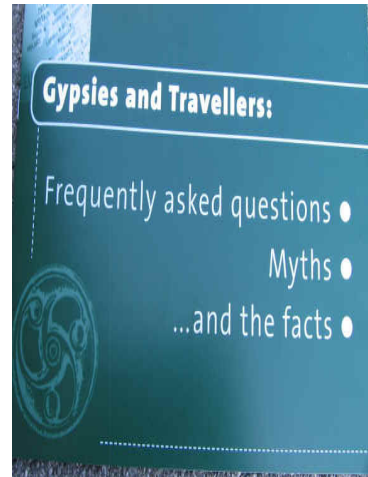


Gypsies & Travellers

Accommodation Needs Assessment



Health Impact Assessment



HEALTH IMPACT ASSESSMENT
of
Leeds' Gypsies & Travellers
Accommodation Needs
Assessment

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1 Executive Summary

Currently, throughout England, local councils are participating in a Gypsy and Traveller Accommodation Assessments, in order that they might appraise themselves of the scale of additional pitch provision required to meet the needs of this population.

In Leeds the suggested options with respect to the provision of any additional pitches are:-

- i) to enlarge the current site at Cottingley Springs or
- ii) to provide a new large site somewhere else in the city, or
- iii) to provide several smaller sites around the city.

This Health Impact Assessment reviews some of the literature on the health of the Gypsy and Traveller community and examines some local evidence, with a view to identifying the likely impacts of the above options on the health of this population.

The twenty-first century reports on the health of Gypsies and Travellers indicate that this population experience some of the worst health conditions of any ethnic group in the UK and experience some of the worst levels of health inequalities, e.g. high levels of infant and maternal mortality, poor access to health care, in particular access to general practitioners.

A population census of this group in Leeds in 2004 indicated that the average life expectancy was 50 years.

Local evidence suggests that a lack of cultural awareness and support for the nomadic lifestyle is still prevalent amongst health care staff and racial prejudice and harassment is still perceived as being acceptable when directed towards this community, resulting in un-necessary stress and anxiety.

The HIA concludes and recommends that the best option to maximise health gains and reduce health inequalities is the provision of smaller family sized sites around the city. Further recommendations are made with respect to improving the health of Gypsies and Travellers in Leeds in general.

It further recommends that the Leeds Primary Care Trust promotes this option wherever possible and in particular exercises its influence with Leeds City Council to this end.

2. The Gypsy and Travellers Accommodation Assessment

2.1 The Policy Context

2.1.1 National legislative background

2.1.1.1. Three Acts of Parliament since 1960 have had a major impact upon the accommodation and health of Gypsies and Travellers:

i) The ***Caravan Sites and Control of Development Act of 1960*** ~ banned the use of common land for human habitation and had a negative effect leading to the closure of many traditionally used sites.

ii) ***The Caravan Sites Act 1968*** (Part II) ~ required local authorities 'so far as may be necessary to provide adequate accommodation for Gypsies residing in or resorting to their area'. It empowered the Secretary of State to make designation orders for areas where there was adequate provision. By 1994 a third of local authorities had achieved designation, became exempt from making further provision and were given additional powers against unauthorised encampment.

iii) ***The 1994 Criminal Justice and Public Order Act*** ~ repealed most of the 1968 Act, abolished any statutory obligation to provide accommodation and made it a criminal offence to camp on land without the owner's consent.

2.1.1.2 Since the 1994 Act the only places where Gypsies and Travellers can legally park their trailers and vehicles are:-

a) *Council Gypsy caravan sites*. By the year 2000 nearly half of Gypsy caravans were accommodated on council sites. New council site provision had stopped with the end of the statutory duty,

b) *Privately owned land* (usually by a Gypsy/Traveller) with appropriate planning permission, now accommodating a third of Gypsy caravans in England.

c) *Some land with established use rights*, other caravan sites or mobile home parks by agreement or licence, and land required for a seasonal farm worker.

2.1.1.3 By the late 1990s, pressure was being exerted on the government over the damaging effects of the 1994 Act. A Home Office study found that groups of Travellers were being 'chased...from one bit of land to another bit of land, to another bit of land ...you just chase them around' (the words of a police officer). Travellers were tending to group together into larger bands on fewer sites, leading in turn to higher public anxiety over their presence, and further rounds of evictions. A major review of law and policy included a Parliamentary Committee report (2004), the replacement of Circular 1/94 by Circular 1/2006, and guidance on accommodation assessments (Office of Deputy Prime Minister (ODPM) 2006).

