

**EXECUTIVE SUMMARY OF THE REPORT ON THE HEALTH AND SITE NEEDS OF
THE TRANSIENT GYPSIES AND TRAVELLERS OF LEEDS
MAY 2004 TO SEPTEMBER 2004**

Introduction to the research

During this research 49 semi-structured interviews, some extended interviews, have been undertaken, with transient Gypsies and Travellers in Leeds and stakeholders from voluntary organisations and agencies and the public sector. The overall aim of the research is to highlight two separate issues; the health of transient Gypsies and Travellers and their site needs. The methodology is based on the principles of Participatory Action Research, respect and a rejection of ‘deficit theories’, which see the person as the problem. This research includes definitions of healthy people and healthy communities as those who feel in control of their lives, who can meet their basic needs for food, shelter and sustain their personal health, have equal access to essential services, and have the opportunity to take part in and influence decisions that affect them.

Desk research and the historical context of the research

The desk research places the Leeds qualitative research in an important wider debate on the health and site needs of the Gypsy and Traveller communities. The historical context is important in our understanding of present policy making and legislation. The research describes relevant legislation from 1962 to the ODPM and Home Office enhancing police powers in 2002.

Health, the concerns of the medical profession and others

The concerns of the medical profession are that, in the light of changing legislation on site provision “*Fewer sites will worsen an existing problem of limited access to primary health care*” (Kargar 1992 p 22). Throughout the nineties until the present time health professionals and others have been concerned about diminishing site provision and available stopping places and limited access to primary health care.

Current Issues and problems

Despite the recognition of Gypsies and Travellers as an ethnic minority Race Relations (Amendment) Act 2000, Gypsies and Travellers experience prejudice and racism, and institutional racism as part of their daily lives. The government’s core Social Exclusion strategy does not explicitly recognise Gypsies and Travellers as one of their target groups. The 324 Local Authority sites in Britain (for approximately 6000 caravans) have long waiting lists. A recent IPPR report recommends that local authorities should include Romany Gypsies and Irish Travellers in the Best Value Equalities Standard. It is suggested that Local Authority Homelessness Strategies should be reviewed to ensure full compliance with the law. Morris and

Clements (2002) argue that Best Value reviews and council policies linked to Best Value assessments of council responsibilities and positive duties under Human Rights and recent Race Relations legislation could transform council attitudes towards Gypsy and Travellers and produce positive policies.

The research in Leeds

Despite endeavouring throughout the research to keep the two issues of health and site provision separate the research finds they are interlinked. My qualitative research is compared with other published research. It is, however, difficult to draw strict comparisons as my research has been with transient Gypsies and Travellers who do not have a homeplace and there is very little research available.

Health

The qualitative research was carried out in Leeds. Case studies were used, and comparisons are drawn with other research and projects throughout the country. Gypsy and Traveller families have a reduced life expectancy, a range of chronic health conditions and high rates of disability. There are high levels of stress on carers and poor psychological health. Depression stems from a complex mixture of ill health, bereavements and every day fears and experience of, prejudice, racism and institutional racism.

The Family and the role of women

The extended family unit is of special significance to Gypsies and Travellers and women undertake the responsibilities of caring for both parents and children. Research carried out in Ireland shows that Travellers have more than double the national rate of stillbirths, infant mortality rates are three times higher than the national rate and Traveller women live on average 12 years less than their settled peers. (The Health Research Board: The Traveller's Health Status Study; Vital Statistics of Travelling People 1987) There is a need for Antenatal and postnatal care. From the research it seems that transient Gypsies and Travellers present themselves in labour to Accident and Emergency departments of the nearest hospitals.

The research suggests that there are cultural issues, which are particularly relevant to addressing issues of sexual health, including smear tests and breast health, pregnancy and symptoms of the menopause. Sex education, particularly in schools is avoided and there is an expectation that information is passed down from the mother. Health projects for women need to be sensitive and based on an empowering perspective, which develops the skills of women in providing community based health services.

Men

The health hazards of men in their gender specific roles outside the homeplace, as the breadwinner can be hazardous and stressful. The prejudice and racism experienced can be physical. During the research I heard of an attack on a single young man and of violent threats to a whole encampment. Gypsy men live up to a decade less than the national average. There seems a stoic acceptance of illness and suggestions that men do not generally present themselves to a doctor except in an emergency.

