key obstacle preventing appropriate provision of sites is the discrimination Gypsies and Travellers experience on planning issues at the local level, as evidenced by the EHRC:

*'The main barrier to provision is the planning system, and, more fundamentally, resistance from the settled population to the idea of new sites for Gypsies and Travellers'*⁶⁹

⁶⁷ World Health Organisation, 2012, *Environmental health inequalities in Europe*, Executive Summary p. xv
http://www.euro.who.int/_data/assets/pdf_file/0010/157969/e96194.pdf

⁶⁸ CRE, 2006, *Common Ground: Equality, good race relations and sites for Gypsies and Irish Travellers*, p.159
http://www.lancsngfl.ac.uk/projects/ema/download/file/commonground_report.pdf

⁶⁹ EHRC, 2009, p.11

One of the policy objectives outlined in the Marmot Review is to remove barriers to community participation and action and to reduce social isolation.⁷⁰ For Gypsies and Travellers discrimination is a major barrier to greater community participation which impacts on their ability to secure environmentally appropriate accommodation, which in turn impacts on their health (demonstrated in the qualitative findings in section 4 of this study).

The discrimination Gypsies and Traveller experience may also have a direct impact on their health. Van Cleemput observes that the discrimination and often hostile social policy directed at Gypsies and Travellers by the wider public and policy makers could have an impact on their racialised identities and consequently their health. She continues:

*'The social environment resulting from a person's social position produces direct psychological effects that influence wellbeing and are implicated in other causes of morbidity and mortality. It is the social meaning attributed to their environment rather than the material conditions that are crucial. Negative emotions, including depression, anxiety and hostility, that can result from low social status, and related psycho-social factors, may not only lead to clinical mental ill-health but also to suppressed immunity, cardiovascular disease, diabetes and chronic inflammatory conditions such as asthma and rheumatoid arthritis.'*⁷¹

The combination of discrimination, social isolation and poor community participation are all contributory factors in determining Gypsies' and Travellers' accommodation and health status. As outlined by Marmot, addressing community empowerment is a critical step towards communities acting to change their social, material and political environments.

3.5 Policy context

There are a number of key policy documents and processes relevant to the impact of insecure accommodation on Gypsies' and Travellers' health (see Table 4). These include numerous policies which support the development of sustainable and healthy Traveller sites. However, the implementation of these policies is all too often hindered at the local level where proposals for Travellers sites (both private applications and those submitted by the local authority) typically face strong objections from local residents, politicians and other interested parties (see Table 3 on planning applications granted).

Planning and accommodation policy

Government planning guidance, *Planning policy for traveller sites* (DCLG, 2012) requires councils to identify additional Traveller sites, based on robust evidence of need. However, the Government's restructuring of the planning system from a regional to local level, through measures in the Localism Act

⁷⁰ The Marmot Review, 2010, *Fair Society, Healthy Lives. Strategic Review of Health Inequalities in England post-2010*,

<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

⁷¹ Van Cleemput, 2007, *Health Impact of Gypsy Sites Policy in the UK*, p. 108

2011, means that many Gypsies and Travellers do not have the capacity and support to challenge local plans where they fail to address need. Whilst previously Traveller organisations and individuals were able to input into and influence regional plans, the resources involved mean this will be impossible considering the hundreds of local authority plans that are produced and the pressures Traveller community groups and NGOs are under as a result of recent funding cuts.. This point is important considering the barriers and discrimination many Gypsies and Travellers face in the planning system (as evidenced by the EHRC on page 29 of this report). It also has a direct impact on some of the positive measures in the planning guidance relating to health and the environment, which require local authorities to:

- *increase the number of traveller sites in appropriate locations with planning permission, to address under provision and maintain an appropriate level of supply*
- *reduce tensions between settled and traveller communities in plan-making and planning decisions*
- *enable provision of suitable accommodation from which travellers can access education, health, welfare and employment infrastructure*⁷²

Table 4: Relevant Planning and Health Policies: Levers and Obstacles to effective implementation

Relevant Policies and Levers	Obstacles
<ul style="list-style-type: none"> • DCLG 2012 planning guidance <i>Planning policy for traveller sites</i> and the NPPF • 2012 ministerial working group progress report on tackling inequalities experienced by Gypsies and Travellers (MWG) • 2008 DCLG good practice guide 'Designing Gypsy and Traveller Sites' • Health and Social Care Act (2012) (specific inequality measures) • Joint Strategic Needs Assessments (JSNAs) and Gypsy Traveller Accommodation Assessments (GTAAs) both critical processes which inform policy at the local level (see Appendix E) • IHB reports and guides: 'Commissioning Inclusive Services Guidance' 	<ul style="list-style-type: none"> • Implementation of planning guidance at the local authority level (reinforced by measures in the Localism Act and strong Government focus on increased enforcement) • Poor evidence base: Need for a large scale epidemiological study on Gypsies' and Travellers' health including a specific focus on the impact of accommodation(e.g. All Ireland Traveller Health Study 2010) • Non recognition and inclusion of Gypsies and Travellers in the NHS data dictionary • Misconceptions, discrimination, stereotypes regarding these communities • Poor community cohesion and conflict inhibiting the planning and development of appropriate accommodation for Gypsies and Travellers

⁷² DCLG, 2012, *Planning policy for traveller sites*, p. 2
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6078/2113371.pdf

The guidance stipulates that local planning authorities should ensure that Traveller sites are economically, socially and environmentally sustainable, specifically requiring their policies to:

- *promote peaceful and integrated co-existence between the site and the local community*
- *promote, in collaboration with commissioners of health services, access to appropriate health services*
- *ensure that children can attend school on a regular basis*
- *provide a settled base that reduces the need for long-distance travelling and possible environmental damage caused by unauthorised encampment*
- *provide for proper consideration of the effect of local environmental quality (such as noise and air quality) on the health and well-being of any travellers that may locate there or on others as a result of new development*⁷³

It should be noted that in September 2014 DCLG began a consultation process on new proposals that plan to significantly change definitions pertaining to planning for Traveller sites.⁷⁴ In their current form the proposals would result in a majority of Gypsies and Travellers no longer being categorized as Travellers for the purposes of planning, therefore not being considered eligible for such accommodation under the current *Planning policy for traveller sites*. At the time of writing it was unclear what guidance Gypsies and Travellers would fall under and how their accommodation needs would be met if the proposals come into force. The Planning Officers Society responded to the proposals stating that they would “place an unnecessary burden on local authorities and had a potential for legal challenge. The proposed changes to the definition of 'travellers' which distinguishes between travellers that travel and those that have ceased to travel, will be very difficult to apply in practice.”⁷⁵

The National Planning Policy Framework (NPPF)⁷⁶ echoes much of *Planning policy for traveller sites* and is a material consideration when local authorities are planning for and developing Traveller sites. The NPPF requires planners to consider health in a number of different ways:

- The NPPF’s presumption in favour of sustainable development highlights the importance of achieving social, economic and environmental objectives (of which health cuts across all three)
- It contains a whole section on how the planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities. This would include measures on reducing

⁷³ Ibid, p4.

⁷⁴ <https://www.gov.uk/government/consultations/planning-and-travellers-proposed-changes-to-planning-policy-and-guidance>

⁷⁵ http://localgovernmentlawyer.co.uk/index.php?option=com_content&view=article&id=20040%3Achange-to-travellers-definition-qhas-potential-for-legal-challengeq-planning-officers&catid=63&Itemid=31

⁷⁶ National Planning Policy Framework, 2012

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6077/2116950.pdf#page=1&zoom=auto,0,842

health inequalities, improving air quality, improving mental health and wellbeing etc.

- The NPPF also requires local planning authorities (LPAs) to work with public health leads and health organisations to develop a robust evidence base that takes into account future changes and barriers to improving health and wellbeing.

In the context of ensuring that the large number of Gypsies and Travellers on socially rented sites are living in sustainable and healthy environmental conditions, the amended Mobile Homes Act 1983 requires landlords and councils to keep sites in a good and habitable order. Under Schedule 1 Chapter 4 para 20 (c-g) the owner must:

“(c) be responsible for repairing the base on which the mobile home is stationed and for maintaining any gas, electricity, water, sewerage or other services supplied by the owner to the pitch or to the mobile home;

(d) be responsible for repairing other amenities provided by the owner on the pitch including any outhouses and facilities provided;

(e) maintain in a clean and tidy condition those parts of the protected site, including access ways, site boundary fences and trees, which are not the responsibility of any occupier of a mobile home stationed on the protected site;

(f) consult the occupier about improvements to the protected site in general, and in particular about those which the owner wishes to be taken into account when determining the amount of any new pitch fee; and

(g) consult a qualifying residents’ association, if there is one, about all matters which relate to the operation and management of, or improvements to, the protected site and may affect the occupiers either directly or indirectly.”

However, these relatively pro-active policies for ensuring adequate provision and upkeep of sites do not necessarily translate into realities on the ground, as is explored in some detail in the qualitative section of this report. As previously highlighted in this review, Gypsies and Travellers often experience acute discrimination and marginalisation at the local level which too often prevents them accessing healthy, sustainable and secure accommodation.

Health policy

The health section in the MWG progress report echoes the conclusions of the Marmot review, stating that to ‘improve health outcomes for Gypsies and Travellers, we need to adopt a more integrated approach, focused on the life course and the wider determinants of health.’⁷⁷ In the planning and accommodation section of the MWG report the Government makes the specific commitment to ‘continue to promote improved health outcomes for

⁷⁷ DCLG, 2012, MWG on tackling inequalities experienced by Gypsies and Travellers, p16
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6287/2124046.pdf

travellers through the planning system.’⁷⁸ To support this commitment the Government highlights the measures relating to health and the environment in its planning guidance *Planning policy for traveller sites*.

Crucial to the implementation of health policy in the planning process at the local level are the Joint Strategic Needs Assessments (JSNA) and Gypsy Traveller Accommodation Assessments (GTAA) which inform Local Planning Authorities (LPA) and Health and Wellbeing Boards (HWB). As previously mentioned, the NPPF requires LPAs to work with public health leads and health organisations to develop a robust evidence base that takes into account future changes and barriers to improving health and wellbeing. With this in mind it’s vital that JSNAs include local Gypsy and Traveller populations and are properly integrated into HWBs and LPAs strategic plans (obviously alongside robust GTAAs). The National Inclusion Health Board (IHB) has published guidance on conducting inclusive JSNAs, JHWSs and commissioning for Gypsies, Travellers and Roma.⁷⁹

It’s worth stressing that under Section 110 of the Localism Act local authorities have a duty to cooperate, which under section 4 of the Town and Country Planning Regulations 2012 includes clinical commissioning groups and/or Health and Wellbeing Boards. The duty to cooperate and its inclusion of health services are vitally important in addressing Gypsy and Traveller health and accommodation issues. Unfortunately all too often Gypsies and Travellers (especially those residing on unauthorised sites) are not recognized as having rights of residency by the local authority in which they reside or by neighbouring authorities. This can result in Gypsy and Traveller families falling between two stools, with their health and accommodation needs/rights being neglected by a number of service providers. Ensuring the health of these families is properly assessed and considered by all service providers is an essential step towards recognising and addressing their long-term accommodation and health needs.

Other health policies which recognise the need for a more integrated approach includes the NHS Constitution (principle 5) which makes specific reference to the health service working across organisational boundaries to address the wider social determinants of patients and communities health:

‘The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population. The NHS is an integrated system of organisations and services bound together by the principles and values reflected in the Constitution. The NHS is committed to working jointly with other local authority services, other public sector organisations and a wide range of private and voluntary sector organisations to provide and deliver improvements in health and wellbeing.’

Public Health England also has a specific focus on addressing health and environmental issues through its Healthy People, Healthy Places

⁷⁸ Ibid, p.19

⁷⁹ IHB, 2013

http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/jsna_and_jhws_guide_-_final_0.pdf

programme⁸⁰ which echoes PHE's remit for improving the health and wellbeing of the whole population and reducing inequalities in health and wellbeing outcomes.

Similar to PHE, Healthwatch (HW) are in an advantageous position to address the low health outcomes and accommodation insecurity experienced by Gypsies and Travellers in line with Article 8 of HW 'rights in health and social care' which states that health users have '*the right to live in an environment that promotes positive health and wellbeing.*'

The Health and Social Care Act 2012 contains specific legal duties on health inequalities for the Secretary of State (SofS), NHS England and clinical commissioning groups (CCG). This is the first time that health legislation has outlined specific legal duties, with the Act clearly stating that each CCG and Board must, in the exercise of their functions, have regard to the need to:

*'(a) reduce inequalities between patients with respect to their ability to access health services; and
(b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.'*
(Section 14T & 13G)

The Act specifies that CCG's and local authorities must '*involve the people who live or work in that area*' (Section 192). This is a pertinent point as many Gypsies and Travellers are not recognised as living or working in their local areas as a result of their insecure accommodation status. The act also places a specific duty on the Secretary of State in '*exercising functions in relation to the health service, the Secretary of State must have regard to the need to reduce inequalities between the people of England with respect to the benefits that they can obtain from the health service*'. (Section 1C of the NHS Act 2006, as amended by the 2012 Act)

It important to note that the NHS Health and Social Care Information Centre (HSCIC) do not currently include Gypsies and Travellers as one of the 16+1 ethnic minority groups/categories they monitor in the NHS. This is despite Gypsies and Travellers being included in the 16+1 existing codes used in the 2011 national census. Research by the TM on the inclusion of Gypsies and Travellers in NHS monitoring systems found that many PCTs (now replaced by CCGs) stated that they did not monitor these groups because of their absence from the NHS data dictionary. It has been TMs experience that the non-recognition/non-inclusion of Gypsies and Travellers in key monitoring procedures and policy procedures results in their health, accommodation and other needs not being effectively addressed. The National Inclusion Health Board has recommended that the HSCIC update the ethnic categories in its data dictionary to include Gypsies and Irish Travellers.⁸¹

⁸⁰ <https://www.gov.uk/government/news/healthy-people-healthy-places-building-a-healthy-future>

⁸¹ Aspinall, IHB, 2014, Hidden Needs, p. 11

<https://www.gov.uk/government/publications/effective-health-care-for-vulnerable-groups-prevented-by-data-gaps>

In the context of the duties in the Health and Social Care Act, relevant sections of the NHS Constitution, planning guidance and the remit of relevant statutory bodies, there appears to be legislative and regulatory mechanisms in place to bring about improved health outcomes for Gypsies and Travellers through the planning/accommodation system. Instead it's the failure of responsible bodies to implement these policies, particularly in the area of planning and accommodation policy, that contributes to the continued high rates of accommodation insecurity and poor environmental conditions which negatively impact on Gypsies' and Travellers' health outcomes.

4. Qualitative Study

In this section of the report we provide the qualitative data findings from 33 in-depth interviews with community members carried out across a dispersed sample in 5 regions of England and in Wales. The aim of this section of the report is to provide primary examples of the potential impacts of insecure accommodation and quality of living environment on Gypsies' and Travellers' health which will give context and support to policy development in this area.

4.1 Background and Context

The 2011 Census Data (ONS, 2014:2) has found that Gypsies and Irish Travellers have the lowest proportion of any ethnic group rating their general health to be 'good' or 'very good' (at 70% of respondents compared to 81% of the overall population of England and Wales). Whilst findings from the Census (ONS, 2014) under a number of categories appear at odds with data pertaining to household structure and size available from other sources (e.g. Cemlyn et al., 2009; GTAA evidence and our own findings) health status and caring responsibilities data reported in the ONS release on 'characteristics' of the population, supports findings from our research presented below; and confirms our supposition (based on GTAA evidence and Parry et. al., 2004) that the populations enjoy generally lower health than is found in comparable groups.

In common with our qualitative data findings pertaining to residence in flats (see below), the ONS reports that the lowest health status attaches to residents of 'bricks and mortar' accommodation (in particular flats), although it is impossible from the available Census data to discover if poor health necessitated residence in such properties or if this has arisen since moving into an apartment. Similarly, whilst in Census categories those Gypsy/Traveller respondents living in a house or bungalow are not distinguished by form of accommodation or indeed tenure, there is considerable evidence (e.g. see further Smith and Greenfields, 2013 for a lengthy discussion on preferred forms of residence and adjustment difficulties to 'bricks and mortar' accommodation) to suggest that the movement into a flat can have particularly negative mental health consequences for individuals who have formerly lived in a trailer.

Our own evidence collated from the current study only contains a small number of housed respondents and is therefore focused overwhelmingly on the relationship between environment, (both physical and social given the deeply entwined nature of the two domains on wellbeing - see further Borgonovi, 2010; Statham & Chase, 2010; Guite, et. al., 2006) and the impacts of residence at varying *types* and *conditions* of site (unauthorised, authorized private, RSL, roadside etc) on the health of residents. Accordingly, we seek in this section to unpick the experience and self-reporting of health status by respondents in relation to quality of their environment (e.g. access to services, location; sense of security afforded by form of tenure, and relationships with surrounding communities) and consider the evidence

pertaining to the oft-cited anecdotal claims that poor quality accommodation or hostile relationships with neighbours is associated with bad health and lower wellbeing outcomes for 'sited' Gypsies and Travellers.

Indeed whilst the Census suggests that residents of caravans have slightly poorer health than do house/bungalow dwellers (contrary to Parry et. al's findings in 2004), it is unclear from that ONS data set what is the status of the site (i.e. roadside/unauthorised, RSL rented; tolerated or private authorized) and thus how precisely form of tenure and associated access to services may impact on self-reported conditions. Similarly, census data as presented in the ONS report is not sufficiently nuanced to pick up whether respondents are providing indications of physical or mental ill-health when reporting long-standing illness or disability. However, given the prevalence of reporting of depression and anxiety by participants, (illustrated in Table 12), we consider that mental health issues linked to repeated eviction, experiences of harassment and poor quality relations with surrounding communities, should be afforded considerably higher priority than is evident from the literature pertaining to Gypsy/Traveller health. As such, we suggest that there is a need for further research into this subject as we consider that these factors may well afford a significant explanatory category in terms of the poor health status of the communities. Overall, the findings presented in this report in which the physical and social domains of accommodation are viewed through the prism of environmental well-being and mapped against self-reported health status, enables a more detailed and nuanced examination of the health status and well-being of a (relatively small) sample of Gypsies and Travellers than has proved possible in most existing research.