2.1.1.4 The **Housing Act 2004** (section 225) and **Circular 1/2006** (ODPM 2006) provide the current framework for site provision (CLG 2007a) acknowledging that the housing needs of Gypsies and Travellers may differ from the rest of the population (including patterns of extended family living, nomadism and a preference for caravan dwelling). Regional Spatial Strategies and Local Development Schemes should take account of accommodation needs providing a robust and credible evidence base (DCLG 2007c). Total pitch requirements at regional level and the allocation of these between Local Planning Authorities (LPAs) is required, the process being informed by the local **Gypsy and Traveller Accommodation Assessments** (GTAA). The

GTAA is intended to be an essential element in local housing strategies and investment, and in the evidence base for local planning policy. Every local planning authority has to identify land for sites required in their Development Plan Documents (DCLG 2007b).

2.1.1.5 Local Authorities are required to carry out caravan counts twice per year.

2.1.2 Accommodation needs

2.1.2.1 The University of Birmingham study for the ODPM (2002) estimated that an additional 1,000-2,000 residential, and 2,000-2,500 transit or stopping places were needed over a five-year period in England. However in the following two years there was a net gain equivalent to 130 pitches a year – i.e. only 15%-25% of the identified need. At this rate of delivery it would take over thirty years to reach the target.

2.1.2.2. Hundreds of thousands of pounds are being spent by some councils on legal and other costs attempting to remove illegal encampments. The costs, in financial, health and other respects, to the Gypsies/Travellers themselves are also high. The settled community is adversely affected as well, in what is described in the ODPM guidance as a 'vicious circle of tension'.

2.2 Definition of Gypsies and Travellers

2.2.1 Gypsies' and Travellers' ethnic origin can be traced back to India some 2,000 years ago with a migratory pattern through Europe over 1,000 years.

2.2.2 The term 'Traveller' is now generally used to refer to a Gypsy person of Irish origin whilst the term 'Gypsy' is used to distinguish them from non-Irish Gypsies.

2.2.3 Roma Gypsies are those who settled in continental Europe, some of whom have moved to the UK. They tend to reside in houses and have abandoned their nomadic lifestyle but are still affected by issues of discrimination, and persecution. This group of people are not the subject of the GTAA

2.2.4 For the purpose of clarity in undertaking a GTAA the terms 'Gypsies and Travellers' were defined in regulations which came into force in January 2007 (S.I. 2006 No. 3190) and mean:

- a) persons with a cultural tradition of nomadism or of living in a caravan;
- b) all other persons of a nomadic habit of life, whatever their race or origin.

This includes persons who have ceased to travel temporarily or permanently on the grounds of their own or their family's or dependent's educational or health needs, or because of old age.

Thus Gypsies and Travellers living in houses (bricks and mortar) are by definition likely to be amongst the most vulnerable and in greatest need of health care.

2.3 GTAA's - Progress to date

2.3.1 The government set a deadline for the completion of all GTAA's by the end of 2007. By mid 2007 the Department of Communities and Local Government (CLG) estimated that 10% of authorities had yet to commence. Around the country GTAA's were being conducted in a variety of ways by various partners and consortia, frequently being steered by a university research group.

2.3.2 Leeds

2.3.2.1 The Leeds GTAA is included in the West Yorkshire GTAA and is being conducted under the auspices of the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University. The final report is expected in June 2008. The WY GTAA involves gathering information by questionnaire from Lead Officers in each authority, interviewing by structured questionnaire 210 Gypsy/Traveller and Showmen's families from different types of tenure i.e. those on local authority sites, private sites, unauthorised sites and those living in houses, and by conducting some in-depth interviews.

2.3.2.2 At the time of CRESR's interim report in November 2007, 116 households had been interviewed with the questionnaire and in-depth interviews were yet to commence. Concern was expressed about the need to interview those in houses as this was the group that was least known about in terms of whereabouts.

2.3.2.3 Prior to conducting the WY GTAA, CRESR conducted a Yorkshire and Humber wide research project to inform the design and scope of the actual assessment process¹. Pertinent information gathered in this research is summarised in later sections of the appraisal. (see **5.1.7**)

¹ CRESR, Identifying Gypsy & Traveller Accommodation Needs in Yorkshire & The Humber, Final Report, July 2006

3 Health Impact Assessments (H.I.A.)

3.1 Their Purpose

Based on an e-mail consultation and an international workshop² a consensus paper³ defines HIA as ‘a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population’.