Children

The interviews reinforce the awareness that for Gypsies and Travellers, children take priority in family life. Families reported to me children with illness, physical and learning needs and special needs from birth. Children living on transient sites are more vulnerable to poor environments and air pollution and suffer related illnesses. Asthma and impetigo seem common. Children need more opportunity for therapeutic play like that offered by South Leeds Health for All Children's Project and CHIVA.

General health recommendations

If the health of transient Gypsies and Travellers in Leeds is to improve, and they are to receive the medical treatment and support they need, the first steps are to provide sensitive culturally safe and appropriate health care. This means that Gypsies and Travellers should be able to access care without feeling afraid or anticipating that they will be met with institutional racism or prejudice from any individual member of the medical care staff or the support staff e.g. receptionists.

Gypsies and Travellers should be involved in discussions and awareness raising training for professionals. This would also be a step towards supporting the Gypsies and Travellers themselves to understand institutions and the way they work.

Health/ Education/ Social Services and other main service providers should work together to ensure that mainstream services are not allowing any individual or family to be missed or that any individual or family are experiencing institutional racism.

All local authority departments and health providers should write and implement a partnership strategy to provide culturally safe and sensitive services for Gypsies and Travellers and their families.

A multi-disciplinary 'family support strategy', which could be written through consultation and implemented by working with Gypsies and Travellers, would make an ideal foundation for good quality, good practice work.

Open access is vital. Gypsies and Travellers should not have to wait for more than a few days for an appointment to see a doctor, even when not registered or on a temporary registration. Work needs to be done with all doctors in Leeds to ensure they understand the Race Relations (Amendment) Act 2000 and the implications to their practice. Gypsies and Travellers could be involved in discussions with doctors and their staff about training needs to ensure that good practice can be developed.

Smoking cessation and healthy eating programmes seem to be important to the Gypsy and Traveller population.

These health and awareness raising programmes would be a good start to other preventative health care education.

Women are usually the main social educators of their family and starting with women's classes would be a good way of introducing the other issues of importance to them, e.g. birth, ante and post natal care as well as the more sensitive or frightening issues like Cancer and self diagnosis. This type of health promotion will take time and dedication but for future generations of Gypsies and Travellers is essential.

Mental health and support for Gypsies and Travellers experiencing trauma such as after bereavement and other rites of passage is also far from the mainstream Public Health agenda. It is important that the issues, which cause stress and ill health to Gypsies and Travellers, are given proper priority and sensitive culturally appropriate counselling services are offered.

The Dental health of all Gypsies and Travellers is of concern and measures should be taken immediately to ensure that they have their needs catered for in Leeds. This should include, as a particular and urgent priority, preventative care for all, particularly children.

Hand held medical records have been successful in Scotland and elsewhere local projects seem to have successfully piloted. The Leeds PCT's are urged to bring in hand held medical records or 'passports' in order to help with issues of continuity of service to Gypsies and Travellers.

The Leeds Health Bus

The health bus is seen as a first step towards medical care and support of Gypsies and Travellers.

Ways should be sought to address issues

Lack of privacy by soundproofing the consulting space

Ensuring medical records are always available to guarantee continuity

Ensuring a staff rota in order that continuity of service is a priority.

The health bus alone cannot meet the health needs of Gypsies and Travellers and a planning process should begin immediately in order to cater for the whole population of Leeds Gypsies and Travellers, e.g. transient people, those who live on a site as well as those who now live in houses.

Culturally appropriate and safe health and service provision

Poor working class people also share many of the health problems and access issues experienced by Gypsies and Travellers. Institutional racism adds a further dimension and good quality culturally sensitive service means relocating power towards the Gypsies and Travellers themselves. Communication is one of the keys to change, but ultimately good quality care needs Gypsies and Travellers to become doctors, health professionals, and social workers and to be employed throughout the caring professions in both statutory service provision and the voluntary sector.

Community centres or at least safe community rooms, near the transit routes of Leeds transient Gypsies and Travellers should be provided in order to cater for the social and cultural needs of Gypsies and Travellers

All service providers should seek to provide comfortable, private facilities, which cater for the cultural and traditional needs of Gypsies and Travellers when interviewing them or providing services.