Whilst inevitably the model utilized does not prove definitively the connection between poor health of site residents, frequently conflictual relationships with surrounding populations and living at a location which is in poor environmental condition, we suggest that on the balance of probabilities the conflation of these elements offer at least a partial explanation for increased rates of poor health amongst the sample in particular and Gypsies/Travellers in general. Indeed, given that evidence of multiple deprivation is typically found to exist amongst residents in geographically poor areas (Wilkinson, 1999; Thomson et al., 2013) and that sites are not infrequently located in pockets of environmentally compromised locations (Cemlyn et. al., 2009) or in conditions with low amenity including damp or overcrowded accommodation (EQLS, 2007, cited in Eurofound, 2012 p11)⁸² it is highly likely that environmental elements have impacts on Gypsy/Traveller health status and wellbeing.

Our findings and this report as a whole, may be taken therefore as adding to the growing body of European evidence pertaining to the increased likelihood of Gypsy, Traveller and Roma peoples residing in poor quality accommodation (FRA, 2009; Peric, 2013) and associated evidence that this correlates with overall poorer comparative health status for members of these communities (Parry et al, 2004; Masseria et al, 2010; ONS, 2014). Despite

⁸² Extrapolated EQLS data re health status and accommodation condition, cited at p11 (Table 2) Eurofound (2012) *Living conditions of the Roma: Substandard housing and health* Dublin: European Foundation for the Improvement of Living and Working Conditions accessed 18/12/13 available at: <http://www.eurofound.europa.eu/pubdocs/2012/02/en/1/EF1202EN.pdf>

this persistent linkage between Roma health exclusion and poor quality housing/sites, poor health amongst the Gypsy/Traveller/Roma population (ERRC, 2006; FSG, 2009) and our survey respondents in particular, may not in *all* cases be directly associated with the quality of accommodation given that evidence from British GTAAs (e.g Home and Greenfields, 2006; Greenfields et al, 2007) and housing studies pertaining to Gypsies and Travellers (Greenfields and Smith, 2010; Smith and Greenfields, 2013) consistently finds evidence of respondents with pre-existing poor health or disability moving *into* housing or obtaining a pitch on an authorised site (sometimes temporarily) to facilitate access to health care or support treatment which cannot be obtained whilst living at roadside or unauthorised encampments. In such cases however, the pre-existing and long-term impacts of living at roadside sites with poor and disrupted access to health care, experiences of repeated eviction and the stress of insecurity, such as were repeatedly recounted by respondents, must be factored into the equation in determining the impacts of accommodation on the health of these populations.

Whilst the degree of attribution of poor health status to inadequate or bad quality accommodation may therefore be highly suggestive, (in particular given the personal health histories of many Gypsies/Travellers/Roma who are frequently able to narrate decades of personal as well as inter-generational health exclusion) there is need to take account of a range of health behaviours and factors which may mediate poor health over and above environmental conditions. These may include literacy issues; poverty/poor diet; high rates of childbearing; genetic predisposition to particular ailments and previously untreated pre-existing conditions, resulting in long-term illness even once adequate accommodation and treatment has been achieved (Cemlyn et. al., 2009).

In a number of cases however, (see further below) we have found very clear evidence of accidents and injuries directly associated with dwelling at a particular location, for example when falls have occurred as a result of inadequately maintained hard-standing at public sites; broken drains leading to leakages, and persistent reports of declining health or clusters of conditions amongst site residents first noted after settling at a site.

Whilst we acknowledge that this study comprises interviews with a relatively small sample, comprising only 33 respondents, we are satisfied, based upon our knowledge of relevant literature and engagement in GTAAs and similar health needs assessments (e.g Greenfields with Lowe, 2013) that these qualitative findings are congruent with data gathered in other locations with different samples.

4.2 Methodology

The study conducted 33 interviews with respondents aged between young adults (<20 years of age) to 75 years old. The research team comprised of two community interviewers, a research assistant and an academic lead. Whilst interviews took place with a single 'spokesperson' in the majority of cases, on occasion other family members were present whilst the interview

took place, interjecting or reminding the main respondent of information which could or should be shared with the interviewer.

Interviews took place at 13 separate locations with different planning and accommodation characteristics across 5 regions of England and in Wales. These included tolerated and not tolerated unauthorised sites, local authority sites and private sites with both permanent and temporary planning permission. In addition, two respondents had primary residence in housing (albeit one of these households travelled extensively for much of the year and the primary respondent was interviewed at a roadside site). Accordingly, as illustrated below, participants resided at a broad spread of sites/accommodation types reflective of the situation of Gypsies and Travellers in the UK (Cemlyn et. al., 2009).

The interviews treated to qualitative analysis were administered to a non-representative cross-section of Gypsy and Traveller households, and site condition data gathered at a selection of the interview locales to provide examples of rich, nuanced data which considers the well-being and explanation/interpretation of their health status by Gypsies and Travellers within the explicit framework of discussion of their current and previous accommodation. Thus this element of the study builds upon findings from the Sheffield study (2004) and follow-up qualitative analysis of that dataset undertaken by Van Cleemput and others (2007) as well the EHRC review (2009) and Smith and Greenfields' (2013)⁸³ text in considering the impact of differing types of accommodation on physical and mental health.

After transcription of all interviews, findings from the survey administered to respondents were treated to a simplified form of Framework analysis⁸⁴ and entered into a database designed to capture key thematic elements, as well as demographic data which is presented in Table 5 below.

The study was carried out in compliance with ethics committee requirement and informed consent to participate was obtained from all respondents to the study. Interviews were tape recorded and transcribed. All data is held in accordance with the Data Protection Acts.

These qualitative findings are not intended to offer a definitive review of the impact of accommodation type on physical and mental health and well-being, or indeed to fully reflect the subjective experiences and narratives of health status of *all* residents at *all* of the localities considered. Instead this section of the report provides a broad-brush thematic analysis of qualitative data pertaining to the quality of accommodation (both current and previously occupied) and respondents' subjective opinion of how this impacts on their own and family members' health.

⁸³ Smith, D & Greenfields, M (2013) *The Decline of Nomadism: Gypsies and Travellers in Housing* Bristol: Policy Press

⁸⁴ Ritchie J & Lewis J (2003) *Qualitative research practice: a guide for social science students and researchers*. London: Sage

4.3 Demographics of the Sample

Table 5 (below) presents the key characteristics of the sample. Respondents were able to self-identify by preferred identity rather than having to select from a list of ethnic categories. Accordingly a number of respondents used the term 'Traveller' interchangeably with Irish Traveller or (particularly amongst the oldest respondents who tended not to refer to themselves as Romany or Gypsy) 'English Traveller'. In addition some participants preferred to use the term 'Romany' as an alternative, or in combination with 'Gypsy' (e.g. Romany Gypsy) when noting their heritage.

Males (as is common to many surveys) were under-represented and in particular younger men of working age were conspicuously absent from the sample as they were typically at work, or may have expected their wives to respond to health related questions on their behalf. However as noted above, this data is descriptive and contextual rather than seeking to obtain a representative sample and information has been gathered on male/whole household health in both this study and numerous other research projects, ensuring that a general sense of the health needs and common conditions by gender are already in the public domain (e.g Parry et. al, 2004; Matthews, 2008; Greenfields with Lowe, 2013).

The age range was not evenly spread and we were unable to replicate the typical population pyramid found amongst Gypsies/Travellers (see further ONS, 2014) with gaps in the 31-35 age-range and an over-representation of older/retired respondents. It was noteworthy both that older respondents appeared to largely reside in more long-term, stable accommodation (i.e usually either privately or local authority owned sites) suggestive of the fact that they may have accessed such accommodation during the time-frames when there were slightly more favourable policy regimes which aided access to site accommodation (e.g following the 1968 Caravan Sites Act or during the post 2004 Housing Act easing of some planning restrictions). Moreover, younger/middle-aged lone parents with children (all female) were also found to be more likely to be living on local authority sites (in common with findings from the Census Data (ONS, 2014) than were women/couples of a similar age with dependent children. This finding is suggestive of the proposition that statutory Housing Act duties and/or priority status may have supported these women into secure sited accommodation, or that their marriages broke down whilst they were site residents and they were thus able to remain at a local authority site in a relatively secure environment and with access to family support networks.

Inevitably where women who are less securely accommodated/living on the roadside find themselves as lone parents following marital breakdown (a category which we suggest has been significantly over-represented in the 2011 Census data) there is evidence of a subsequent increased rate of movement into housing (see further Smith and Greenfields, 2013). However, such individuals were not accessed within this particular sample, the only 'roadside' lone parent was co-residing with adult children/family members, and no housed respondents were lone parents with dependent children.

Table 5: Key characteristics of interviewees of qualitative study

Male	Female	Age range	Ethnicity	Marital status	No. of children	Type of Accommodation
1	4	<20	Traveller/Irish Traveller x 5	3 x single 1 x engaged 1 x married	- - 1 x 2/12	3 x unauthorized sites (2x tolerated u/a site); 1 x authorized site (own trailer on pitch ¹)
-	6	21-25	Traveller/Irish Traveller x 3 Gypsy/Romany/ English Traveller x 3	6 x married	4 x 1 child (and one pregnant with 2 nd child). 2 x 0 children	3 x private family site 2 x local authority site (one on temporary pitch only) 1 x unauthorized private
-	1	26-30	Irish Traveller	married	4 children	Unauthorized tolerated
n/a	n/a	31-35	-	-	-	-
-	5	36-40	3 x Romany/English Gypsy 2 x Irish Traveller	4 women were married and cohabiting with their partners. 1 was separated/a lone parent (resident at a local authority site)	All respondents had > than average numbers of dependent children (between 3-7 children in each household) aged between 17-6 years old.	2 x authorized sites – temporary permission only ²) 1 x tolerated u/a site 1 x local authority site 1 x housing (travelling for significant periods of time and hoping to obtain a pitch on a site).
1	3	41-45	3 x Irish/Traveller 1 x (Romany) Gypsy	2 x married couples, 2 x separated women (both lone parents)	Respondents all had co-resident children (in two case this included young adults of 22 and 24. The remainder (between the ages of 3-17) were dependent on parents. Households consisted of adults and from 3-5 children	2 x temporary planning permission 1 x unauthorized development 1 x 'roadside' (lone parents but also with co-residing young adult children in their 20s)
1	2	46-50	2 x Irish Traveller 1 x Romany Gypsy	All married	Ranged from 2-7 children (none noted having dependent children)	2 x living on authorized RSL sites 1 x self-owned private site (Romany Gypsy) nb: all resident in 'chalets/mobile homes' on site rather than trailers indicative of greater stability of accommodation.
-	3	51-55	1 x English/Romany Gypsy 1 x Irish Traveller 1 unspecified	1 x lone parent/separated 2 x married	All respondents had between 3-6 children (no indications of dependent status)	2 x authorized RSL (including the lone parent respondents) 1 x private unauthorized development
1	-	56-60	1 x Irish Traveller	Divorced/single	7 children	Living on an authorized site doubled up in a 'tourer' with family members
1	-	61-65	Irish Traveller	Widowed	5 adult children	Resident in local authority flat seeking to obtain a transfer to a site to be near family/friends
1	1	66-70	1 x Irish Traveller 1 x English Traveller Gypsy	Both married	1 x 5 children 1 x no children	Chalet at u/a private site Small tourer – RSL site
1	1	71-75	1 x English Traveller 1 x Irish Traveller	Widow Married couple	11 adult children 3 children (adult)	Both in statics/caravans 1 x temporary permission (private owned) 1 x RSL site

¹ Nb – all unmarried young people in this sample were co-resident with their parents/extended family and as such access to accommodation/type of accommodation was predicated on their parents access to sites/housing.

² These sites are at different locations some considerable distance from each other indicating that use of temporary permission is still relatively wide-spread. nb: both respondents indicate (see further below) that they have experienced considerable 'stress' as a result of their accommodation status.

The evidence on household make up and numbers of both dependent and adult children is broadly in line with findings from GTAs (see further Cemlyn et al./EHRC, 2009 for summary of gender and household type) with decreasing family sizes across generational lines, although interviewees for this study appeared to demonstrate fewer inter-ethnic variations in number of children per couple, than has been found in some studies (e.g. Home & Greenfields, 2006; EHRC, 2009). The age range of respondents once again

indicated there is evidence of a relatively high percentage of older Gypsies and Travellers' living on sites (see further EHRC, 2009; Home & Greenfields, 2006) suggestive of the fact that access to adequate medical care and stability of accommodation can prolong life and diminish some of the more obvious inequalities in life-expectancy between Gypsies and Travellers and 'mainstream populations' noted in the literature.

Table 5 (above) provides an overview of the key characteristics (age/ethnicity/gender/household size and accommodation type) of all respondents. These are then considered in more detail in the sub-sections below.

4.4 Key Findings

Household size/constitution

As presented at Table 5 respondents ranged from under 20 (18 was the youngest age at which an unaccompanied adult was subject to interview although there were four young people (2 M/2F) aged 15-17 who participated in interviews whilst older adults were present in the home). Seventy-eight percent of respondents (26/33) were female. The largest group of female respondents (23% of the female sample) were aged between 21-25 years of age; whilst amongst men, no single age range dominated.

The vast majority of respondents lived in households comprising adults, dependent (and also in a number of cases adult unmarried) children, and several referred to grandchildren as part of the household although whether these individuals shared a pitch with parents and grandchildren or they lived on adjoining plots was not always clear. There were six lone parent households (all divorced/separated women) with an average of four co-resident children. Lone parent respondents each had between 2-7 children living with them, and of this sub-group (lone parents) only one had adult children with whom she co-resided and travelled.

The sample also included two widow(er)s, both Irish Travellers; one man in his 60s with five adult children and a woman in her 70s with eleven adult children. By far the greatest number of respondents were in extant marriages (64% of the sample).

In total there were three never married/single respondents (one male, two female). Strikingly, the oldest never married individual was aged 16, with another young woman indicating that she was engaged and would be married by the time she was aged 18. Of those respondents who were (or who had been) married (82% of the sample), all but two young women (both aged 22 or younger) and one older lady (in her 60s) had children (equating to 79% of all respondents being parents at the time of interview).

The average number of children per household (bearing in mind that subsequent children may be born to respondents of child-bearing age) equated to 4 children per ever married respondent (excluding one - on-going

at time of interview - pregnancy from the calculation). Thus cultural expectation of fertility and whole-life fertility rate appears far higher than may be expected in a similar sample amongst the 'main-stream' population, bearing out calculations in the Cambridge GTAA (Home and Greenfields, 2006 and Cemlyn et. al./EHRC, 2009) as well as the ONS (2014:14) data which recorded that 45% of Gypsy/Traveller households were comprised of adult(s) with dependent children .

Amongst our own sample, calculated by ethnicity of respondents (where this is clearly attributable by 'Irish Traveller' or 'English/Romany Gypsy' from review of the transcripts (nb see above re note on self-attribution by ethnicity) and selection of cases where the respondent is aged between 19-40 (typical female child-bearing age) we find that the number of children per household varies both from the older age-group and by ethnicity (although as noted above, additional children *may* potentially be born to these respondents in the future). Undertaking this exercise demonstrates that Irish Traveller respondents within the above age ranges have an average of 3.2 children and English/Romany respondents have an average of 2 children. One 'mixed heritage' family comprising parents of both English and Irish Traveller ethnicities reported that they have seven children of various ages, ranging from young adults to younger children.

When the exercise is repeated for respondents between the age of 41-75 who are assumed (for the youngest of this group) to have completed their families, we see that within this cohort English/Romany respondents have an average of 3.8 children and Irish Traveller respondents have 5 children each, figures which in the main bear out previously calculations of whole life fertility amongst the communities (see EHRC/Cemlyn et. al., 2009).

Type of accommodation (chalet, tourer, house, etc)

Whilst respondents lived in a variety of different accommodation types, other than for those respondents living on the roadside who were **all** overcrowded, only a fairly small number of interviewees reported *internal* overcrowding in their home, although the actual size of statics or trailers was not calculated or included in the questionnaires. However as noted in Home and Greenfields (2006) research, Gypsies and Travellers on average are willing to tolerate far higher density living than are other 'mainstream' populations; thus when we calculated household size by numbers of units/trailers/chalets etc reported by interviewees, 'trailers' as a unit of accommodation provided space for 1-2 individuals and 'chalets'/mobile homes averaged 4-5 persons, somewhat lower accommodation density than is found in many GTAA surveys.

Analysis of accommodation type (e.g. static/mobile home; tourer; chalet etc) by site type revealed that for residents on both local authority and private authorized sites, the majority reported only having a single unit of accommodation. For young single people this was likely to be a single berth trailer, (presumably accommodated on a pitch alongside their parents); whilst couples/lone parents with 1-4 children was most likely to be reported as living

a mobile home or static which could be of varying size (in law, up to a maximum size of 20 x 6.7m (66 x 22ft).⁸⁵

A substantial number of young married respondents living at local authority sites reported that they were 'doubled up' with relatives (parking their trailer on a pitch alongside another caravan) – typically parents or siblings – which tended to indicate external overcrowding (dependent on size of pitch) and lack of privacy, although internal space in trailers may be adequate.

"I'm on my sister in law and my brother in law's plot. So we're sharing sheds, sharing everything, which is a bit bad because we ain't got our own shower and our own toilet. We're all using the same shower, same toilet.... We haven't got nowhere else to go. It's either that or on the side of the road". (23 year old married woman living with her husband and young child in a single trailer)

In two cases older adults reported that they were 'doubled up' on local authority sites with adult children after circumstances meant that they (the parents) had lost their own independent space. Inevitably, despite good personal relationships within the family this caused distress and tension and was seen as reversing the expected order in which parents had their own accommodation and were potentially able to assist adult children.