Several government publications in recent years have promoted the use of HIAs at policy level e.g. The Acheson Report recommended that all policies likely to have a direct or indirect effect on health should consider their impact on health inequalities⁴; Wanless and ‘Choosing health; making healthier choices easier’ highlighted the need to consider health impacts of ‘non-health’ interventions and policies⁵.

The purpose of HIAs is to support the decision making process by bringing public health, particularly health inequality issues, into the foreground of decision making. The concept provides a mechanism to assess the health impacts of an activity, particularly those which at first may be considered to have little or no direct relevance to health. Ideally HIAs should be conducted prospectively, but they can be used retrospectively and concurrently with the policy, programme or project under consideration.

The function of the HIA is largely twofold:

- to demonstrate to what extent an activity (see below) does or does not produce health benefits, or indeed whether it produces negative health impacts.
- to make recommendations to amend the activity to enhance the positive health outcomes or mitigate adverse impacts

3.2 The Toolkit Approach

There are many approaches to conducting a HIA found in an increasing amount of literature about the process. Consequently a user friendly ‘HIA ToolKit for Public Health Practitioners’ was developed by Leeds City Council and Leeds PCT. This has been used in this HIA. Copies can be downloaded from the HIA Gateway on the Association of Public Health Observatory’s website⁶

² Health Impact Assessment: from Theory to Practice. Report on the Leo Kaprio Workshop. Gothenburg: WHO European Centre for Health Policy & Nordic School of Public Health 2001.

³ Health Impact Assessment: Main Concepts and Suggested Approach. Consensus paper. Brussels: WHO European Centre for Health Policy. <http://www.who.dk/hs/EHCP.index.htm>

⁴ D Acheson et al Independent Inquiry into health inequalities report. The Stationary Office 1998.

⁵ D Wanless, Securing good health for the whole population, 2004, DH, Choosing health: making healthier choices easier. The Stationary Office, 2004.

⁶ <http://www.apho.org.uk/resource/item.aspx?RID=48962>

The classical stages of an HIA include Screening, Scoping, Appraisal and Recommendations. Fuller clarification of these stages can be found in the Toolkit. Completed worksheets, with respect to these stages, can be found in **Appendix 1**.

3.3 The aim of the HIA of the Leeds GTAA

3.3.1 The purpose of the GTAA is to identify the likely pitch requirements for the Gypsy and Traveller community within a locality for the foreseeable future and to ensure this requirement is described in the region's spatial strategy.

3.3.2 Ahead of the GTAA, the recently released Core Strategy for Leeds recognises the likely need for additional pitches for caravans for Gypsies and Travellers and proposes three options for meeting this need:

- a) *Extend the existing site at Cottingley Springs (Option 1)*
- b) *Provide a large site on the fringe of the city. (Option 2)*
- c) *Provide a variety of small sites around the district close to existing communities, services and infrastructure. (Option 3)*

3.3.3 The questionnaire being used to determine future accommodation needs for Leeds is the same as that being used for the whole of West Yorkshire but also asks Leeds respondents to indicate a preference for any of the above options.

3.3.4 Gypsies and Travellers are known to have some of the worst health conditions and greatest inequalities of any ethnic group in the UK. (See the Appraisal section 5.1.) And living conditions, including location and type of dwelling, are a key determinant of health.

3.3.5 Therefore the purpose of this HIA is to identify the likely health impacts of the Leeds GTAA options and in addition to note the impacts on health of living in bricks and mortar accommodation.

3.3.6 This HIA was initiated following discussions with the Head of the Vulnerable Groups Team, after Public Health Directorate staff became aware that the West Yorkshire GTAA was in progress and its outcome was likely to affect the health of the Gypsy & Traveller community.

3.4 Benefits of conducting an HIA

3.4.1 Besides the benefit of identifying the effects of health impacts of a policy, as mentioned above, minimising adverse effects and enhancing positive effects, the actual process of conducting the HIA can be beneficial in itself. Affected communities can feel valued as their views are taken into consideration, during the process partners may identify different ways of working which may fall outside the scope of the final recommendations.

3.4.2 Recommendations themselves are generated throughout the appraisal period and particularly by members of the working party interacting with the communities and the informants. E.g. whilst conducting this HIA a funding opportunity was identified and a successful bid was made to implement one of the recommendations. (see 7.4.1)

4. Population Profile

4.1 National Figures

4.1.1 The estimates for Gypsies Travellers in the **UK** ranges from about 82,000 to 300,000. The latter is a figure more frequently accepted by voluntary groups and Gypsies and Travellers themselves and includes those in bricks and mortar.