Positive images

Positive images (not just old romantic images) of Gypsies and Travellers should be used in all public and information material used by LCC, Institutions and organisations and groups within the Public, Voluntary and Community sectors. Consultation on what positive images really are should be conducted with Gypsies and Travellers.

Community Development recommendations

Working within a Community Development framework and within the values and principles of inclusion, involvement and empowerment of Gypsies and Travellers is essential if sustainable workable solutions to problems are to be found.

The LCC and PCT's are urged to work in a community development way. Funding to the Voluntary Sector and Community Sector organisations that support work with Gypsies and Travellers like Leeds GATE (Gypsy and Traveller Exchange) and South Leeds Health for All should also be considered to ensure that full time, permanent staff posts can become part of the services provided for the improvement of the quality of life of all Leeds Gypsies and Travellers.

Community Development work with the settled community as well as Gypsies and Travellers should be undertaken in order to alleviate tensions and conflicts and work towards community cohesion. The positive contributions and the expertise and skills of Gypsies and Travellers should be highlighted. Gypsies and Travellers themselves should be included in all elements of community development, awareness raising and training. Those who need or want it should be given appropriate support in order to participate fully.

Partnership working

Senior decision makers and managers are essential in partnership work. Partnerships are urgently needed for the research, planning and delivery of culturally safe, culturally appropriate and culturally sensitive work across all disciplines, particularly health and site provision. The partnerships should include Gypsies and Travellers themselves and organisations, which can speak with authority about Gypsies and Travellers needs.

Awareness training and 'myth busting'

Fact sheets and positive information and training course dispelling myths about Gypsies and Travellers should be developed, possibly by Gypsies and Travellers themselves. There is already a successful model for this kind of initiative in the work of the Yorkshire and Humberside Regional Consortium for Asylum Seekers and Refugees and the Northern Refugee Centre in Sheffield in their awareness raising and myth busting training for professionals working with Asylum Seekers and Refugees. Northern College (Barnsley) has also developed Myth Busting training courses, which are being adapted to cover specific issues for Gypsies and Travellers.

Examples of sites not tolerated

The research gathered information about Gypsies and Travellers interviewed on sites, which were not tolerated by Leeds City Council. The extended families gave information about their health and site needs. This demonstrated that poor health and lack of access to health services are exacerbated by the lack of sites. It seems that there are no publicly known areas of land, which can be used for 'tolerated' sites necessitating constant moving.

Contracted sites/ 'tolerated' sites

The research outlined the ODPM guidelines, information about Leeds City Council Gypsy and Traveller Services and the LCC Toleration Policy. LCC staff endeavour to assist Gypsies and Travellers when possible, but can be hindered by the perception of having responsibility for court proceedings to move them on.

The financial costs of managing illegal encampments are highlighted. I was told that from January 2003 to December 2003 there were 65 encampments totally 763 days at a cost of

£327,480. From January 2004 to the end of July 2004 there were 55 encampments totaling 537 days. The total cost for these encampments, which includes staff costs, court costs, and to clean and secure the site after each encampment was £237,320.

A mixture of site provision is needed. The ideal site provision is for family sites, which allow the extended family to travel together. There is a need for small sites with basic amenities for a period of approximately 28 days as well as sites where families can spend the winter. Land with planning permission where families can settle permanently is urgently needed.

Recommendations regarding Best Value and Council Policies

Leeds City Council has emphasised work with Gypsies and Traveller communities in its Race Equality policies. There are indications that the Supporting People team are investigating the needs of Gypsies and Traveller communities and their housing needs as a vulnerable group in 2003/4. There is no published indication that the City's Homelessness strategy emphasises the needs of Gypsies and Traveller families. There is also, as yet, no planning for Leeds Gypsy and Traveller families in the Unitary Development plan.

It is important that Leeds City Council undertakes Best Value reviews on encampment policies and on the health and housing needs of Gypsies and Travellers. Homelessness Strategies should be reviewed to ensure full compliance with the Race Relations (Amendment) Act 2000 with special reference to Gypsies and Travellers.