"Yeah, we're doubled up. We're not the only ones, there's loads of them all doubled up. Nearly everybody .. is doubled up. They've got somebody else on with them.... I'll have to put up with it, won't I, for there's nowhere else I can go. I would like to have my own place instead of doubling up with somebody else." (Divorced man aged 58 'doubled up' for 13 years with adult child on a local site where a number of his relatives live)

"I haven't got a plot of my own. It's my daughter's. I'm doubling up with her. I'm waiting for a new plot whenever they do one or give me one.. My husband's not a well man and he wanted to go in a house. They [local authority] got the house, got all the house done and [we] signed the plot over to my daughter because she'd just got married .. [but husband] he wouldn't go in it [the house]⁸⁶. So I gave her the plot - I'd no plot of my own and I've been on there ever since with her" (53 year old woman and her husband – 'doubled up' for seven years with daughter and her family on local authority site).

The duration of such overcrowding is quite remarkable and provides clear evidence of both the shortage of available site accommodation and unacceptability of housing for many respondents as well as paying tribute to the cohesive family bonds which enable relatives to tolerate the lack of privacy and practical constraints inherent in such arrangements.

In contrast to the almost universally cramped external conditions of many individuals who were living on local authority plots (which – see further below -

⁸⁵ Caravan Sites Act 1968 Statutory Instruments Amendment 1st October 2006 No. 2374

⁸⁶ Elsewhere in the interview it was indicated that this refusal to move into housing, despite having given up their tenancy on the site, was because of the respondent's husband's cultural aversion to living in 'bricks and mortar' which meant at the last moment he could not psychologically cope with such a drastic change of lifestyle.

were noted by some respondents as constituting a fire hazard as a result of closely situated caravans), respondents at unauthorized tolerated sites or those with 'temporary permission' dwelt in a variety of circumstances. Several respondents indicated that they occupied relatively spacious accommodation "*two mobile homes, two sheds*" provided a home for two adults and six children in one case; whilst a couple with three children on a privately owned site with temporary planning permission possessed "*five caravans*".

Whilst it thus appears that many respondents had appropriate (or even comfortable) levels of living space the method of recording/questionnaire which asks for numbers of children but does not specify how many are *living* with the respondent, means that this impression may potentially be a methodological artefact, either hiding (or over-estimating) over-crowding depending on how many children are co-resident with the respondent.

For example, in the transcript of a (divorced) middle aged gentleman living 'doubled up' on an authorized local authority site in a tourer, it is indicated that he has seven children, several of whom appear to live independently on the same site. Thus *his* lack of space is predominantly a result of sharing a plot with relatives rather than internal overcrowding in his caravan. Accordingly, whilst he may in fact have adequate (if not extensive) internal living space in his trailer and may even be able to accommodate a visitor on occasion, he is still experiencing lack of privacy, shared amenities and lack of external space. However analysis of raw data which simply presumed co-residence would suggest severe and chronic overcrowding and indicate the case above consisted of an individual residing in a 'tourer' with a large family of children.

Couples co-residing with younger/dependent children on **unauthorized tolerated sites** are however (other than households living on roadside accommodation) the group most likely to experience 'internal space' overcrowding, with two respondents indicating that they only had one trailer (size unspecified) for four or five children as well as themselves.

A further three respondents with 4-5 children indicated that they possessed two caravans apiece for their entire household.

Whilst it was not entirely clear if this is the case from the particular transcripts in question, anecdotally we are aware that residents of tolerated unauthorized as well as private authorized sites are often bound by agreements with local authorities in relation to the number of trailers/residents on site and thus concerns over enforcement action limits their ability to bring in more trailers, adding to over-crowding amongst established households.

One lone parent living on the **roadside** close to other wider family members had four dependent children living with her in one touring trailer, indicative of uncomfortably high levels of overcrowding. Of the two respondents living in 'bricks and mortar' accommodation, one is living alone in a flat (although seeking to obtain a pitch on a site to live closer to family members) and the other interview (which took place with a married couple) found that the

household consisted of seven dependent children living with their parents in a local authority 'up and down' small three bedroom house.

Despite this apparently high degree of over-crowding the mother of the family indicated that *"even though we're overcrowded [in the house] we're happy to be there because to us it's like being in a big hotel, if you know what I mean, because we're used to being in a little two or four berth caravan. So to us it feels like we're in a great big house."* Nb: despite having a house, this couple report that they spend significant amounts of time 'travelling' [they were on the roadside at the point of interview] as:

"it is trouble to live in a house. We can't really do it because my husband gets very depressed in it... It's just a complete different way of life. When the weather's really bad...sometimes we're more than glad to go back there but we can't really call it [home]... because of his [husband's] disabilities sometimes we're forced to go back there but it's like he gets very bad depression as soon as we go there and he feels like he's claustrophobic and he's all closed in and he can't cope with it.

The children feels all isolated. Unless you go to a shop or something on a Saturday you can go for days without even probably seeing another travelling person or anything".

This woman's comments reiterate findings from a number of studies into the impacts and experiences of moving into housing for individuals who have spent the majority of their lifetimes in caravans: see further Smith & Greenfields, 2013; Greenfields and Smith, 2010. (In addition see below for information pertaining to respondents with disabilities/long-standing physical and mental health conditions, including depression).

Duration of residence at current location/local connections and place of birth

Respondents were asked how long they had lived at their current site. Both of the respondents on the roadside (orbiting a major city) had only been at their current location for a few days:

"About a week - this particular piece we've been on about a week... [before that] we was on that piece about three or four days and before that about two days and before that about four days. You roughly get a week. I'd say you're average time is round about a week" (couple with seven children, including children and husband with disabilities)

"about a week.. until the bailiffs tell you to go" (lone parent 4 children, including child with disabilities)

Other respondents' duration of residence varied from 23 years of residence at local authority sites (and indeed a number of younger respondents were still living where they or their spouse had been born, often doubling up with parents or in-laws as a result of site shortages) to stops of only a few months.

Other respondents who had managed to obtain a 'stop'; had typically moved on to sites (unauthorised tolerated; local authority in cases where it was possible to double up; or staying semi-unofficially on family-owned sites with temporary permission) with relatives or friends after experiencing repeated eviction from roadside locations.

"I've been here nearly two years now... [we previously lived] everywhere. I'd go from one camp to another camp round the xx area... [staying at current site] because it was the only place that we could stay" (21 year old married woman, with young child – (child's age not given) on husband's family-owned unauthorised site

"Just before we came here we got moved on again.. We lived everywhere. We didn't have a permanent place" (25 year old married woman with 4 month old baby, staying with husband's relatives on an authorised site)

One of the most elderly respondents (an Irish Traveller woman in her late 60s living with her husband in a small tourer at a local authority site at a considerable distance from their 'home area') reported that they had been at their present location for nearly three months. Whilst they don't have relatives or close connections to the locality at which they are currently living "we know some of the people on the site". Desperation over repeated evictions led them to move several hundred miles away to obtain a pitch:

"[we] was just living in London.. it wasn't a campsite, it was just an ordinary council ground [unauthorised site], and I was travelling around London for years, we were moved on at least once, twice a week sometimes, moved from place to place and looking for somewhere to go. The police came and told us we had to leave and then we got evicted from there. So we had to leave and that's why we came down here. .. just to get away from London because there was nowhere for us to stay. We were hounded with the police every week and we just wanted to get away for a change. Someone told us there was a site down here and we'd get on there and stay for awhile. We might end up getting a plot on here".

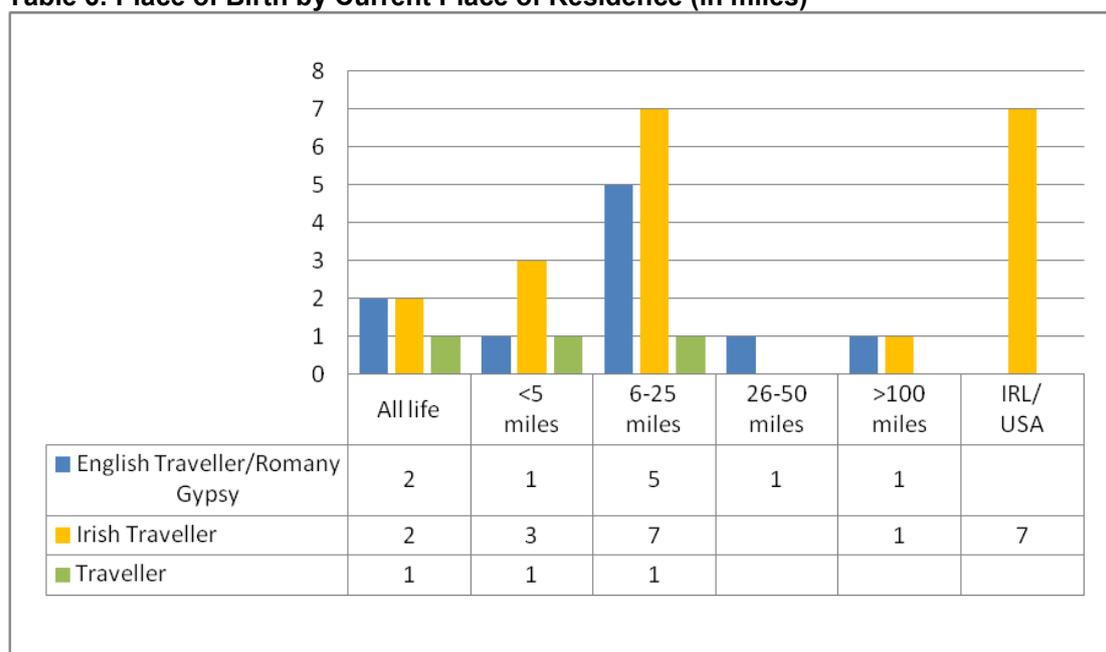
Where household members had set up an unauthorised site as a group (see case studies below) residents overwhelmingly consisted of a core of older relatives with both married and unmarried young adult children who had been dependent on their parents at the point of land purchase and who had then remained on the site after partnering, or who moved back onto the land after a few months of living at roadsides. In addition, some Irish Travellers were found to have occasionally moved to Ireland to nomadise for a short period after marriage before returning to England/Wales.

Given the oft-reiterated assumption by local authorities and objectors to sites that residents of newly passed (or unauthorised) private sites are incomers (or have moved from Ireland to live in the UK) it is worth recording that the largest majority of respondents were not only UK born, but had also spent the largest proportion of their lives orbiting the local area in which they were settled. Indeed our findings in relation to place of residence bear a close resemblance

to the ONS (2014) data pertaining to place of birth of Gypsies and Travellers (in both studies, respondents were found overwhelmingly to have been born in the UK).

On average (excluding those born out of the UK) our respondents who had moved onto an authorised site [or unauthorised private site currently seeking planning permission] give a place of birth no more than 25 miles distance from their current location (see Table 6). Two respondents indicated only that they had been “born in England” or “lived here all my life” (for example) so have been excluded from this calculation per place of birth relative to place of residence.

Table 6: Place of Birth by Current Place of Residence (in miles)



Overwhelmingly interviewees residing <25 miles from their birth-place report having moved to their current location to join family or other close connections who have a deep rooted local history. Only three respondents were living (at interview) some distance from the area where they had resided for the majority of their lives. Two young respondents were born in the USA whilst their (Irish Traveller, UK born) parents were travelling in that country; and four other respondents were born in Ireland (giving a total of 18% of respondents who were born outside of England). Of these Irish born respondents, (including individuals in their 60s and 70s) only one individual had moved to England as an adult (having resided in the immediate vicinity of his current site for over 30 years) with the other Irish born respondents having been on average 6 years old when their family moved to England.

The average duration of residence in the UK for Irish born respondents was 44 years (albeit with intermittent short-term periods spent in Ireland), demonstrating continuity of relationship to regional and local areas as well as clear permanent residence in the UK in general and England/their place of settlement in particular.

Overall, this section of the survey found that the themes of lack of adequate site provision for people with a clear and demonstrable local connection; lengthy delays in obtaining a pitch and the inability to settle into housing in the limited number of cases where this had been offered or experienced, (so familiar from GTAs and the EHRC/Cemlyn et. al. (2009) Greenfields and Smith (2010) Smith and Greenfields' (2013) studies amongst others) were reiterated repeatedly, operating as a constant trope in the interviews recorded for this study.

Access to Facilities of respondents (electricity, gas, running water, sewage, rubbish collection etc)

In addition to information on their form of accommodation all participants were asked about their access to basic services (e.g. electric, gas, water and rubbish collection, etc). Inevitably the type of planning permission which covered their sites as well as form of tenure (temporary or permanent site, self-owned or rented from a RSL) and personal income level impacted on the quality and type of services available, as well as form of accommodation occupied.

Unsurprisingly, those living in housing experienced the highest level of access to services although (see further above) the one household which travelled extensively having stated that they could not 'settle' into housing and thus preferred to live at roadside sites or travel with family, only experienced intermittent access to postal services and made use of standard 'tourer' facilities. Similarly, the lone parent living on the roadside reported that she used *'gas bottles [cooking and heating]; launderettes [for washing clothes], a generator [for electricity], had no access to running water or postal services and might receive occasional rubbish collection [dependent upon the local authority's service provision]'*.

Respondents living at authorized sites (particularly local authority or private authorized sites, including those with temporary planning permission) had in the main access to a good range of facilities. These did not particularly vary in type of services: *"Oil heating, electric, toilets, post, rubbish collection, running water, washer/dryer"* to *"all facilities and utility block"* although in the supporting comments there was evidence that some local authority respondents fared rather less well than others in *quality* of service received:

"glass, broken all round the site... no caretaker" [RSL/LA site]

"between pitch 1 and pitch 2 we have our mail boxes. The postman comes in and puts them all into the letter boxes" (requiring tenants to go to a central point to collect their post) [LA site]

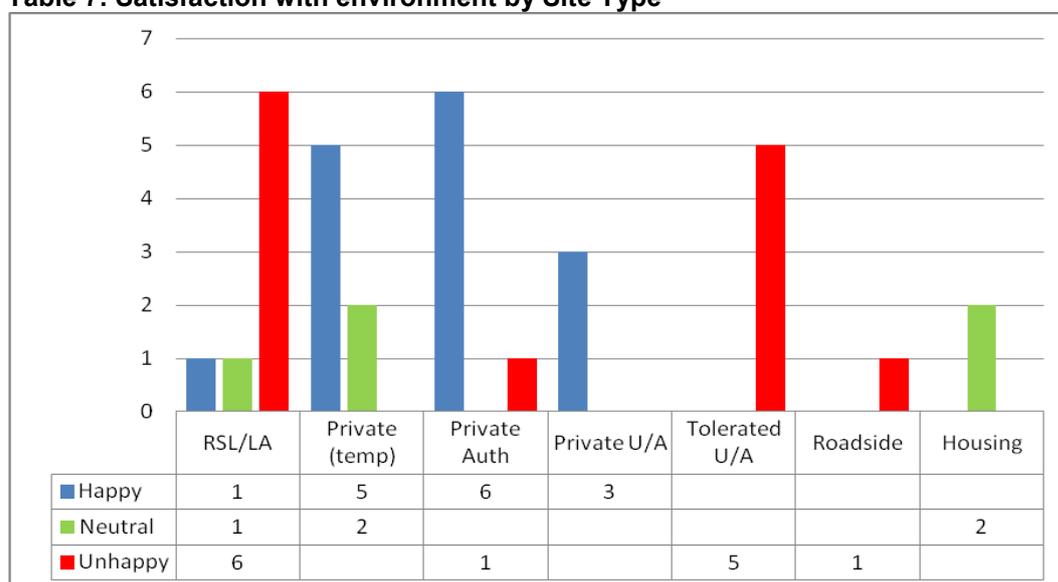
"We're living in utility blocks that need doing up, they haven't done anything with them because the council's been keeping us waiting" [for fifteen years the site has been subject to insecurity over whether or not it would be closed down. Notification had recently been given that as a result of road-building it would be shut down].

“You can get post here but it’s delivered to a shed mailbox. But I go and collect mine from the sorting office because mail has been passed on to other family members or not got to me in time. I have a lot of hospital appointments so I have to make sure that mail comes. I go and get my mail every day” [LA site – different geographical location from respondent above who had complained about lack of individual postal services].

“[Frequency of rubbish collection] Weekly. Sometimes they miss a week and there’ll be rubbish everywhere. It’s meant to be on a Thursday. [site is] full of rats” [LA site].

Table 7 below indicates satisfaction levels with environmental conditions and quality of service by site ‘type’.

Table 7: Satisfaction with environment by Site Type



Perhaps unsurprisingly, given their sense of agency and ability to select their own service provider (other than in relation to statutory or local authority provided services such as postal delivery or rubbish collection) respondents on **self-owned authorized sites** were *most* likely to report access to a full range of services and satisfaction with such facilities with the overwhelming majority of respondents indicating that they were happy with their environment and accommodation.

The only individual who expressed dissatisfaction with their circumstances *and* who lived at an **authorized private site** was “doubled up” and sharing facilities (including a bathroom and day-room) with her in-laws. This respondent stressed that whilst it was much safer for her young family to be in their current situation than on the roadside, she was desperate to obtain her own plot, and felt that the situation created significant stresses in the family. However, as she had young children and was pregnant she was unable to identify any other alternative.

"It was the only place we had to go and my husband's got family on here so we just thought we'd double up on their plot, and obviously I'm having a baby, I've only got four and a half weeks left, so we need to be somewhere where we've got a bit of electric and where I can register with the hospital."

However, despite the 'headline' figures above re 'neutrality' and more nuanced comments pertaining to anxiety over their planning status, respondents overwhelmingly reported satisfaction at living on a private site:

"Very happy. I was never so happy in my life" (resident of unauthorized private site)

"I love it here"

"very very happy"

"It's your own privacy, it's priceless really, isn't it"

Despite these comments, analysis of qualitative data (see further below) found repeatedly that respondents who did *not* have permanent planning permission reported long-standing anxiety and stress about their situation. Indeed narratives of residents of unauthorized sites/individuals with temporary planning permission **uniformly** emphasised how the insecurity of their circumstances impacted on their health and happiness.