4.1.2 In January 2007 in **England and Wales**, counts indicated that there were 304 **LA caravan sites** providing 5,270 pitches for 7113 caravans; there are 6663 Gypsy and Traveller caravans on private sites (DCLG 2007e).

4.1.3 Official counts currently record over 15,000 Gypsy caravans in **England**, estimated to represent about 10,000 families, or 40,000 individuals.

4.2 Leeds

4.2.1 There is evidence of the presence of Gypsies and Travellers from about 500 years ago.

4.2.2 In 2004, at the time of a study by Baker⁷, there were some 1,071 Gypsies & Travellers in Leeds. Numbers revealed by the current GTAA exercise are not available at present.

Baker's study showed that the age profile of the Gypsy and Traveller community was dramatically different from the rest of the population with **the average life expectancy reported to be 50 years compared with a Leeds average of 78.2.**

4.2.3 Table 1

Shows Baker's figures but also includes the statistics from the worst 100 SOAs⁸.

Age Profile	Gypsies and Travellers	Rate (%)	LMD 2001	Rate (%)	Lower 100 SOAs	Rate (%)
Total populations	1,071	100	715,402	100	150,788	100
People aged:						
0 - 4	173	16.15	40,871	5.71	11,415	7.57
5 – 16	304	28.39	102,220	14.29	26,874	17.82
17 – 60	569	53.13	429,596	60.05	84,032	55.73
60+	25	2.33	142,705	19.95	28,467	18.88

⁷ Maureen Baker, Gypsies & Travellers Leeds Baseline Census 2004-2005, Leeds Racial Equality Council.

⁸ Leeds Joint Information Group, Measuring the Gap: Tackling Health Inequalities, Table 1, Dec 2007

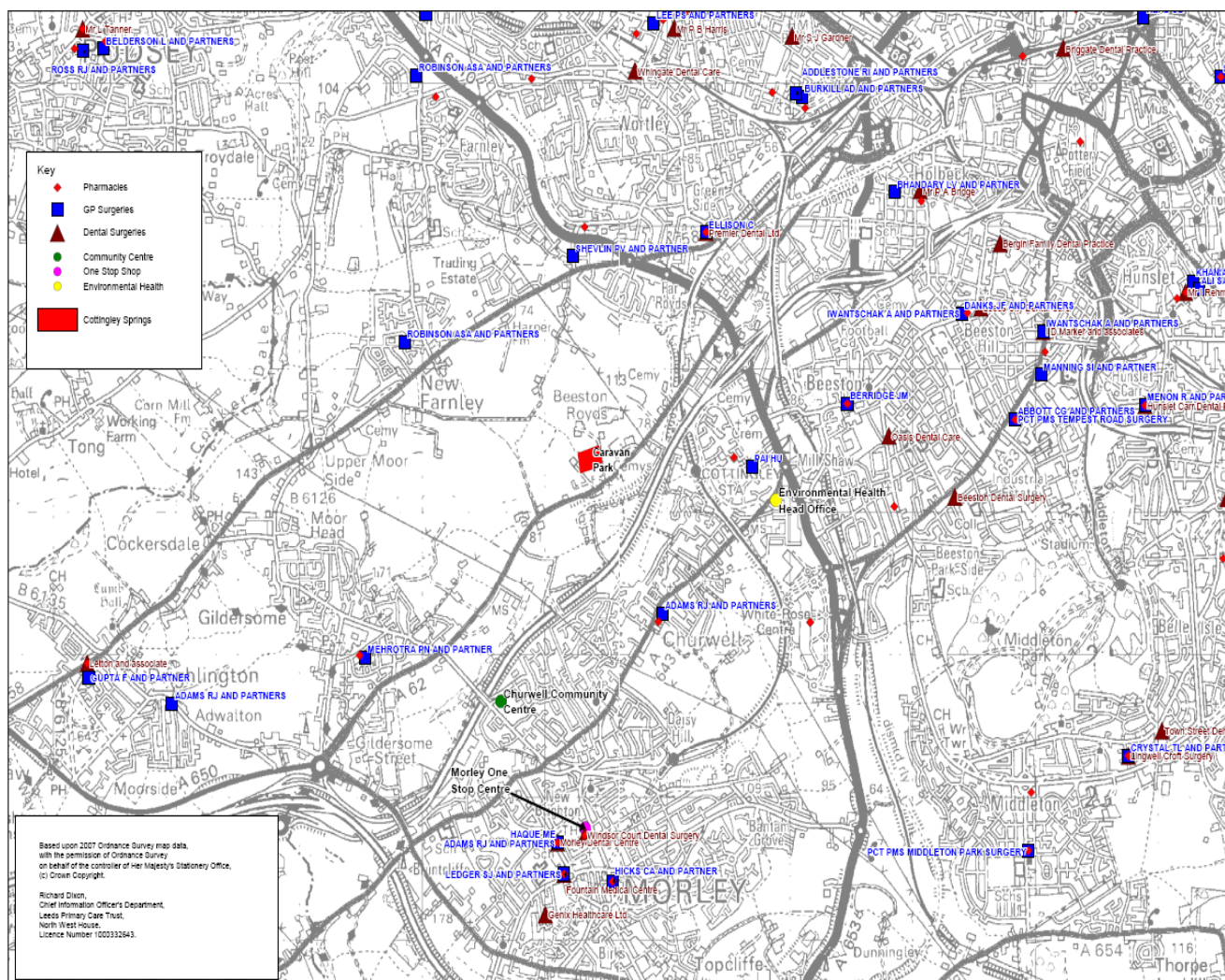
4.2.4. Leeds PCT Public Health Directorate is prioritising its work by concentrating on neighbourhoods where the worst 10% Super Output Areas (SOAs) nationally are located.