Recommendations about Site needs

ODPM guidelines should be followed, providing transient Gypsies and Travellers with suitable short term (up to 7 days and longer stays of 28 days) contracted sites with access to toilets, a refuse skip and a supply of drinking water.

As stated in the full report a variety of sites are needed to meet the needs of transient Gypsy and Traveller families in Leeds, these include Family sites for longer term stays e.g. over winter.

Clean drinking water should be provided for transient Gypsies and Travellers as a matter of urgency and public health and in accordance with WHO/UNICEF joint monitoring programme.

Electricity and a postal service delivery should also be provided as good practice

The importance of knowing where land is that would be 'tolerated' is paramount and identification and public dissemination should be the priority for all appropriate LCC departments

There is an urgent need to identify land, which could be sold with planning permission for small family sites in order that those who wish to stay in Leeds can make a permanent homeplace.

The cost of toilet hire seems high. Ways to provide toilets, which does not incur such hire costs, should be investigated.

Skips should be emptied regularly.

Rubbish, should be cleared away as a matter of urgency from all sites or waste ground and within the same time frame as City Centre areas are cleared. Gypsies and Travellers are not always to

blame for tipping and removal of potential health hazards is vital. The speedy removal of rubbish would contribute to better relationships with the settled community.

Site Staff

The dual role at present carried out by the Cottingley Springs site warden and other LCC staff involved in evictions should be split into two separate roles.

The first, a specialist role of carrying out duties of a supportive, community development warden and visitor to temporary sites to assist transient Gypsies and Travellers.

The second, of an eviction officer who carries out any legal requirements of removing illegal encampments.

A Case study of a successful 'blind eye' site

The research covered the LCC Gypsy and Travellers Service policy, which has successfully supported a family to fulfil their desires to be settled without having to move into housing. The family have been able to establish themselves as part of the economic and social community and have gained access to good quality health care and education.

Recommendation: The family X that are the subject of the extended case study and the only family to live on a 'blind eye' site. They therefore should be a priority for LCC attention in order that they have security and piece of mind. They should be given permanent access to the site, either by the provision of a rent book with exclusion clauses to cater for the possibility of flooding or sold the land with planning permission to enable them to stay making it there permanent homeplace.

Recommendations for Good practice in Public, Private, Voluntary and Community Sectors

Providing services to meet the health needs of transient Gypsies and Travellers in Leeds and nationally, is complex and must move towards evidence based culturally sensitive, culturally safe and culturally appropriate care. The need for this is immediate as Gypsies and Travellers are recognised in law as **an ethnic minority**. Any organisation not providing good quality care and having good practice policy statements is breaking the law and can be deemed as institutionally racist.

Obviously no one wants to resort to the enforcement of law and therefore good practice will be assisted by measures including:

All organisations recognising Gypsies and Travellers as an ethnic minority and drawing up policies and good practice guides to be implemented by all staff

Routinely monitoring, both by including Gypsies and Travellers specifically in the monitoring forms used and evaluating the care given

Evaluating the implementation of local and national policies and adjusting good practice as necessary

Ensuring culturally sensitive care by ensuring Gypsies and Travellers are included in the processes of research, delivery and evaluation

Organisations should have publicly known, clear structures for responsibility and accountability.

Recommendation on National initiatives

Including Gypsies and Travellers as specific ethnic minorities in all data collection is necessary e.g. mortality and morbidity data and other data collection e.g. Labour Force Survey, The National Dwellings and Household Survey and the General Household Survey

The reintroduction of a statutory duty on councils to meet Gypsies and Travellers accommodation needs should be supported by a Leeds wide campaign.

Recommendations

In this executive summary the recommendations are placed in relationship to the headings above. In the full report the recommendations have been written in full in one section in order that the Leeds City Council members and staff, Health professionals and other statutory service providers, the Voluntary and Community sectors and particularly Gypsies and Travellers can come together for debate and to establish the best way to implement recommendations which ensure that Gypsies and Travellers gain their rightful place by being publicly provided for and recognised as an ethnic minority under the Race Relations (Amendment) Act 2000.

References:

Kargar I. 1992 *"Tales of travail: health problems of Gypsies"* Nursing Times September

Morris R. and Clements L 2002 *"At What Cost? The economics of Gypsy and Traveller encampments"* The Policy Press.

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