"We're always sort of stressed with the council because you don't get no response off them. It's either yes or no but I mean we're waiting months now for even a reply to a letter". [Respondent in his 70s, resident on his own land for 27 years. Over the past 12 years since the site came under a different planning regime following national park status being awarded, the family has been involved in a series of planning battles as their status has been challenged]

"It's the uncertainty of the whole thing. I put it down - they tease you, you know. They know what we're entitled to but they're teasing us all the time because they just don't want to say yes. They want to hold it right back to the end..."

Another interviewee, a 21 year old mother, indicated that whilst she'd *"love to live like that for the rest of my life"* [on her husband's family's unauthorised site] she suffered anxiety because *"we're not passed...the baby's settled there, and it's dangerous for the roads because you don't know where you're going to go next"*.

"I think everyone's depressed. I get panic attacks if I know if I have to get up and go again. I'm just not able for it anymore between myself being sick and looking after the children". (53 year old woman with disabled children, living at an unauthorised family site).

Accordingly, a number of respondents in such circumstances indicated that whilst they 'loved' their sites, they felt unhappy and insecure in themselves as a result of accommodation uncertainty. This theme is revisited below in relation to the data on mental health/depression and anxiety reported by respondents.

Whilst residents of local authority sites were generally not as unhappy with their overall circumstances as households living in either housing or at tolerated/roadside sites, overall, 62.5% of respondents living at **local authority sites** (5/8) indicated that they had concerns about the environmental conditions or level of services provided.

"it's not an ideal place to bring up kids with all the pollution. You've got air pollution, you've got noise pollution from the cars, the trains, and as I say, my three eldest boys didn't suffer from asthma or anything and now the youngest ones have a touch of asthma and I put it down to living on this site". [Male resident of urban LA site, for 15 years]

"I like where we're living. The only thing I don't like, where we're situation right beside is the factories, the polluting factories and we don't know what we're inhaling, and that's what scares me because when I have my own children I think is it going to have an effect" [young female resident of urban site, at a different local authority site]

A further two respondents (rural, local authority owned) indicated that whilst they liked living at their current location which was "a good site, safe" they had been told that the site was to be closed creating "stress" or "worry" about loss of their accommodation and the breakdown of a close knit community where one respondent had lived for her entire life and another had been resident for a considerable number of years.

In total, 3/8 respondents resident at a local authority sites indicated that they were either happy with the quality of provision or neutral, emphasizing that despite some concerns over litter, poor management or broken glass, having previously lived at roadside locations they were "happy to have somewhere to stop."

Several respondents (generally those of long-standing residence) indicated that they felt that local authority sites were becoming increased neglected and run down, with poor management exacerbating difficult situations:

"things have happened on the site which never used to happen. This used to be a very quiet nice site and the council have let a lot of things get out of hand. It's not the site that I was brought up on". [Woman in her 30's, life-long resident of a rural local authority site]

"It's quite small and quite packed. A lot of people are living in each yard, and it's a fire hazard. If one caravan gets enflamed the whole site gets enflamed" [21 year old woman living at local authority site – doubled up for 2 years with her husband's family]

Another respondent residing at a generally fairly well serviced local authority site in a rural area stressed that while living there was much better than being on the roadside, and that they had access to facilities on-site, it was a bad place to live:

“Because we’re in the middle of nowhere, nobody will come on the site, taxis or anything like that, you can’t get no buses because you’ll end up getting run over along the main road and there’s no proper bus stop anyway. You can’t go through town, you have to walk at least 5 mile to get to the nearest shop. It’s ridiculous”.

The sense of poorly serviced and increasing neglected public sites where residents felt as though they were treated as second class citizens by local authority landlords was a theme which came through clearly, even amongst individuals who had initially stated that they were ‘quite happy’ about their place of residence before additional questions were asked in relation to the frequency and quality of services and satisfaction with management of sites.

Perhaps most striking of all, even amongst repeated narratives of broken glass, rats, damp ‘sheds’ and infrequent litter collections, was that the level of services provided at **tolerated unauthorized sites** (one location in particular) were particularly poor, as explored in depth in Case Study 1 in the following site survey section. Indeed, respondents indicated that the only reason they lived in such circumstances “portaloos” “shared water tap” was that the alternative would be to move into ‘bricks and mortar’ accommodation or move onto the roadside with all the hazards that entailed as well as the risk of frequent repeated eviction.

At one particular site, despite the fact it had been in existence for 12 years the level of services provided by the Local Authority (who owned part of the land) were uniformly condemned as being of unacceptable low quality, whilst the uncertainty over planning permission and limbo status in which residents lingered meant that they were unable to require the local authority to improve their environment or lay on additional services:

“Once a month probably the bin men will come or once every two weeks on their own accord, whenever they want to. So it’s really low rubbish clearance”

[Whether post is delivered] *“sometimes”*

“gas bottles.. [no mains gas] electric but very poor quality and can’t run many volts

“I live in terrible conditions really. I live in a camp on the side of the road. It’s unofficial but they call it tolerated.... In a way we’re lucky to be here even though it’s a terrible place to be living”

“There’s no [mains drainage] toilets here, no showers, you have to go to the swimming pool to get a shower”

"We have a tap outside, only Portaloos, so we don't have any proper electric or proper wash facilities"

The one **roadside** respondent expressed a degree of unhappiness with her circumstances, environment and conditions which was similar to that of the above residents of the 'tolerated, unauthorized site', with the additional impact of experiencing multiple, rapid evictions as she and her young adult children/family members orbited the city where she had been born and spent her entire life.

This lady, who has a school age child with disabilities described herself as:

"very unhappy.... Because you don't know where you are. You can be on a camp one minute and then you're shifting the next and then you're pulling in and you don't know what's around you, you don't know who's going to come around in the night time".

She emphasised the danger of some roadside camps indicating that living in such circumstances was particularly unsafe for families with young children. Whilst this respondent expressed concerns about the fact she had *"No wash houses. You can't have a washing machine, you can't have nothing"* her main concerns related however to *"Racism, people walking past calling you names and things... [it's] a very stressful life. It's all right when you know you've got somewhere to go back to"*. The theme of racism and the impact on mental health and well-being was a central theme of many narratives and is considered in more detail below.

Of the individuals currently living in **housing** (as detailed above), one family reported that whilst they were happy with the fact that they had some security and adequate space in their house, the cultural unacceptability of the accommodation meant that they spent significant amounts of time travelling in a small and over-crowded 'tourer', returning to the house when the husband's poor health required treatment, and remaining there until the sense of isolation or stress sent them back out onto the road.

The other individual (an elderly man) reported that whilst he was *"happy enough"* in his flat (into which he had moved following marital breakdown) which was very local to a number of his adult children living at a small urban site enabling daily contact with them, he was very anxious to obtain a pitch on the site as soon as possible now that his wife had passed away and it would be possible for him to return to live amongst his family.

"I'd be more happy living at the site .. I'd love to move back into the site again". As such he and a close relative were attempting to negotiate an exchange of tenancies although: *"the council wouldn't allow it because mine is a permanent place and the camp is not, although they say we won't move you"* [site had a series of temporary licences granted by the local authority over a 30 year period].

As such insecurity exists for all of the residents of that site which is regarded as relatively well serviced with basic amenities although *“we were 14 year there before they done anything, before they recognised us, the council, and then they put a hard standing down and put a unit in where there’s toilets and a kitchen, bathroom”*.

Self-reported health status of respondent and family

In total 9 (27% of) respondents reported having good or very good health (in two cases qualifying their statement with reference to minor conditions such as *“low blood pressure, when standing quickly blood pressure drops went to A&E and they said nothing could be done”*). Two respondents who categorized their general state of health as ‘good’ were being treated for particular gynaecological/fertility conditions which whilst personally difficult, were to a certain extent time-limited: *“trouble in this pregnancy” “polycystic ovaries – trying for a baby”*; whilst a further two respondents (6%) indicated that they had *“fair”* health, although the list of conditions detailed by one of these interviewees including repeated kidney infections, anxiety, depression and chest infections (all conditions anecdotally associated by health visitors in the UK as linked with residence at poor quality and insecure sites, a theme supported by FRA (2009) and FSG (2009) findings pertaining to the health of European Roma resident at poor quality ‘camps’) suggest that this individual would perhaps have been more appropriately self-assigned to the ‘*bad*’ or ‘*very bad*’ health category.

This final group (bad/very bad/poor health) comprised 66% of respondents, significantly higher than the 49.9% in the Parry et al., (2004) sample and the 45% in the Cambridgeshire GTAA (Home and Greenfields, 2006) reporting poor health and virtually reversing the Census findings (ONS, 2014) which reported that amongst Gypsies and Travellers 70% of respondents had ‘good’ or ‘very good’ health. In the context of the Census findings a possible explanation for this is the large number of Gypsies and Travellers who weren’t captured by ONS enumerators, with research estimating a minimum of 119,193 Gypsies and Travellers living in England, equating to over twice the 2011 census figure of 54,895 people (Traveller Movement, 2013). The same research noted that Gypsies and Travellers living on unauthorised sites (especially in regions with high numbers of unauthorised sites such as the South West and East of England) may not have been captured in the Census data. It also noted that enumerators were more likely to have engaged with Gypsy and Traveller communities who were already accessing services (including health), resulting in those sections of the communities who may be experiencing greater marginalization (and consequently poorer health) not being included in the Census data.

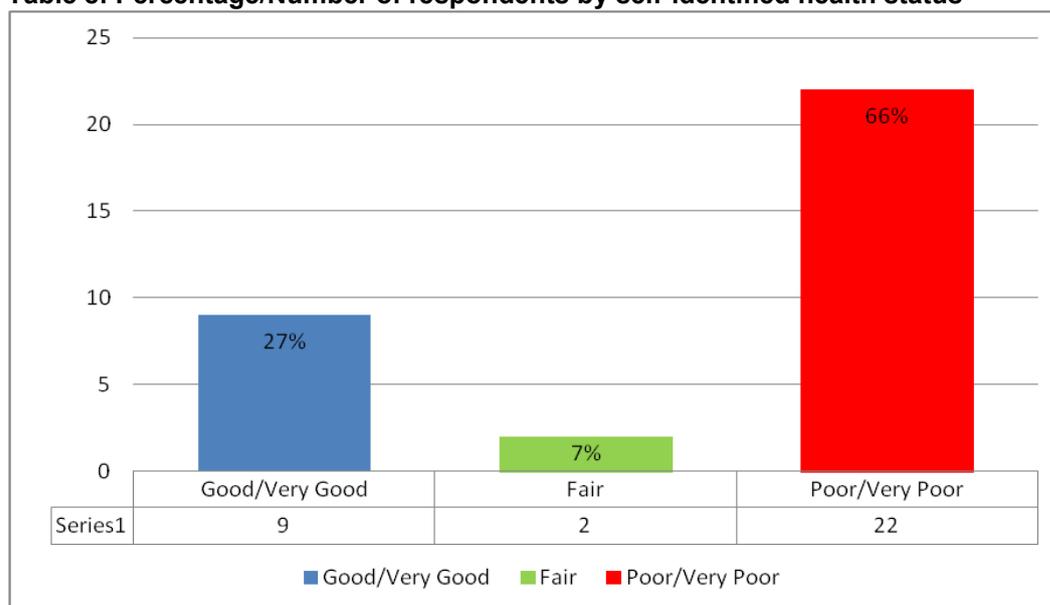
It is difficult to account for this finding which suggest such higher levels of poor health when compared with pre-existing surveys, other than to suggest that this may be indicative of a relationship between both stability of site (see further the Cambridge GTAA (2006:41) which found marked differences in health status by accommodation tenure) and the actual locations at which the surveys were undertake. Thus it is likely that given the small sample surveyed

for this study, certain sites (particularly those without adequate services such as the tolerated site with very limited facilities) or where respondents are experiencing mental health issues pertaining to anxiety and stress over their insecure accommodation status may have impacted on the extent to which poor health is represented in the data (see Table 8).

Further, the relatively in-depth probing in relation to health undertaken within this study, and the presence of community interviewers with whom the respondent may have felt comfortable and able to disclose conditions such as anxiety and depression, may have led to greater self-reporting of health conditions than in certain other studies where community interviewers have not been utilized (e.g. Parry et. al, 2004). Indeed, Van Cleemput et. al. (2007) note that their sample treated to in-depth qualitative interviews may have been less mobile and in less crisis than the Gypsy/Traveller population overall. It is striking however, how the range of health conditions indicated by respondents largely mirrors that of existing studies (see Matthews, et. al., 2008; Cemlyn et. al. ,2009)

Table 8 below shows the percentage of respondents in each health status category.

Table 8: Percentage/Number of respondents by self-identified health status

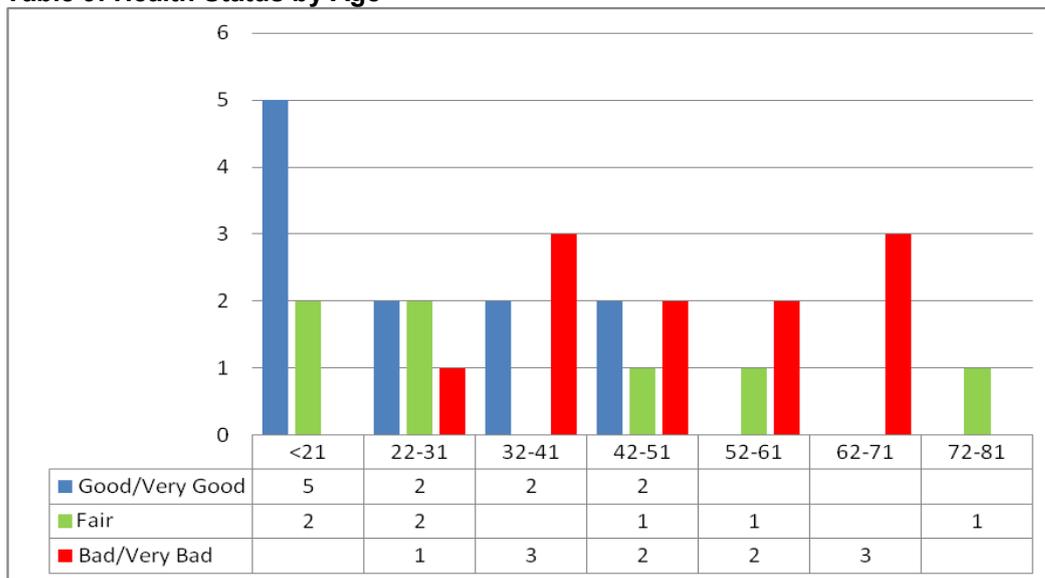


When this data is considered by age (see Table 9 below) it becomes clear that 'poor' or 'very poor' health commences at a relatively young age for Gypsies and Travellers. Accordingly the majority of respondents rated their health as bad or very bad by the time they were in their mid-late 30s, and by their 40s a steep decline had begun.

When health status is contrasted with 'type' of site at which respondents live (Table 10 below) we can see that there is a near perfect mapping of categories exists in terms of prevalence of stated concerns, re:

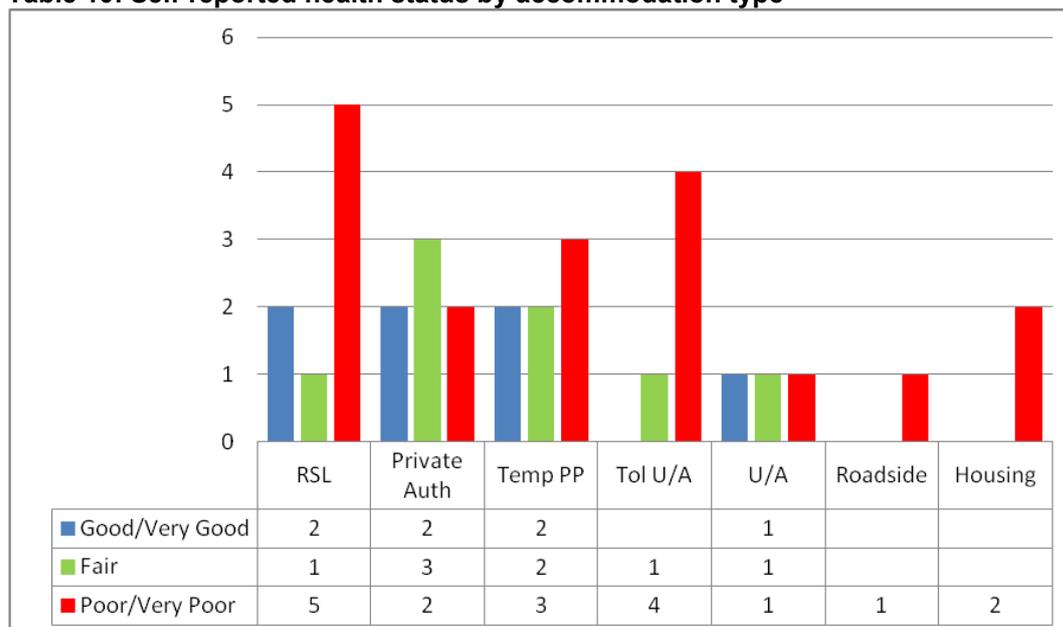
environment/anxiety and depression reported to be related to accommodation status and place of residence.

Table 9: Health Status by Age



Thus we find that individuals with the poorest self-reported bad health lived in tolerated sites with poor conditions, in housing, on the roadside or on local authority sites. In contrast, even where their planning status is precarious, residents at private sites are more likely to report good or fair health than those at local authority or tolerated/roadside sites, and those at private sites with planning permission are most likely to report good or very good health. Although around half of those individuals at sites with temporary planning permission report poor health (often citing depression and anxiety) and a majority of those on local authority sites have health problems (again including depression and anxiety as well as cardio-vascular problems, diabetes and other conditions, particularly those associated with ageing) there seems to be a protective factor involved in living at a secure private site which may go beyond explanations associated with the materially poor conditions reported at the majority of local authority sites included in this study.

Table 10: Self-reported health status by accommodation type



Environmental Conditions on Sites

The surrounding environmental factors which impact on residence at particular locations are considered in more detail within the case studies but it is worthy of consideration that poor air quality, proximity to industrial sites, asthma and repeated chest infections amongst household members (particularly children and the elderly) were noted in around half of all interviews undertaken on local authority sites, as well as forming a central theme in those carried out at roadside and tolerated unauthorized sites where residents are living with minimal services in conditions of considerable environmental hazard. Similarly, families who have been on the road-side prior to moving to their current location cited instances of common hazards which impact on household well-being.