Table 2 below compares the 10 worst SOAs in Leeds with the SOA in which the main Council Gypsy and Traveller site is located – Cottingley Springs. It is evident from Table 1 and other research that the health status of the Gypsy and Traveller community is not reflected in the SOA statistics but if it were considered as an SOA in itself, it would be amongst the worst in the city.

Lower SOA	Ward	SOA rank (England)	long term illness*	health reported as good*	full time employed*	% over age 65
<i>E518</i>	<i>Cottingley</i>	<i>13,386</i>	<i>17.0</i>	<i>67.5</i>	<i>50.18</i>	<i>13.6</i>
Typical G & T	e.g. Cottingley Springs		>50%	<50%	?	2.3
1. E372	City & Hunslet	36	16.9	65.6	26.0	8.7
2. E361	Chapel Allerton	52	22.3	58.4	23.1	14.1
3. E663	Killingbeck & Seacroft	78	23.7	62.0	24.9	10.2
4. E357	Chapel Allerton	83	23.7	58.8	24.9	13.4
5. E429	Gipton & Harehills	116	18.8	66.3	22.5	9.9
6. E375	City & Hunslet	162	17.0	67.8	26.3	6.8
7. E675	Burmantofts & Richmond Hill	185	30.1	52.9	31.2	19.2
8. E312	City & Hunslet	209	17.7	65.0	31.1	8.1
9. E662	Killingbeck & Seacroft	227	21.3	64.2	26.5	8.9
10.E360	Chapel Allerton	253	20.1	60.3	25.5	12.5
Leeds Average			21.2	62.1	26.2	11.2

* from Leeds CC SOA profile (i.e census data)

Fig. 1 Map of Leeds showing location of current authorised site - Cottingley Springs - in relation to medical and advice centres



Distance from Cottingley Springs to the nearest GP surgery - 1.5 m

Distance from Cottingley Springs to nearest surgery taking patients from the site ?

Distance from Cottingley Springs to most commonly used health centre- 4m

Distance from Cottingley Springs to drop in GP at The Light Centre – 5m

Distance from Cottingley Springs to nearest pharmacy – 1.5m

5. Appraisal

Methodology:- This appraisal consists of gathering and collating information and data from:-

i) existing documented evidence

(5.1) a literature review

(5.2) the evaluation of the Leeds Core Strategy Options

(5.3) comments from recently completed GTAAAs

ii) new evidence

(5.4) a recently held forum of residents from the Cottingley Springs site,

(5.5) discussions with relevant informants

(5.6) a questionnaire, (**see Appendix 2**)

The information was used to identify positive and negative health impacts currently affecting the Gypsy and Traveller population and to assess the likely impacts of the policy options. The assessment process is described in section 6.

5.1 Literature Review

There is a large amount of literature related to the health needs of Gypsies and Travellers. This review looks at some key documents in depth and briefly at a sample of others. An attempt has been made to focus on the better known studies and those linked to the Leeds or Yorkshire Gypsy and Traveller population.