“It’s not very healthy for the children because it’s a [heavy aggregate industries] factory.. behind us and it’s very dusty and very bad for the children’s health” [tolerated u/a site]

“We live beside a dump... it’s very, very dusty and we’re all closed in, it’s very, very tight and we have a big main road”. [tolerated u/a site]

“What we do is we keep the children in as much as we can and we put padlocks on the gates to try and not let them out. But that’s kind of bad because we’re restricting them from their childhood, basically. They haven’t got a lot of playing area.” [u/a site tolerated – numerous accidents in immediate vicinity hence strict control over children to avoid road deaths]

“When we was on the roadside [child] got pneumonia and a chest infections and she had a few accidents because she couldn’t hear and there was traffic and all about and we found it very, very difficult so that’s why we had to move

into the house” [family now travelling between periods in housing re inability to settle in ‘bricks and mortar’]

“Inhaling all the bad fumes of the factory...there’s been a lot of sickness with children over it and things like that” [unauthorized tolerated site]

“You’ve got two slip roads, one on each side, then we got the motorway overhead, so we’re actually bang in the middle of it and that’s the real concern, because sometimes up overhead you can hear when cars come too fast on the bend you can hear them smacking off the wall. That’s happened on numerous occasions. But you learn to live with that” [LA site]

“We’re infested with rats, there’s a load of lorries going up and down the road at high speeds, and we have really young children and it’s really dangerous. Also the dust getting thrown on top of us is very bad for our health, breathing it in is bad for our lungs, and also sore eyes, it can affect your eyesight because the dust blows on you. But we have to stay there; we have to put up with it” [tolerated u/a site].

“Where we are situated it’s at the corner of a roundabout and the roads are very, very busy” [Local Authority site – non-residents use the entrance to turn cars – separate site from previous quotation]

“Even simple things like water, you can’t even get water anymore on the side of the road. The garages don’t want to give you it. You can’t knock on people’s doors like you used to be able to. You just can’t get it anymore, simple things like that. It’s so hard.” [family now at a site which has recently received temporary planning permission discussing previous/recent ‘roadside’ experiences]

In addition to poor air quality and badly designed site locations (i.e next to busy roads, in the centre of industrial areas, etc). In a number of cases, residents at local authority and tolerated unauthorized sites on public land (overwhelmingly in urban areas in all areas of the country surveyed) reported that they or household members/site residents had suffered injuries as a result of inadequately maintained services, broken hard standing etc:

“My poor little grandchild, he’s only 10 now, half the plots need all tarmacing, there’s big holes in them everywhere, and the child came out of the shed and he fell, he was only about 18 month old, and he fell and when he fell he knocked he cracked his tooth right down the middle and his face was up like that and he had to go and have his teeth out at the front. He was only 18 month old so he’s going to be with no teeth till however old he is” [LA site, Urban].

“Another little girl down there... just fell on one of the pavements and her bone came straight through her knee on it... a young woman fell when was having a child [pregnant] and broke her arm” [LA urban site]

“There’s all glass in the compound. It needs cleaning up, smashed bottles and that... They [council workers] left the drain open and I fell down the drain.. left a scar on my leg” [15 year old female respondent present during interview with her mother – resident on urban LA site]

“My sister’s little boy fell over a live electric lead leading from the shed to the caravan. He tripped over that and he done something to his leg, I think, fractured his leg on it” [rural LA site]

“There’s been loads of accidents, broken hands, falling off the walls, the fences, running out in front of motors. Thanks be to God no one got really badly hurt.” [unauthorised tolerated site]

“There has been accidents on the site. One was when my sister in law, she was in the park and the wall was unstable and all the kids were messing, putting their hands in and out of this hole, this is a good few years back, and some of them put their necks in, and then she just put her hands in and the whole wall collapsed and nearly took her fingers off. Another story - one of the boys on site, the ramps again, someone went too fast on the ramp and they actually hit one of the kids, she had to have an operation”. [LA site]

“I tripped and I grazed my whole knee and it got an infection in the knee and I had to go to A&E for that, and because of the rats too, so that's probably what could have caused the infection too” [unauthorized site, roadside, long-term tolerated]

“A child got killed...got run over [on site]” [LA urban site]

“There’s been loads of dogs killed on us. We’d loads of terriers run over and thank God none of the children; so far so good. But my brother did get hit with a lorry, he was 30 years old, trying to protect one of his children on this road, one of these lorries. He got his child and pulled the child off the road and got hit with a lorry himself. It drew his elbow up to his wrist [caused a disability], and the lorry driver just kept on driving, he kept on going. And even though people was out screaming who witnessed it, we still never found out which lorry driver it was, because obviously we were more concerned about making sure he was okay rather than getting a registration number, and all the lorries have got xxx wrote on the side of it so we don't know which one is which, and they all look the same”. [unauthorized tolerated site sandwiched between industrial areas which have grown larger since the site was set up]

Perhaps unsurprisingly, a number of respondents reported suffering from multiple conditions (e.g. high blood pressure and stress; respiratory problems and anxiety etc). Table 11 below details respondents’ reported health conditions. Whilst anxiety/depression accounts for by far the highest number of incidents, respiratory conditions which may well be related to poor air quality and environment as detailed above, cardio-vascular conditions and diabetes are also detailed.

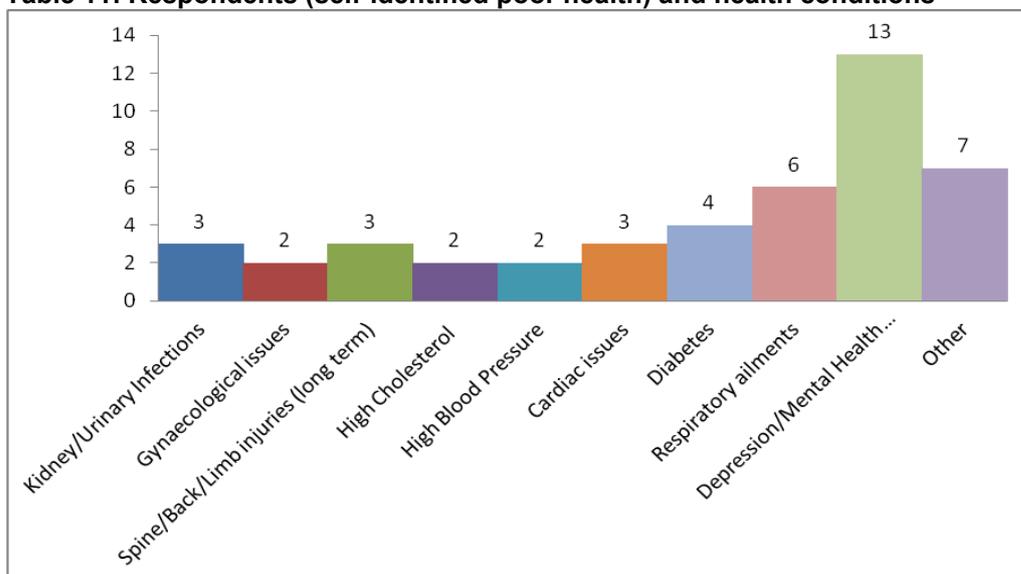
Although health policy/professionals who participated in the feed-back session on emergent findings of this research at the TM conference in November 2013 suggested that in their experience kidney and urinary tract infections were particularly common in women living at roadside or poor quality unauthorized sites; this was not an especially significant finding, accounting for only three references of on-going or most recent health conditions amongst our sample (9%). However, the accommodation situation of the young women suffering from these conditions did align fully with the suggestions by health-professionals, in all cases pertaining to respondents with poor access to fresh water and lavatory facilities who lived at roadside or tolerated unauthorized sites.

Health professionals at the feedback seminar stressed that repeated kidney/urinary tract infections at a young age could lead to long-term disability or impairment, with particular impacts during pregnancy, indicating that such infections were increasingly being reported amongst young Traveller and Gypsy women residing at poor quality sites. Accordingly we highlight this element of the research alongside our findings on depression/anxiety and the risk of injury at local authority and unauthorized roadside locations.

The ‘other’ category of illnesses/conditions reported by respondents consisted of a range of conditions. These included pernicious anaemia (requiring injections for treatment and a place to store medication in the right conditions); severe irritable bowel syndrome; arthritis (considerably lower in this sample than found in other surveys at 3% of respondents vis a vis 6% in the Cambridge GTAA, 2006) and persistent low grade fevers and malaise. In addition, one individual was extremely disabled after an accident:

“He can’t walk proper anymore, he can’t tie his shoes anymore, he can’t wear trousers anymore, he can’t do his button on his trousers so he has to wear jogger trousers now. He has to be helped in and out of the toilet” (roadside family although they also have access to a house which they find difficult to settle at – see above)

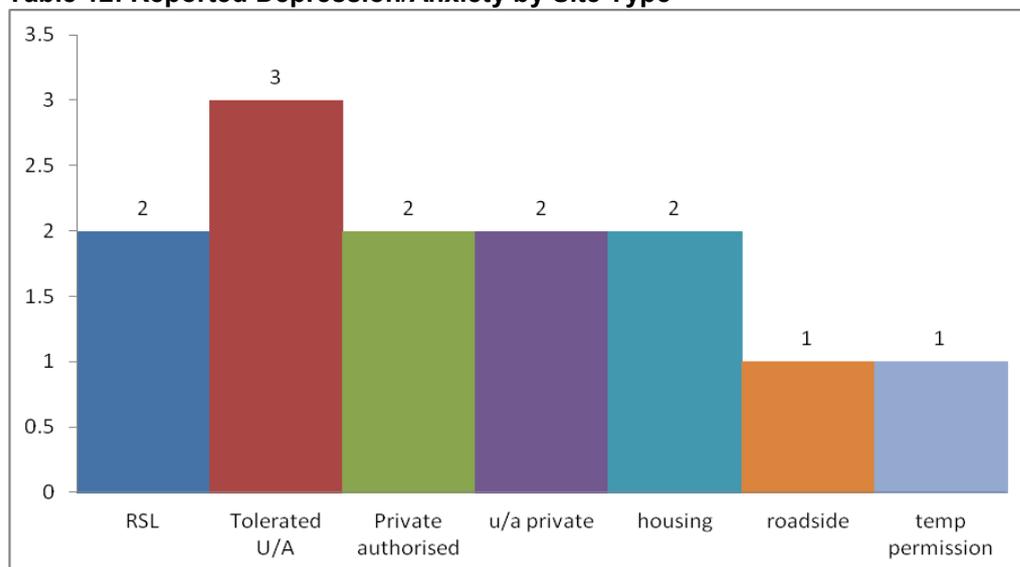
Table 11: Respondents (self-identified poor health) and health conditions



It is particularly noticeable that 39% of the sample report suffering from anxiety or depression. When the living conditions of these respondents is considered it becomes clear that the majority of these respondents were either living in conditions where they felt deeply insecure as a result of their planning status and/or poor site conditions; or were living (in both cases where respondents were in 'bricks and mortar' accommodation) in premises which they had accepted reluctantly in the absence of a pitch.

In total, 100% of those resident in housing report that at least one household member suffers from mental health problems. (nb this includes the family who have access to a house but who travel extensively as a result of the "depression" caused by "inability to settle"). In both of these cases the respondents are actively seeking to return to living on a site. The only 'roadside' respondent also reported that she takes "tablets for her nerves", referring explicitly to her terror of racist violence and generally insecure situation (see further above).

Table 12: Reported Depression/Anxiety by Site Type



Interestingly, despite the generally poorer health of residents of local authority sites there is a relatively low rate of reported depression and anxiety amongst these respondents. This may potentially relate to both security of accommodation – despite often poor physical conditions - and/or the protective factor of (in the main) living amongst close relatives.

As noted above, a number of individuals living at private sites with temporary planning permission noted that whilst they were delighted with their current accommodation, on some level they experienced persistent low-grade anxiety which increased as they reached the end of another 'cycle' of planning.

“Our planning now is up in October so around August you’ll start panicking, “have I got enough money to go to court? Have I got enough to pay solicitors and pay the planning fees?” So it’s the stress then that kicks in at that time, and then you don’t know the outcome. You’re never going to know if they’re

going to evict you there and then or give you another temporary pass or what [private site, temporary permission].

Of those resident on authorized private sites suffering from depression, one respondent indicated that her personal situation (doubled up with her husband's relatives, on an overcrowded pitch, with children and whilst pregnant) created significant stress and unhappiness, whilst the other individual stated explicitly that whilst she was depressed this did not relate to her accommodation status.

Respondents' Status as Carers

All respondents were asked if they were acting as unpaid carers for family members suffering from poor health, age-related conditions or disabilities which limited their self-care. The 2011 Census (ONS, 2014) reported that 11% of Gypsy/Traveller respondents in England and Wales were carers, and moreover that they were amongst the highest category of those providing in excess of 50 hours a week of unpaid care. Our data, which did not explicitly ask for details on hours of care provided, found that 42% of respondents were involved in helping to care for immediate household members or wider family on site or in the immediate vicinity who had severe long-term conditions or were disabled. These included such illnesses as *"cancer"*; *"aunt who has had a stroke"* *"daughter with spina bifida"* *"husband who is disabled"* *"grandfather who has prostate cancer"* etc. In addition, a further 12% of respondents indicated that they *"help out family"* *"we all look out for each other here"* etc.

Two respondents indicated that they would usually be involved in complex networks of caring responsibilities but at the moment these duties fell onto other relatives as they *"had just had a baby"* or *"not while the children are so small, I can only care for them"*. This significantly higher figure than was found by the ONS is broadly in line with findings from other health studies undertaken by the research team members which have persistently found that Gypsies and Travellers are actively involved in caring for household members and wider site residents, many of whom experience poor health or disability at a relatively young age (as indicated by the data above). It is worth highlighting here that given the reported health status of respondents, around half of those who are undertaking caring duties are also suffering from poor health themselves and it may be that depression and anxiety are in some cases linked to caring responsibilities coupled with poor site conditions and insecurity.

Most recent health conditions experienced by respondents and their household

Whilst a number of respondents (10%) reported that they had attended at either A&E or their GP surgery with injuries – *"something in eyes/sore eyes"*; *"broken arm"* etc; a further 15% had required routine medication and check-ups for long-standing conditions such as depression/anxiety; blood pressure, diabetes. Nine percent of the sample had required treatment for urinary tract or kidney complaints (all young women - see above) and 18% had been seen

by GPs in relation to routine sore throats and coughs. The most commonly reported condition however consisted of 20% of respondents – all living at unauthorized tolerated or local authority sites which had been noted as having poor air quality – who cited repeated chest infections, asthma, bronchitis and related conditions. In several of these cases it was babies or small children who required treatment and one elderly lady had been hospitalized as a result of contracting pneumonia.

Whilst it is clearly difficult to establish attribution of health conditions it was noteworthy that such a high percentage of chest infections were reported by those who had already indicated that they lived at locations with significant degrees of pollution in the immediate environment, and/or who had suggested that *“there are a lot of infections here, the children get ill a lot”*.

Access to Health Care (GP registration/hospital care etc)

All but one respondent was asked about their access to GP and hospital services. Of these, each reported that they had access to a GP although in 15% of cases (including the two roadside at point of interview families⁸⁷) they were registered some miles away from their current location. Only one respondent indicated that they had a temporary registration with a GP and this was a pregnant young woman, doubled up with her husband’s relatives at a local authority site. The young couple had been given a ‘temporary stop’ until her baby was born but did not know where they would go after she had recovered from the birth.

Respondents were very mixed in their degree of satisfaction with primary health care services, varying from *“really positive, really good but hard to get appointments”*; *“they are generally good, the first GP was good the second not”*; *“she’s very good, could use a closer one but like her”* to *“really bad, they just don’t care”*; *“not very supportive or flexible”*. No overall trend was apparent in terms of attitudes or experiences.

Similarly, the few comments received which pertained to cultural competence of health care providers varied from *“very good”* to *“they don’t understand our culture”*. Once more, it was impossible to ascertain a trend in experience, or a core thread of complaints or compliments.

No respondent reported that a GP/primary health care teams would attend on site although two respondents noted that in the past they had had access to a *“health bus”* [now discontinued] or *“midwives and district nurses”*. Generally respondents indicated that they *“went to [primary care providers]”*.

⁸⁷ This includes both the household without access to any alternative accommodation ‘roadside’ and the family who have a house but who travel extensively to support the husband’s mental health needs and minimise isolation for the children/mother.

Traveller Specific Health/Wellbeing Issues

Respondents were asked to identify the most positive aspects of being a Gypsy/Traveller and (where comments were provided) these indicated being part of a close knit community who *“looked out for each other”*.

Barriers to health care were also considered within interviews. The most common responses pertained to poor quality sites/accommodation (55%) *“the dust” “damp” “how we live here”*. Evictions and finding work taking priority over health care *“being moved around” “Living conditions, working, being outside a lot and stress of not knowing where food and money was going to come from”* (35%). Drinking and smoking/poor diet (24%). Male pride in *“keeping going”* and ignoring health needs *“they don’t go to the doctors until it’s really bad”* (18%). Illiteracy as a barrier to accessing advice properly, understanding health rights or taking medication appropriately (12%)

Stress and anxiety (often persisting for many years) resulting from experiences of traumatic repeated eviction featured regularly in explanations for depression related poor health amongst Gypsy and Traveller respondents:

“The wrong times, ain’t it [about being moved on]? Sometimes you could be in the middle of cooking and they come and evict you”. [53 year old Traveller woman living on local authority site for 20 years reflecting back on frequent evictions].

“I don’t know if to say this or not, but I have a brother and his child got killed in a moving on, moving off area, and ever since that I’m very, very nervous. Even when I go out travelling I’m on my guard all the time, and then you pass places where you’ve been with that child before he got killed it brings back an awful lot of memories, and at the end of the day, it was the council and the police’s fault that day. They moved them without an eviction order and the child got killed” [Traveller woman].