5.1.1 Housing and health – general

5.1.1.1 The association between housing standards, housing conditions and physical and mental health is now accepted and has been investigated in many studies. (e.g. Bonnefoy et al 2004⁹, Wilkinson¹⁰ & NICE¹¹)

5.1.1.2 These reviews invariably point out that direct cause and effect is unclear and draws attention to ‘confounding factors’ i.e. people in poor housing experience so many deprivations that assessment of any one risk factor is almost impossible.

5.1.1.3 Housing tenure has consistently been observed to be associated with measures of health, ‘people who live in houses which they own have lower rates of mortality than those who rent their homes from private landlords, who in turn have lower rates of mortality than those who are tenants of local authorities’.¹²

5.1.1.4 The relationship between housing and health underpins the Housing Health & Safety Rating System which became the mandatory standard for housing in the 2004 Housing Act. Category 1 hazards, requiring immediate action, include conditions such as cold and dampness. **Mobile homes are exempt from this legislation.**

⁹ Bonnefoy et al, Review of evidence of housing and health, WHO 2004

¹⁰ Diane Wilkinson, Poor Housing & ill health – A summary of research evidence, 2000

¹¹ NICE, Housing & Public health: a review of reviews for interventions for improving health, 2005

¹² P Townend & N Davidson (Ed) The Black Report included in Inequalities in health, penguin, 1988.52

5.1.2 The health status of Gypsies and Travellers - general

5.1.2.1 The large epidemiological study by *Parry et al*¹³ confirmed that Gypsies and Travellers have much poorer health status, and more self reported symptoms of ill-health, than other UK-resident, English speaking ethnic minorities and economically disadvantaged white UK residents. They have poorer health than that of their age/sex-matched comparators, and reported chest pain, respiratory problems, and arthritis were more prevalent. Their mortality rate is between one and one and a half times that of the housed population. A range of other studies¹⁴ have found that maternal mortality is higher for Gypsies and Travellers than for any other ethnic group. They experience exceptionally high rates of miscarriage, still-birth, perinatal deaths and infant mortality as well as high child accident rates.

The health status in the Gypsy and Traveller group correlated well with common ill-health risk factors such as smoking, education and age but their poorer health status could not be accounted for by these factors alone. Educational disadvantage was the single most marked difference between Gypsy Travellers and other socially deprived and ethnic minority populations (but this factor alone again did not completely explain the observed health inequalities).

In this study, **the standard or lack of accommodation was the overriding factor mentioned by all respondents in the context of what affected their health.** This extended to related factors such as the lack of an address for correspondence, security of tenure, inability to register with a GP, safe environment as well as access to work.

Recommendations from Perry's report: included:-

- ❖ Work in partnership with Gypsy and Traveller communities in the delivery of health care,
- ❖ Improving the cultural competence of health service staff, ensuring that Gypsy Travellers are involved in training delivery,
- ❖ Better coverage of Gypsies and Travellers in NHS monitoring,
- ❖ Gypsies and Travellers should be treated with the same respect as everyone else and whilst dedicated health teams were deemed to be currently necessary, it should be the aim to train staff to eliminate this need.

This report noted that for Gypsy Travellers, living in a house is associated with long term illness, poorer health state and anxiety.

¹³ Glenys Parry et al (2004) The Health Status of Gypsies and Travellers in England, The University of Sheffield, School of Health & Related Research. <http://www.shef.ac.uk/scharr/about/publications/travellers.html>.

¹⁴ Friends, Families & Travellers, Sussex Traveller Women's Health Project, final report 2003-2006.

5.1.2.2 The publication by *Jenkins*¹⁵ provides detailed advice on looking after women before, during and after the birth of their babies. Some of the recommendations can be generalised to a variety of health interventions and not just around maternity, e.g. the use of SMS to mobile phones as appointment reminders

The stillbirth, neonatal, perinatal and infant mortality rates for Gypsy and Traveller women is much higher than that for non-Gypsy and Traveller women

Jenkins' small scale qualitative study for the Maternity Alliance showed that women living on temporary or roadside accommodation struggled to get any maternity care. None of the mothers had received information on pain relief during delivery (despite having had some 100 pregnancies between them).

5.1.2.3 With the largest Gypsy and Traveller population in the country, 2% of the local population, Doncaster launched its Gypsy and Traveller Strategy in 2006. This makes recommendations, mostly along the lines of similar reports. An emphasis is placed on ensuring that the health needs of Gypsy and Traveller men are investigated and met, as many studies have focused on women and children.