“It was torture. I’d have to get the children up out of the beds at all hours of the night and put a blanket round them and carry them into the front of the motor to move to the next ground.” [40 year old Traveller woman resident at private site with temporary planning permission.]

Health Behaviours

Given the relatively large number of the sample reporting anxiety and depression it was pertinent to consider use of substances in relation to ‘self-medication’ or for recreational purposes.

A remarkably high percentage of interviewees reported that they did **not smoke** (69% of the sample) which is significantly higher than in comparable studies of these communities, with several individuals reporting that they had given up a number of years previously. 21% stated that they were current smokers, typically reporting heavy nicotine use – between 20-30 cigarettes a day, whilst there were 3 non-responses to this question.

Again there was a relatively low level of **alcohol usage** reported within the sample with 45% reporting occasional alcohol use at social events – for example specifying *“the last time was three months ago”*; *“occasionally, say at Christmas”* *“maybe once every couple of months”* and only 10% of the sample reporting that they drunk once or twice a week (two female, one male all in their late 30s and older). One respondent indicated that she used to drink heavily but had stopped after associating it with her depression and mental health issues. Even amongst this relatively low alcohol using sample, highest rates of total abstinence were found amongst English Traveller/Gypsy men and Irish Traveller women.

Respondents were also asked about **drug use** and all who responded indicated that they did not take any form of illicit substance or share medications, although one or two alluded to relatives who had *“got in with the wrong crowd and started taking drugs”*. Similar the question in the survey pertaining to experience of **domestic violence** (DV) was largely unanswered or denied. Two individuals stated that if DV occurred on site they *“wouldn’t want to be around it”* or that *“it would be dealt with on site”*; whilst one respondent suggested that *“stress can cause violence”*. Only one respondent indicated that she had been a victim of domestic abuse, stating that her husband had been arrested for the assault.

Experiences of Racism and Harassment, relationships with neighbours and settled community, (and impacts on health/well-being)

As can be seen from the above sections of this report, a number of respondents indicated that they had been victims of casual racism and discrimination throughout their lives and in particular, when living at roadside sites (see further Cemlyn et. al. 2009). Respondents in the most vulnerable circumstances, for example those living at the roadside, were not only likely to experience repeated evictions, in some cases, being given barely enough time to wake their children, or in the case of disabled Travellers asked if they were well enough to move, but were also potentially at risk of racially motivated crime.

“It can be very bad for him, because he’s got bad kidneys and when he needs to go to the toilet, he needs to go. So sometimes I’ll say “can we just make sure he’s had his tablets?” If they’re good and say tomorrow morning then we’ll have everything all ...try to be done for them, but if it’s a place where when you get there they’re saying “oh no, you can’t,” we have to move somewhere else straightaway and he becomes really like tired and he needs to go and lie down and I have to say “look, just give him an hour to have a sleep and then we’ll go somewhere else.” It becomes very bad for him”
Respondent’s husband is chronically ill and disabled. Family lives in a house at some point but is unable to settle as a result of the husband’s depression *“because he gets too depressed in the house. He becomes very withdrawn, he wouldn’t come out, he wouldn’t talk to people in the end”* and thus travel for significant periods of time.

Similarly the Traveller woman living on the roadside alongside family members and caring for a severely disabled daughter stressed the negative impact on her of *“Racism, people walking past calling you names and things”*. She suffered from depression and anxiety as a result of her fear of violent attacks, and on-going persistent concerns over her daughter’s health *“sometimes when you’re depressed you don’t want to do nothing, you don’t want to go nowhere. Sometimes if you get in a panic attack you haven’t got the nerves to go to the shop because you feel like you’re not going to get home”*

Perhaps unsurprisingly, the longer-established and more secure a site, the lower the likelihood of respondents experiencing overt abuse in their immediate environment with several respondents at private sites (both with temporary planning permission and full authorization) indicating that they had experienced abuse in their homes *“in the past but not now”*. Respondents living at the unauthorized tolerated site on the edge of building sites and industrial areas reported on-going intermittent racist abuse from drivers and workers at the industrial plant surrounding them, as well as occasionally from people driving past the highly visible, and poorly serviced site: *“People drove into the site a few weeks previously shouting abuse”*;

“We had a problem before also with the yard next door. They have a microphone to signal, everyone can hear it within a mile. At 6 o’clock in the morning they put on a load of music really, really high and said “wakey, wakey pikeys.” But because we had no proof of that we couldn’t bring it any further or do anything about it”

Whilst in total 63% of respondents indicated that they had experienced some form of harassment or racism as a result of their ethnicity, there was a mixed picture in terms of how this occurred in practice.

“We’ve had a lot. Like country people, street children, gangs running up and down our road whenever there’s police, running away from the police. When the London riots was going on there was actually cars parked up all of our road for the London riots. We’ve had some bad experiences” [LA urban site]

Whilst it would appear that visible and relatively unprotected urban sites or roadside households are more likely to experience harassment than are those at more rural locations, in the main respondents at all types of location reported higher levels of ‘casual discrimination’ than enacted racist harassment. Typically this took the form of being barred from pubs, being unable to access services such as pizza deliveries, or the inability to get taxis to call to sites, book hotels for events, or make advance reservations at restaurants when their address became known.

Conversely, residents at longer established sites, both local authority and private, indicated in a number of cases that as they integrated with their local community – often through school activities or involvement in community

events - that experiences of discrimination or reluctance to treat them as members of the local community gradually diminished.

“Other than getting on with them, other than them not minding, they’ll stop and chat to you, or people out of the school, when we first moved they didn’t want the children in the school but now they comes down and says can the children go with their children on trips or whatever” (authorized private site)

Despite the fact that a relatively high number of respondents indicated that they were on reasonably good terms with their neighbours, or at least did not experience particular conflict with local residents, in two cases in particular, interviewees resident for a significant period of time at private sites which both had temporary planning permission, reported shocking cases of racism, enacted by neighbours, apparently triggered by the publicity afforded by their planning applications. In one case a relatively newly built private housing estate from which residents harassed the Gypsy residents of a small single family site, came into existence after the family were living on their land. A long series of harassment and violent activities (eventually culminating in the arrest and charge of a local housed resident for racially aggravated abuse) aimed at intimidating the family into leaving the site, led to serious bouts of anxiety and stress for the adults who were particularly anxious to protect their children:

“when you’re threatened with being evicted and court case after court case after court case there’s nothing that makes you feel any better. It’s constant worry; you eat, drink and sleep it. There’s no getting away from it. It’s not like a work thing where once it’s 5 o’clock you’re finished, it’s all day everyday, and you pass that onto your kids, to your family, short tempered, bad mood and it’s all related. We’ve not had a wrong word [from neighbours] since we got permission”.

“As far as moving on goes, I’ve got the two year temporary now. I feel a bit more secure in that respect. Up until we got that we was very, very unsure... As far as people breaking in, we’ve got a set of gates on which we lock whenever we go out but we always make sure somebody’s on the site because due to the prejudice that there is, if people know you’re not in it’s an ideal opportunity to target the Gypsies.... the racist comments, the media, there’s been the local media [hostility] from the residents. Yeah, and we worry about the stress of it affecting the kids at school, because parents read it, they tell their kids, the kids even read it and then “oh, he goes to my school” and it’s the stress of worrying about the kids. Every time they come home from school each day [we ask] “is everything all right”, and that’s one worry, that they don’t get the backlash of what’s going on. [Single family private site, rural area, with temporary planning permission granted just prior to interview]

The degree of stress associated with both potential eviction and the seemingly relatively common experience of racial harassment coinciding with and apparently causally linked to publicity pertaining to planning applications should not be underestimated in terms of health impacts. In another case, an elderly couple who had lived at their family owned site for over 27 years found

themselves involved in a complex and very long-drawn case after the creation of a national park authority which took over responsibility for local planning matters, leading to a dispute over the family's development of a wooden chalet and small bungalow on their land. Whilst they were already experiencing poor health prior to the stressful circumstances of the planning case, anxiety over their situation, combined with more recent racist harassment has exacerbated their conditions:

"Well, I've got several illnesses. I'm a type II diabetic and I've had problems with my heart and different things and bit of my body. The wife suffers severely with asthma, and these little stresses at times sort of dig into you, you know what I mean, and can sort of get to you, you know, when you're under a bit of stress.... I've had an aneurism, I've had several mild strokes, not too serious but they do sort of tend to build up, and I've had the main anterior artery into my brain done.. but it didn't kill me; I'm still here"

This elderly gentleman reported that *"we had a disturbance here a couple of weeks ago and the police were called but nothing has materialised since. We haven't heard nothing from the police. We were racially abused and harassed"*. This was not the first incident of its kind, as *"about five years ago outside of our property, the fences were graffitied with swastikas and all that, the Nazi signs....we got a response from the police, all they done was called round, had a chat for five minutes and went away again. And when it happened again a couple of weeks later we got even less response. They called round after a number of hours, spent about two minutes talking and off they went, never heard no more of it afterwards. And also they stated that they didn't think it was racist, they thought it was just hooligans, graffiti, you know. Yeah. It must be about 80 or 90 metres of fencing along the front, it's a close boarded timber fence on top of a brick wall and they completely went from one end to the other with Swastikas and "get the dirty Gypos out"*.

Shortly prior to their interview, the family were again the victims of racist threats by telephone:

"you know I had a phone call here only a week ago Friday... I was told "the proper way to deal with you lot" and all the rest of it, "scum" and "we're going to get you" and all that. We had two phone calls in a matter of 20 minutes. The police were called, they did respond, it was at 12 o'clock in the day time, they turned up at half past eight that night, took statements, since then we've heard nothing"

Whilst acknowledging that *"Yeah, me and the wife do get depressed sometimes. You think 'what's it all about? They ask you to do these things, the council, the government, and you comply with them but you just don't get anywhere.."* the respondent stressed that he was bound by the planning laws and continued to abide by them, wanting merely to remain at his land, with his immediate family where he and his wife could safely access medical care and live the way *"we've always done....we get our ground, we get on it and we get on with what we're going to do, and they can't seem to understand that, they*

think we're criminals, they think we're crooks... but hopefully we'll come out of it at the end".

[70 year old English Traveller, private site, planning dispute over status – resident 27 years at family owned site]

Positive aspects of living in local area

This research has focused predominantly on the impacts on health of living at particular types of accommodation. Review of the data gathered in the qualitative sections of this report demonstrate that issues pertaining to experiences of racism and harassment, and poor relationships with neighbours are fundamental to emotional well-being and appear to have virtually as great an impact on health, as does access to good quality sites in appropriate areas, which are physically and environmentally safe for residents.

Even in challenging circumstances where households are resident at sites which may be lacking in amenity, respondents indicated however that they felt there was an immeasurable value associated with living at a relatively stable location, in terms of enhancing their children's future:

"They're getting their education here and any help that you need there's always someone on stand by. When I was small I got no education and I can't read or write and I'm very sorry that I didn't get what my children's getting now" [53 year old Traveller woman – local authority site]

"The best thing about being on a site, you've got your bath and your electric and that's about it, and you're not getting moved up and down all the time. That's the same as every site. That's the only best thing about it" [resident of rural local authority site].

"The kids are happy – that's the main thing. Yeah, it's perfect. The kids are at local schools, not far from the town, the little boy's in the boxing gym, he's national school boy champion, which he wouldn't have been unless he was settled. So he can go to the gym every night. So it's happy days" 44 year Gypsy man – private site, temporary planning permission.

Despite the challenges and complexities of enhancing Gypsy and Traveller health and wellbeing viewed through the prism of accommodation, it is worth re-emphasizing that in a number of locations (generally in cases of relatively small, family owned private sites or where there is a core of long-term residents and on-going contact in school and community settings) there was evidence of good quality integration, supportive relationships between site residents and other local community members and concurrent improvements in family health and wellness.

"When we first moved on here they weren't really that fond of. The school told us that the people in the school that had their children there didn't want us in. But they still took us on. My children got bullied in there but they were all right eventually. After a couple of years they calmed down. When we go in to the

shop now the people put their hands up to you. I think we're been here that long now" (Private site, rural area, relatively long-term temporary planning permission)

"The biggest thing is the kids getting educated, because there's no knocking on doors anymore like Gypsies ... that's the culture, knock on doors, get the work that way. You can't do that anymore. Even my husband, he's got an advert in the paper now and he gets work that way. He doesn't go knocking on doors. So for my kids down the line, another 10 years they've got to be into computers, they've got to learn all these things that I've never learnt. My husband's learnt himself this last 3 or 4 [years].... It was just for them [buying land and settling], just to get them educated." [Romany resident of private authorised site].

"I've no concerns. My sons are all mixing with the settled community, they're all mates with them. The lads they went to school with, they were all brought up here [locally to the site]. So in that sense they know who they are. Some of them comes down to the site here." [long-term resident on urban local authority site]

"Over the years we've got to know the community, got to know the people that works in the shops and our neighbours and some of the women from school, and they are friendly and they took the time to get to know us and get to know our culture and get to know our ways and whenever we see them they'll stop and they'll always say hello and be friendly or do anything they can to help you" [private site, temporary planning permission rural area, Irish Traveller woman]

"A lot of it [illness] is stress related. They reckon diabetes is stress related. When you get good news like last week [temporary planning permission] the feeling is ... you think well, I don't feel like this anymore. Things seem to lift off you when the stress goes". [Private site, Romany resident]

5. Site Surveys

Following completion of the 33 qualitative interviews the research team decided it would be beneficial to carry out an objective assessment of a sample of sites reflecting the varying planning and accommodation issues experienced by many of the respondents. The purpose of the site surveys was to better understand the environmental and social factors that could potentially impact on community members' health.

The 6 surveys were carried out by interviewers who conducted a 'walk through' of the sites and completed a short questionnaire with the Chair of the Residents Association where one existed, or a leading representative/long-term resident of the site. Interviewers focused on the following areas keeping in mind the potential impact on health:

- Access to local services and community cohesion
- Living Environment
- Site layout, boundaries & facilities
- Sustainability of the Living Environment

The surveys are not a representative sample of conditions on Traveller sites either nationally or from the qualitative study. They do however present detailed examples of environmental and social conditions across a variety of sites with different planning issues which could potentially impact on residents' health. This section will firstly summarise the key findings relating to all the sites surveyed. It will then provide 4 specific case studies which reflect the key issues that arose from the wider site survey study.

5.1 Key findings relating to all sites surveyed

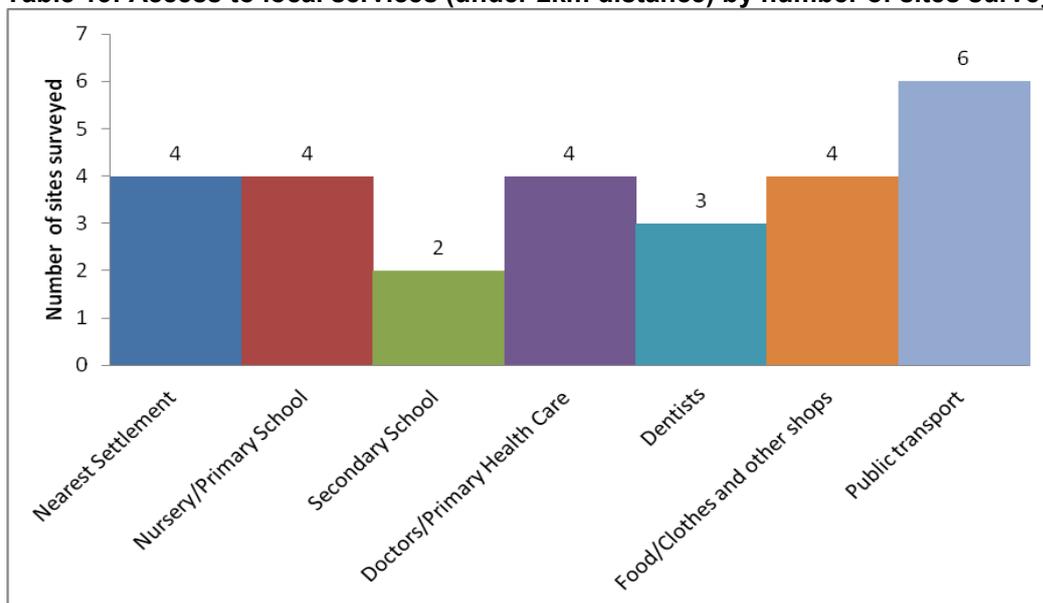
Access to local services and community cohesion

As highlighted in Table 13, the majority of sites had reasonable access to local services with 4 out of the 6 surveyed being located under 2 kilometers from the nearest settlement providing ready access to health, education, employment, transport and shopping. The two sites located further than 2km from the nearest settlement were in rural areas, however they both had good access to public transport and the distance to services was not raised as an issue by residents. It is worth noting that all unauthorised and local authority sites surveyed (4 in total) were located away from settled residential developments, whilst the two private sites with temporary planning permission were located nearby settled housing.

The key respondents at four out of the six sites made specific reference to residents being actively involved in their local communities, especially through their activities associated with having children in the local schools, residents' groups engaging the council and liaising proactively with local service providers such as the police, health etc. From the surveys it became apparent that community engagement (through constituted residents' groups, residents

becoming school governors, interagency forums etc) represented the most effective way for residents to address their needs, including health and the other social determinants which impact on wellbeing.

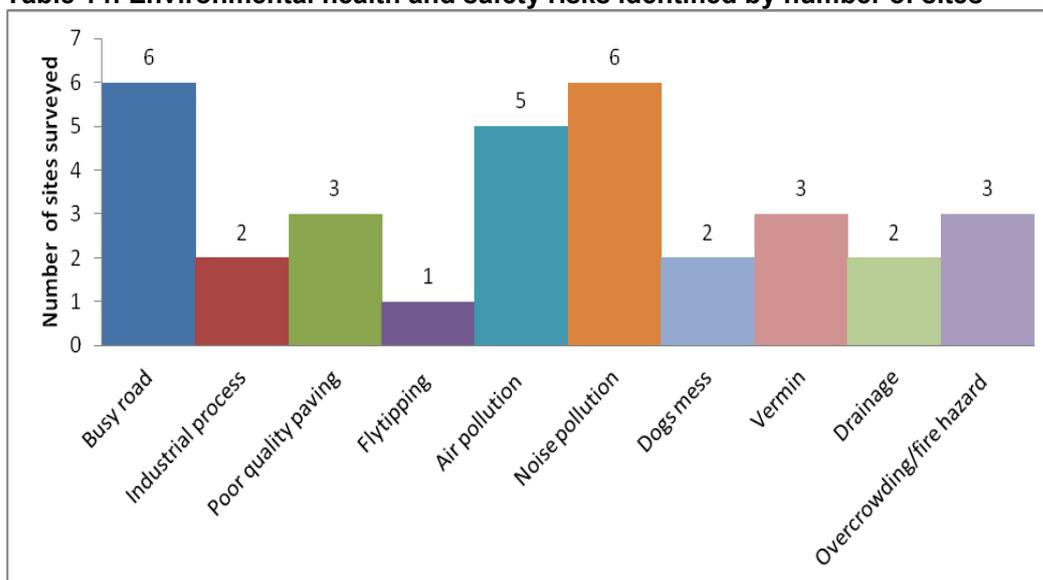
Table 13: Access to local services (under 2km distance) by number of sites surveyed



Living Environment

The site surveys identified numerous health and safety risks within the immediate environment (see Table 14) with busy roads and noise pollution being the most prominent issue for all the sites involved. In the context of busy roads there was particular concern regarding child safety/general road safety on the two unauthorized sites and at one of the local authority sites. Closely related to this levels of noise pollution were generally felt to be too high on a majority of sites with a number of respondents considering use of noise barriers to reduce sound levels.

Table 14: Environmental health and safety risks identified by number of sites



A majority of site residents/spokespersons also raised concerns about air pollution, a finding reflected by data in the qualitative section with respiratory ailments such as chest infections, asthma and bronchitis all being cited as a common occurrence by respondents (on one of these sites respiratory problems were particularly associated with fine dust from a nearby heavy aggregate works).

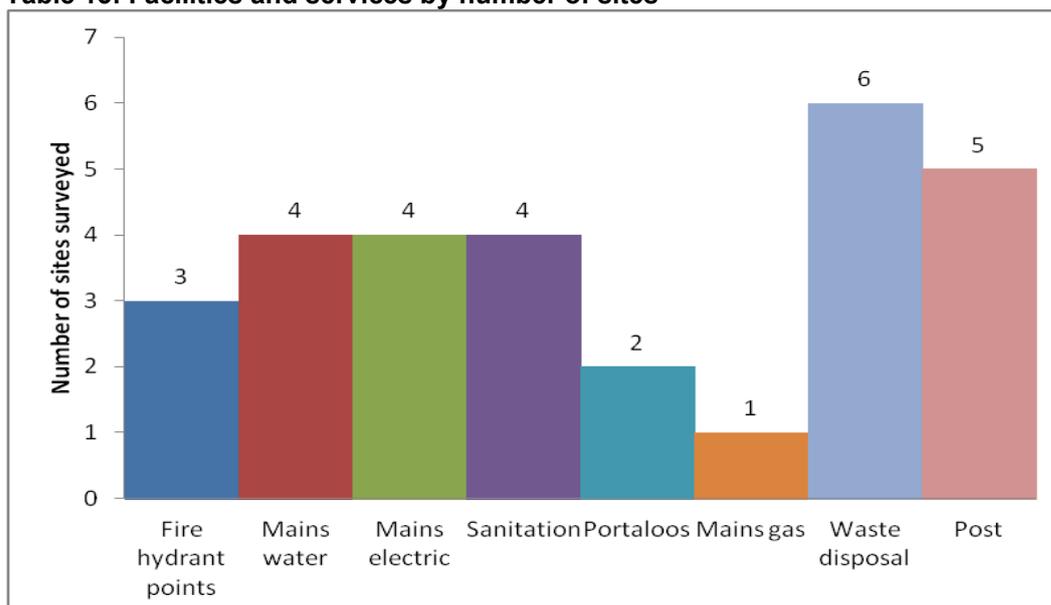
Other common environmental issues experienced at half of the sites were vermin, overcrowding/fire hazard and poor quality paving/hard-standing. Industrial process and fly-tipping were also raised as serious concerns in the context of health and safety on one particular unauthorized site, whilst dog’s mess and poor drainage were raised by residents at both local authority sites and one private site.

Site layout, boundaries & facilities

The sites surveyed varied extensively in their facilities, boundaries and layout with all local authority and private sites having access to mains water, electric, sanitation, rubbish collection, post and fire hydrants (excluding one private site without fire points).

As Table 15 illustrates, the majority of sites (2 local authority and 2 private sites) had access to mains electric, water and sanitation as well as waste disposal and postal services. However, the two unauthorized sites did not have access to mains services (excluding the tolerated site with an intermittent postal service) or have any fire hydrant points, instead relying on portaloos and rubbish collection/skips provided by the council (which isn’t always local authority policy and thus can vary from site to site across the country). Residents on these sites also had to rely on generators for power and local leisure centres etc for access to showers.

Table 15: Facilities and services by number of sites



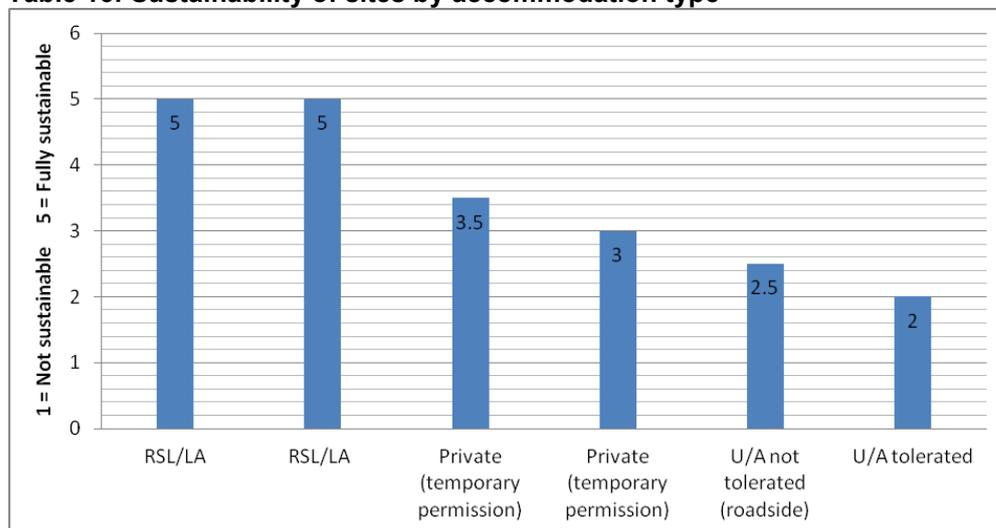
Sustainability of the Living Environment

The site survey aimed to establish how tolerated/sustainable the sites were on a scale of 1-5 (1 being not tolerated/sustainable and 5 being fully tolerated/sustainable) (Table 16). In their responses interviewees took into consideration toleration/sustainability in the context of planning status, environmental conditions and social interaction. Unsurprisingly the two local authority sites whose residents enjoyed security of tenure were found to be fully sustainable, despite numerous health and safety risks and service issues being identified on the sites.

The two private sites with temporary planning permission were deemed moderately tolerated/sustainable reflecting their 3 year temporary permissions. It is worth noting that one of the private sites (which had developed particularly good relations with the local community over the space of ten years after initial hostility when it was first set up) described itself as being nearly fully tolerated/sustainable in its relationship with the local community. This was a very different response to the other more recently established private site which separately rated its toleration/sustainability in its relationship with the local community as very poor/low reflecting an ongoing campaign against the site by residents of a neighbouring housing estate.

Both of the unauthorized sites (tolerated and not tolerated) gave low ratings reflecting the temporary tolerance/sustainability of their living environment and their uncertain future.

Table 16: Sustainability of sites by accommodation type



5.2 Site Survey Case Studies

Case study 1: Unauthorised site tolerated (land not owned by residents)

Background information

The site is located in a large urban area, directly bordering a number of heavy aggregate industries and a large waste/recycling plant. It is made up of approximately 7 pitches in poor condition situated alongside the busy entrance road to the aggregate industries and occupied by one extended family.

There are approximately 14 adults and 24 children living on the site. The site itself has been in existence for approximately 14 years and has been tolerated by the local authority for 12 years.

Access to local services and community cohesion

The key benefits to the site are its close proximity to local services and facilities, with all the following (apart from a secondary school) within a reasonable distance (under 2km):

- Nursery/Primary School
- Doctors/Primary Health Care
- Dentists
- Food/Clothes and other shops
- Public transport links e.g. bus stops/train station

Despite the precarious nature of the site in terms of security of tenure and its surrounding environment, residents were **actively involved with their local community**. Children from the site are in the local schools and residents are engaged with the local authority and other service providers. However at the time of the survey, despite the duration of the site, it didn't appear that these high levels of engagement were resulting in any positive changes/prospects for improving residents' living environment and related issues.

Living Environment

Any advantages in the site's access to local services are significantly outweighed by the exceptionally poor conditions of the immediate living environment. The following health and safety risks were identified, including risks to the health and safety of children:

- Heavy **aggregate industries adjoining the site** (under 3 metres away with just a hedge and fence separating the boundary) and running 24 hours a day.
- Large **rubbish/recycling** plant neighbouring the site (approximately 20 metres away).

- Large quantities of **fine dust/particles** on the site from the aggregate industries (especially in the summer). Residents say they can 'taste' the dust and numerous complaints were made about respiratory conditions.
- Residents reported ongoing problems with **vermin/rats** from rubbish dump/recycling plants, despite attempts to control them with poison and dogs but neither were found to be effective.
- Residents reported **verbal racist abuse** from employees in the aggregate works and incidents of workers hammering their digger buckets off the ground to shake the caravans nearby.
- **Busy road with haulage trucks working 24 hrs a day** from the aggregate industries. Residents expressed serious concerns about children's road safety as there is no playing space on the site. Residents reported numerous incidents of dogs being killed on the road by heavy plant.
- High levels of **noise pollution** from heavy industries and haulage trucks running 24 hrs.
- **Limited to no privacy** as a result of the site being open to the road on one side and being overlooked by the aggregate industries on the other.
- **Poor and uneven ground** with many hazards located on the site itself and on the entrance road, leading to numerous accidents
- **Fly tipping** was a common occurrence on the entrance road to the site and evident during the survey

Site layout, boundaries & facilities

The site is overcrowded with **caravans located well below the standard fire safety guidance distance** (6 metres between caravans) posing a significant fire hazard and a source of stress for residents. There were no fire hydrant points on the site.

The site has a **poor quality perimeter fence** which is not secure in relation to children. There were no play areas for children on the site or on individual pitches where parents/guardians could see them and that were deemed to be safe and protected from vehicles. On a scale of 1-5 (1 being not dangerous at all and 5 being very dangerous) residents choose 5 to describe the extent to which they worried about their children's safety on the site, greatly exacerbating stress and anxiety. The frequency of heavy haulage traffic was noticeable when conducting the site survey and this was the factor that most worried residents. There were no speed bumps, cameras or traffic calming measures on the road which has a technical 20mph speed limit.

The site has **no provision of the following essential services**, despite being tolerated for approximately 12 years:

- mains water suitable for drinking
- mains gas supply
- sanitation
- mains sewerage or septic tank

Instead residents rely on the local leisure centre for showers, etc., a shared water tap and a portaloo provided by the local authority and emptied once a week along with the domestic rubbish collection. The street lighting on the road was deemed adequate by respondents.

The site has a **postcode and post** can be received on the site, however residents emphasised that delivery of post could be erratic and depended on the individual postman as some were unwilling to call on site.

Sustainability of the Living Environment

The site survey aimed to establish how tolerated the presence of Gypsies and Travellers were on the site on a scale of 1-5 (1 being not tolerated at all and 5 being fully tolerated). Residents responded by choosing 2 reflecting their poor access to essential services and concerns about having no rights of residency or security of tenure despite the council continuing a policy of toleration.

Residents indicated that there were ameliorating factors to their generally precarious circumstances, predominantly ease of access to goods and services and family support structures on the site.

Case study 2: Socially rented local authority site

Background information

The site is located in a large built up urban area flanked on both sides by busy slip roads servicing an elevated motorway junction/flyover which rises above the site. It is made up of 19 well maintained residential pitches in a linear development either side of the access road which is a cul-de-sac.

Access to local services and community cohesion

Despite the sites location under a busy flyover and sandwiched between two slip roads, the key advantages of its location are its proximity to local services and facilities, with all the following within a reasonable distance (under 2km):

- Nursery/Primary School
- Secondary School
- Doctors and Primary Health Care
- Dentists
- Food/Clothes and other shops
- Public transport links e.g. bus stops/train station
- Sports and leisure facilities

Site residents played a positive and active role in the local community with the majority of children attending local schools and residents being fully engaged with local services and the local authority through the highly effective residents association.

Living Environment

The key aspect of the living environment negatively impacting on the site was its location directly underneath a busy flyover and between two slip roads. The following health and safety risks relating to the flyover and other aspects of the living environment were identified:

- **Hazards from traffic on the flyover and slip roads** (located just 1.5 meters from mobile homes and caravans stationed on the site) had been reported. This included trucks spilling their load on to mobile homes on the site, missiles being thrown out car windows and vehicles crashing.
- **Air pollution** was an ongoing concern for residents who reported that an assessment found the air pollution levels to be high but similar to a busy residential road in the borough (however, at the time of writing we had made a request to the council for the air quality test and they had yet to respond confirming there was one in existence). However, it should be noted in considering any air quality assessment that a Traveller site is a very different living space when compared to a terraced row of houses. The key distinction being that a pitch on a Traveller site is a recreational/communal space and in most cases open to the elements, while invariably bricks and mortar residential roads have recreational spaces out the back of the buildings (back gardens etc) which are often protected and have better dispersal for air pollution.
- **Noise pollution from traffic on the flyover and slip roads** (located just 1.5 meters from mobile homes and caravans stationed on the site). There were high levels of noise pollution on the site, including a train line located on the western boundary of the site which residents described as emitting noise. There were no sound barriers on the slip roads to mitigate the traffic noise, instead just a crash barrier and in parts a wooden fence.
- **No privacy** as slip roads on either side look directly down into the site and individual pitches.
- **Poor quality of hardstanding** on majority of pitches

Site layout, boundaries & facilities

There were fire hydrant points on the site, however, there were concerns that there were **no fire protection boards** between pitches. The site had **good provision of the following essential services**:

- mains water suitable for drinking
- mains electricity supply
- mains gas supply
- sanitation
- mains sewerage
- good street lighting
- waste disposal

On a **minority of pitches (3-4) there were cases of residents having to 'double up'** (caravans) which impacts on fire safety and can lead to additional stress. Residents also reported limited space on the majority of pitches, no play area for children, some utility blocks in poor condition and traffic on the entrance road as issues of concern.

Sustainability of the Living Environment

The site survey aimed to establish how tolerated the presence of Gypsies and Travellers were on the site on a scale of 1-5 (1 being not tolerated at all and 5 being fully tolerated). Residents responded by choosing 5 reflecting the **effective engagement of their residents group** with the local authority, long-standing nature of the site and good access to essential services.

Whilst the site and its resident were an established and recognized part of the local community, there were reported **incidents of harassment** from people in passing vehicles on the flyover. Residents reported missiles being thrown down onto the site from passing cars and racist abuse being shouted from the flyover.

Case study 3: Private temporary planning permission

Background information

The site is located in a semi-rural area between a busy dual carriage way and a local B road. It is made up of 5 spacious and well maintained residential pitches belonging to one family who have been living on the site with temporary permissions for approximately 10 years.

Access to local services and community cohesion

The site is ideally located within close proximity to local services and facilities, with all the following within a reasonable distance (under 2km):

- Nursery/Primary School
- Doctors and Primary Health Care
- Food/Clothes and other shops
- Public transport links e.g. bus stops/train station
- Sports and leisure facilities

The nearest secondary school and dentist were over 2km away but still within a manageable distance.

The site survey noted that residents **initially experienced a degree of hostility** from elements of the local community and certain service providers. However, they were pro-active in engaging both local people and services and now consider themselves **very much part of local community**.

Living Environment

The key aspect of the local environment impacting on the site was its proximity to a busy dual carriage way with **high levels of noise pollution**, a concern which is shared by the local authority. It is a planning authority requirement that if the site is given full planning permission a noise barrier will have to be erected along the boundary bordering the dual carriage way. It is anticipated that this would significantly reduce noise pollution, however such a barrier cannot be erected if the site continues to be issued with temporary permissions.

Neither the council nor the residents had expressed any concerns about levels of air pollution which were regarded as normal, despite the site's location between two busy roads. However, there were issues with **vermin coming from the drains** in the dual carriageway with residents describing using dogs to keep them down.

Rubbish was collected once a week by the council, however residents noted that when they first moved on to the site the rubbish was not collected by the local authority even though they were paying council tax.

Site layout, boundaries & facilities

The site had good sized plots and was not overcrowded with good access to local leisure facilities such as a park half a mile away which included a children's playground etc. There were fire hydrant points on the site and appropriate spacing between caravans and chalets (6 metres between caravans) in line with standard fire safety guidance distances. Approximately half of the pitches had brick built amenity buildings although the other half only had wooden sheds for utilities as a result of the temporary planning permission.

The site had **good provision of the following essential services:**

- mains water suitable for drinking
- mains electricity supply
- sanitation
- mains sewerage
- good street lighting
- waste disposal
- storage for gas cylinders

While the site currently had good access to essential services, residents noted that it **took 12 months to have services connected** and during that time they had to use local service stations and leisure centres for basic sanitation. It was also noted that it took **2 years to receive permission to have their post delivered to the site.**

There was no play ground on the site, however there was a good playground in the nearby local park and pitches on the site had plenty of space for cycling

and playing. The site had controlled access and had good quality perimeter fencing.