5.1.2.4 Further reports by *Parry, Van Cleemput et al*¹⁶ reference a variety of studies.

Their own pilot study of 87 Gypsies and Travellers, matched for age and sex with indigenous working class residents in a socially deprived area of Sheffield, reported statistically and clinically significant differences between Gypsies and Travellers and their non-Gypsy comparators in some aspects of health status, and significant associations with smoking and with frequency of travelling.

In relation to their age-sex matched comparators Gypsies and Travellers:-
reported poorer health status over the previous year,
were significantly more likely to have a long-term illness, health problem or disability, which limits their daily activities or work,
had higher (statistically non-significant) prevalence of accidents in the previous 6 months (that had caused them to see a doctor or go to hospital) ...and on the day of completing a questionnaire:
had more problems with mobility, self-care, usual activities, pain or discomfort, and anxiety or depression as assessed using the EQ-5D .

¹⁵ Milly Jenkins, Guidelines for good practice to improve Gypsy and Traveller women's experiences of maternity care, Midirs, 2006

¹⁶ Glenys Parry, Patrice Van Cleemput, Jean Peters, Stephen Walters, Kate Thomas, Cindy Cooper Health Status of Gypsies and Travellers in England Journal of Epidemiology and Community Health 61:198-204, 2007.

This research showed high infant mortality and perinatal death rates, low birth weight, low immunisation uptake and high child accident rates. Practitioner accounts cite health problems that are attributed partly to adverse environmental conditions: accidents, gastroenteritis, upper respiratory infections and otitis media

A 1987 study of Travellers' health status in Ireland reported a high death rate for all causes and lower life expectancy: women 11.9 years, men 9.9 years lower than the non-Traveller population.

The report of the Confidential Enquiries into Maternal Deaths in the UK, 1997-1999, found that Gypsies and Travellers have "possibly the highest maternal death rate among all ethnic groups".

Other reports in this study indicate that:

- ❖ significantly more Gypsies and Travellers were current smokers than the age-sex matched counterparts.
- ❖ significantly more Gypsies and Travellers were the main carer for a dependent relative with a chronic illness or disability.
- ❖ significantly more Gypsies and Travellers experienced one or more miscarriages: 29% Gypsy and Traveller women compared with 16%, of the comparison group with children.

All the women in two matched samples were asked the question "Are all your children still living?" (as a woman without children might have lost a child). Of 172 women in each group, 23 Gypsy and Traveller women (6.2%) answered in the negative (excluding miscarriages) compared with none of the comparators. Details on the cause of death were missing for seven women, but nine Gypsies and Travellers reported one or more stillbirths or deaths of a neonatal infant.

- ❖ Gypsies and Travellers with long-term illness are more likely to be living in a trailer on a council site (54%) or in a house (45%) than on a private site (39%) or on empty land (30%).

In the 2001 census, the proportion of the population overall (all ages) reporting limiting long-term illness is 18.2% compared with 41.9% in the Gypsies and Travellers' group in the survey.

5.1.2.5 From a number of studies, *Van Cleemput* has described the health impact of sites policy and social cohesion¹⁷: This author claims that there is a strong sense of injustice in that 'society' does not value their (G&T) culture and intends them to abandon their nomadic lifestyle. Therefore they perceive that they are seen as inferior through lack of entitlement to cultural rights that are afforded to other groups and this produces direct psychological effects that influence wellbeing and are implicated in causes or morbidity and mortality.

¹⁷ Patrice Van Cleemput, Health Impact of Gypsy Sites Policy in the UK, *Social Policy and Society* 7(1): 103-117, 2007

Negative emotions, including depression, anxiety and hostility, that can result from low social status, and related psychosocial 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. Prolonged neuroendocrine 'fight or flight' responses with raised cortisol levels are deemed to be responsible for these psychological changes (Wilkinson, 1996). The potential health impact is particularly evident in psychological terms among children.

A wide range of respondents referred to the stress of living in houses. It can reasonably be argued that this reduces the likelihood that the higher incidence of ill health among housed Travellers can be attributed simply to pre-existing health needs forcing a move into housing. The study suggests that **a move into housing has a major psychological impact that may also be linked to the higher incidence of anxiety and depression, and possibly other stress-related illnesses**. It is most likely that both of these explanations are valid.

The impact of accommodation associated with lack of safety and security as a result of racial attacks and general hostility were key findings in a study of views and experiences of Gypsy and Traveller children (Warrington, 2006).