Sustainability of the Living Environment

The site survey aimed to establish how tolerated the presence of Gypsies and Travellers were on the site on a scale of 1-5 (1 being not tolerated at all and 5 being fully tolerated). To this question residents gave two responses. Their relationship with the council they rated at 3 reflecting the numerous temporary planning permissions they had been issued over a 10 year period and as a consequence their relative accommodation insecurity. They gave their relationship with the local community a 4, reflecting a good sense of cohesion and interaction. However residents noted that they did experience some harassment when they first moved on to the site. They also recognized the important role their local Traveller Support Group and individual family members had played in improving their circumstances.

Case study 4: Unauthorised site not tolerated (land not owned, roadsider)

Background information

The site is located in a large urban area close to an industrial estate and is made up of approximately 14 caravan parked near a busy road. At the time of the survey the site was not tolerated by the council and would most likely be moved on within a few weeks despite efforts to negotiate a temporary stop notice.

Access to local services and community cohesion

The site **is located within close proximity to local services and facilities**, with all the following within a reasonable distance (under 2km):

- Nursery/Primary School
- Doctors and Primary Health Care
- Dentists
- Food/Clothes and other shops
- Public transport links e.g. bus stops/train station

However, it should be noted that the temporary nature of the sites location (due to its non-toleration by the council) means that access to local services would most likely be disrupted due to eviction in the short-term.

There was evidence from the survey that residents on the site were engaging with the council in the hope of negotiating a stopping place. Residents were also **engaged with a local Gypsy and Traveller support charity** through which other health, education and associated issues could be addressed and services accessed.

Living environment

The key aspect of the local environment impacting on the site was its **proximity to a busy road**. The site survey identified that despite there being speed bumps on the road, there were none located near where the site is located and that **traffic was continually passing at high speed**.

Other environmental factors of concern included:

- Noise from nearby road a problem
- Dog's mess
- Air pollution (busy road and smell from nearby industry)
- Poor ground conditions (including oily surface)

Site layout, boundaries & facilities

Being an unauthorized roadside site there were no pitches or boundary fence, instead **caravans were parked in close proximity representing a possible fire hazard**, especially considering there were no fire hydrant points on the site.

The site has **no provision of the following essential services**:

- mains water suitable for drinking
- mains gas supply
- mains electric
- mains sewage
- postal service

Residents relied on electric generators for power and the **council supplied a portaloo system and skip** for rubbish collection (as per their standard policy for unauthorized sites). There was adequate lighting on the site, however there were no play areas available for children in the area.

Sustainability of the Living Environment

The site survey aimed to establish how tolerated the presence of Gypsies and Travellers were on the site on a scale of 1-5 (1 being not tolerated at all and 5 being fully tolerated). Reflecting the temporary nature of the site (with residents having a few weeks remaining at their current location) the survey gave it a rating of 2.5.

6. Conclusion

Outputs from the 2011 Census show that Gypsies and Travellers continue to experience some of the poorest social outcomes of any group in society. These poor social outcomes have a significant negative impact on the health and wellbeing of these groups. As evidenced in this report, accommodation insecurity and poor environmental conditions can severely inhibit Gypsies' and Travellers' life chances. Similarly, safe, secure and environmentally sustainable and appropriate accommodation can act as a catalyst to dramatically improve their life chances. Nowhere is this truer than in the relationship between accommodation and health.

This report has shown that many of the health and accommodation measures necessary to promote the provision of environmentally sustainable, healthy and socially cohesive Traveller sites are already in existence, however they all too often lack implementation at the local level. The recommendations in this report outline specific measures by which Government and other responsible parties can effectively address these issues.

It is essential that there is more long-term, targeted and joined-up working across Government to address the wider social determinants of Gypsies' and Travellers' health, including a stronger recognition of the key role accommodation plays pertaining to these groups' social outcomes. With such joined up working it will be entirely possible to bring about dramatic improvements to the health and wellbeing of Gypsies and Travellers, whilst at the same time reducing the financial burden poor health places on the National Health Service and local authority/statutory social care providers.

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Appendix A

Centre on Dynamics of Ethnicity (CoDE), 2013, Which ethnic groups have the poorest health? Ethnic health inequalities, 2011

Figure 1: Ethnic inequalities in health for men in 2011.
Age-standardised ratios of Limiting Long-Term Illness for ethnic minority groups, compared to the White British group, males 2011

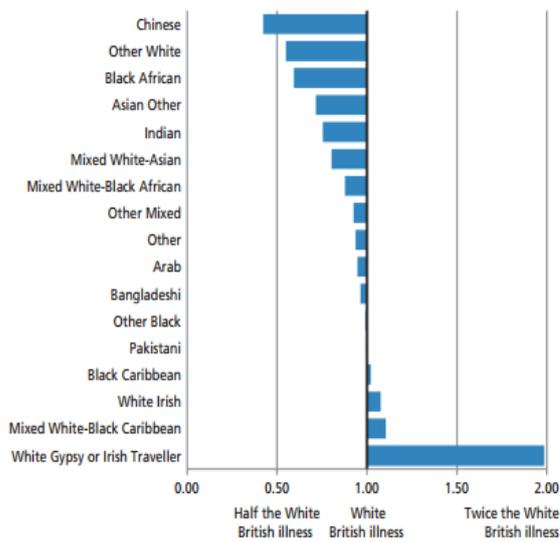
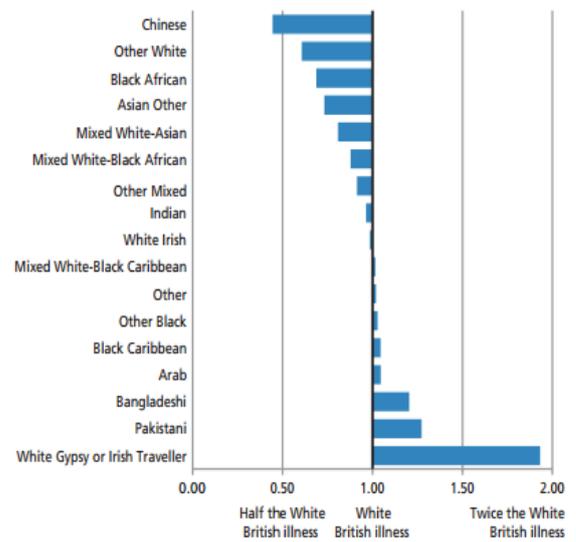


Figure 2: Ethnic inequalities in health for women in 2011.
Age-standardised ratios of Limiting Long-Term Illness for ethnic minority groups, compared to the White British group, females 2011



Appendix B

Centre on Dynamics of Ethnicity (CoDE), 2013, *Ethnic inequalities in labour market participation?*

- The White ethnic groups (with the marked exception of the Gypsy or Irish Traveller group) were in a more advantaged position in the labour market compared with other ethnic groups.
- Women had lower rates of economic activity than men in all ethnic groups. However, this difference was greatest for Bangladeshi (87% for men vs. 40% for women), Pakistani (88% vs. 43%), Arab (69% vs. 40%) and White Gypsy or Irish Traveller (67% vs. 41%) groups.
- The White Gypsy or Irish Traveller group was particularly disadvantaged. Both men and women had very low rates of economic activity (67% for men and 41% for women) and very high rates of unemployment (16% for men and 19% for women).

Figure 1. Percent of men aged 25 to 49 years working or looking for work, 2011

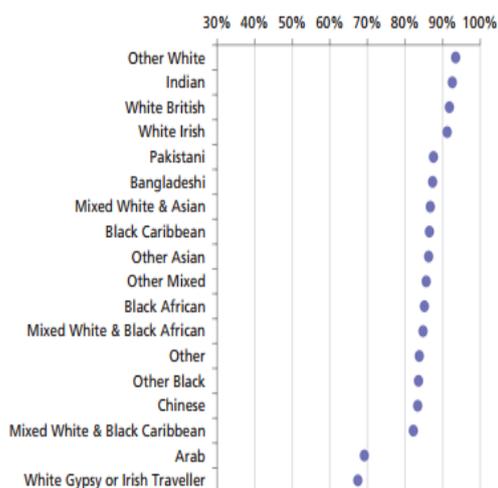
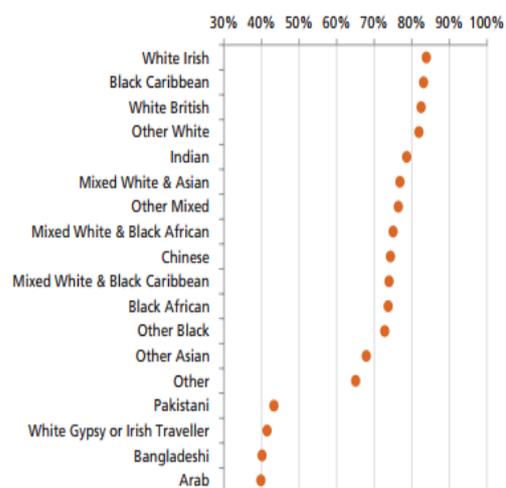


Figure 2. Percent of women aged 25 to 49 years working or looking for work, 2011

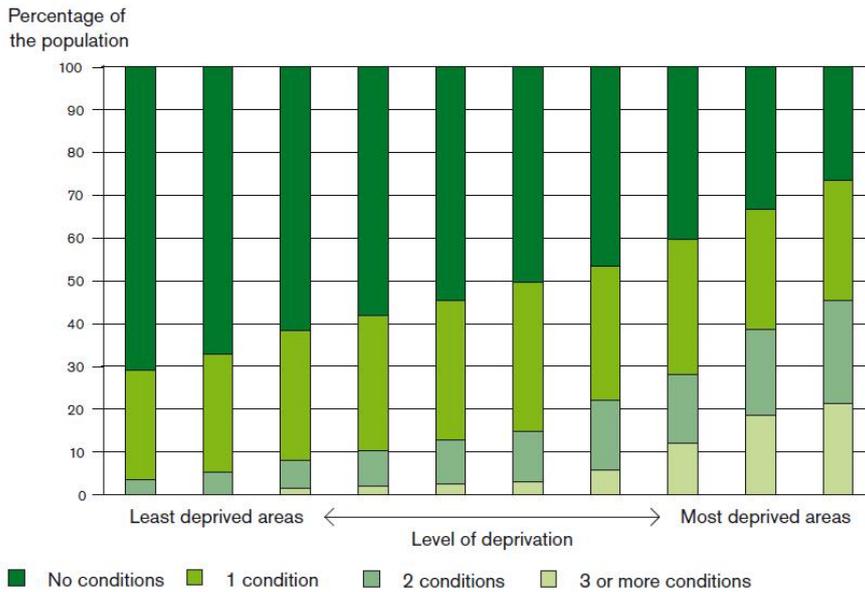


Note: Scale starts at 30%. [Click here for data in Excel](#)

Appendix C

2010 Marmot Review: Population living in areas with, in relative terms, the least favourable environmental conditions

Figure 10 Populations living in areas with, in relative terms, the least favourable environmental conditions, 2001–6



Environmental conditions: river water quality, air quality, green space, habitat favourable to bio-diversity, flood risk, litter, detritus, housing conditions, road accidents, regulated sites (e.g. landfill) Source: Department for Environment, Food and Rural Affairs²³

Figure 2: Population living in areas with, in relative terms, the least favourable environmental conditions. Source: Department for Environment, Food and Rural Affairs

Appendix D

Extract from 2006 Commission for Racial Equality report: Common Ground Equality, good race relations and sites for Gypsies and Irish Travellers

Overall, the evidence from the survey showed that sites varied considerably in location and quality, reflecting the findings of government-commissioned research (Niner, 2002). While some sites had good facilities, living conditions on others were poor, and in many cases far below those expected in conventional housing. For example:

- some sites were in polluted environments, for example next to sewage works or under flyovers;
- others had dangerous potholes, no play facilities, and no fencing to protect children, even when they were adjacent to busy main roads;
- some had caravans parked so near each other that they contravened health and safety standards, posing a fire hazard and allowing residents little privacy;
- some were fitted with tiny amenity blocks, well below the size stipulated for other forms of social housing; and
- the facilities at some sites were out of order, with broken standpipes, unusable amenity blocks, and other problems, such as rat infestations.

One of the local authority sites we visited was three miles from the town centre. It had become run down and was in a poor state of repair. This was partly because the number of residents had increased, following the closure of a large, unauthorised encampment. The site had no suitable pedestrian access and was poorly served by public transport. It had few facilities for children and had seen management problems, with the relationship between the site warden and residents of the site particularly fraught. There had also been tensions between youths from the site and other residents in the wider community, particularly farmers and passing motorists, who claimed that objects had been thrown at their cars. The incidents had been reported in the local press, and had exacerbated local feeling.

The case study authorities gave various reasons for the locations of the sites, but the predominant explanation was that only sites in undesirable areas, at a distance from services, or fully screened from public view, would be accepted by other local residents.

The location of sites had clear implications for providing services, integration and good race relations, as we show below.

- Sites located a long way from services invariably meant less contact

between their residents and others in the community. People had little direct knowledge of those living on sites, and got their information from local press coverage instead, which tended to be interested only in incidents of bad behaviour by site residents.

- Because many sites were located on the outskirts of built-up areas, it was difficult for residents to use local services or take part in community events. Respondents to the call for evidence emphasised that poor public transport connections made matters worse, leading to effective geographic and social segregation. Some health workers were worried that living on polluted sites only aggravated their residents' health problems.

- Some planning and housing officers in the case study authorities told us that an extreme shortage of land meant that formerly-contaminated land was increasingly being used for all types of housing. However, others thought that only Gypsy sites would be located in these areas, contributing to the widespread perception of Gypsies and Irish Travellers as second-class citizens.

- Some people from the wider community were concerned about the conditions in which Gypsies and Irish Travellers were living, but others, including some councillors and parish and community councillors, thought that since they chose to live on sites, and since suitable land was in short supply, they had to accept whatever land was made available.

Appendix E

Extract from Traveller Movement review of GTAAs and JSNAs

National research indicative of the relationship between insecure accommodation and Gypsies' and Travellers' poor health is supported by key local indicators including Gypsy Traveller Accommodation Assessments (GTAAs) and Joint Strategic Needs Assessments (JSNAs). A key finding in the EHRC review highlighted that:

'GTAAs (Gypsy Traveller Accommodation Assessments),....are beginning to present a more complex picture, with indications that, among Gypsies and Travellers with access to secure local authority or private sites and who have been able to access adequate medical care, life expectancy may be more closely aligned to that of the surrounding sedentary population'⁸⁸

A review by the Traveller Movement of 44 Gypsy Traveller Accommodation Assessments (GTAAs) for found that 26 (60%) made specific reference to the impact of insecure accommodation on Gypsies and Travellers health and access to health services with 18 (41%) of these citing primary data to support their case. The following extracts from GTAAs provide good examples:

'Accommodation was an overriding factor, mentioned by most respondents in our survey, and confirmed by other research, as the context for bad health effects, because of the impact of increased evictions, restricted access to healthcare and education, an increase in unsafe conditions on roadside sites, and a breakdown of social and community support networks. Ill-health is exacerbated by living on road-side sites with limited access to clean water, and Gypsies/Travellers particularly suffer from disease linked to sanitation and environment. Unsited Travellers experience inequality in matters such as registering with a GP, obtaining hospital appointments and contact with health services'

Cambridge GTAA

'Almost all (92%) were registered with a GP surgery, however a third of participants on unauthorised sites were not registered anywhere.....Among participants who were not registered, precisely half said they had been refused to be taken on at a GP surgery.'

London GTAA

'Over a fifth (22%) said that health treatment had been disrupted through being moved on or evicted. Not surprisingly this was highest for respondents living on sites without full authorisation. Treatment had been disrupted for

⁸⁸ EHRC, 2009, Inequalities experienced by Gypsies and Travellers, p.49
http://www.equalityhumanrights.com/uploaded_files/research/12inequalities_experienced_by_gypsy_and_traveller_communities_a_review.pdf

almost half (48%) of respondents living on other landlord sites, over a quarter (26%) of those on unauthorised sites and a fifth on privately owned sites without planning permission.'

Cornwall GTAA

'Our survey, however, found a relatively good health profile, compared with other GTAAs that we have undertaken. This probably reflects the benefits of long-term stable accommodation, a more settled lifestyle, and better knowledge of (and access to) health care....Roadside respondents had more problems: 'local doctors would never see us', 'we were told: take your children to a vet', 'no fixed address can't get doctor', 'not in one place long enough'.

North Surrey GTAA

'89% of Traveller families living on authorised sites were registered with a doctor in the area but only 56% on unauthorised sites. 70% on authorised sites said they were registered with a dentist in the area, but only 26% on unauthorised sites.'

Hampshire GTAA

A sample of the relatively small number of Joint Strategic Needs Assessments (JSNAs) and Health Needs Assessment's (HNAs) inclusive of Gypsies and Travellers reveals similar findings to the GTAAs.⁸⁹ Out of the 17 JSNAs and HNAs reviewed by TM, 6 made specific reference to the impact of insecure accommodation on Gypsies and Travellers health and access to health services with 4 citing primary data to support this case. The following extracts from JSNAs and HNAs provide good examples:

'A range of evidence confirms there is a significant shortage in GRT accommodation within Surrey and more widely. Representatives of the GRT community report that the shortage of accommodation creates pressures for families that impact upon GRT children and young people's health and wellbeing.'

Surrey JSNA 2010

'Many people told us that the stress of being 'sectioned'⁹⁰ and moved on had a negative impact on health. Even people who had not travelled for many years spoke passionately about this: "I think it makes a lot of difference. When they're off the road they ain't got the police to worry them, they're in one place, in a house or on a site. If you're settled in one place, it's better for you."

Sussex HNA 2010

'Applying traditional methods to promote health and access health care in Travelling communities has not been effective. The Travelling community has differing priorities, for example ensuring safe and secure accommodation would be more pressing than seeking health care or quitting smoking....There also appears to be a significant link between housing deprivation in early life and ill health in adulthood, with poor housing in childhood associated with

⁸⁹ ITMB, 2012, *Inclusion and ethnic monitoring of Gypsies and Travellers in the National Health Service*, p. 4

⁹⁰ Gypsies and Travellers being evicted using Section 61 of the Criminal Justice and Public Order Act 1994– a process Gypsies and Travellers refer to as "being sectioned".

higher rates of hospital admissions and both morbidity and mortality increased in adult life.'
Cambridge JSNA 2010