The hostile response towards any possibility of having Gypsies and Travellers as neighbours, whether on unauthorised or authorised sites, is exacerbated by hostile and inflammatory media reports (Commission for Racial Equality, 2006: 13).

Hostility towards Travellers by virtue of their identity 'rather than nomadic lifestyle' is a further sign of the impact of current Gypsy sites policy on social cohesion. The need for security drives Gypsies and Travellers to form tighter enclaves where they and their children can feel protected and where they are not made to feel inferior (Halpern 2005), thus creating stronger barriers that militate against social cohesion.

Lack of social contact was one of the explanatory factors identified in a profile of attitudes to minorities, which found that Gypsies and Travellers were among groups that attracted the most prejudice (Valentine and McDonald, 2004).

A win/win situation is possible where suitable provision of accommodation not only has the potential to reduce health and social inequalities but could improve social relations.

In Scotland this was demonstrated where three sites were created despite strong local opposition. Neighbours' views on the impact of the sites were sought after the sites had been established for a year or more. Most householders reported no specific complaints and acknowledged that their fears resulting in earlier opposition had proved groundless (Duncan, 1996).

5.1.2.6 Other reports:

❖ *Aspinall, P* (2005) Health Challenge Wales, Health ASERT Programme Wales Reviews the literature on the health beliefs, health status and use of services in the Gypsy & Traveller population and of appropriate health care interventions. There is a recognition of the small scale / short term nature of projects which should be embedded in mainstream service planning and provision.

Particular attention needs to be paid to environmental factors like the poor site location, poor levels of service provision, rent and energy costs.

❖ *Irish Health Boards & Children's Department*

Two providers of services for women experiencing domestic violence reported that 42% and 52% of their case load was made up by G&T women

Congenital malformation in Traveller children stood at 5.5% compared with to 2.9% in the Eastern Health Board. The difference was not significant when metabolic conditions were excluded. Other studies have reported on higher rates of inherited conditions among travellers such as phenylketonuria (Williams and Harper, 1977), recessively inherited disorders (Martinez-Frias and Bermejo, 1992) and a range of genetic conditions among European Roma (Kalaydjieva, 1997) possibly linked to a high rate of consanguineous marriages.

Traveller Health - A National Strategy (2002 – 2005) This strategy provides a comprehensive list of more than one hundred recommendations on a wide range of topics. These include the provision of additional study leave for GPs wishing to take part in G&T training modules as well as facilitating research to improve the health of Gypsies and Travellers.

5.1.3 The health status of Gypsies and Travellers - Leeds

5.1.3.1 Baker's study, cited above, reported that slightly more than half (58% according to Niner¹⁸) of the Leeds Gypsies and Travellers live in houses.

This report stated,

“While it is accepted that living on unauthorised sites can exacerbate health problems, national and local research make it clear that, regardless of accommodation type, poor health is a feature of the daily life of these communities...**on the basis of our findings there is a health crisis in the Gypsy and Traveller communities**”.

The main recommendations of this study included:

- ❖ Setting up transit sites
- ❖ For Leeds, the development of five caravan sites of no more than about 8 to 10 families per site
- ❖ Setting up of a one stop shop in South Leeds with health facilities in addition to advisory and training resources

¹⁸ P Niner, Local Authority Gypsy/Traveller sites in England, ODPM Publications West Yorkshire 2003.

5.1.3.2 A report, exploring the health needs of Gypsies and Travellers who live in Leeds¹⁹ was commissioned by the Travellers Health Partnership. 12 Gypsy Travellers and a number of people who worked directly with or had a remit for Gypsies and Travellers were interviewed. The results confirmed the findings from other parts of the country including experiences of discrimination and poorer health.

Several recommendations were made and it is worth mentioning that the report resulted in the creation of Leeds GATE (Leeds Gypsy and Traveller Exchange)

Other still relevant recommendations included:

- ❖ widening the role of the Health Visitor
- ❖ Developing appropriate health education materials
- ❖ Promote inclusion and user involvement
- ❖ Cultural two way training for staff and service users
- ❖ Development of adult literacy classes
- ❖ Improve communication on Cottingley Springs Caravan Site in particular in relation to planned improvements, rent, repairs and license agreements

5.1.3.3 Before the health bus service arrived at Cottingley Springs, an informal consultation²⁰ had shown that residents had particularly wanted services or information on smoking, healthy eating, children's health, dental and mental health.

5.1.4 Site issues affecting health – other than Leeds

5.1.4.1 Hertfordshire County Council provides 10 permanent and 1 transit site, set up as a response to requests from the Gypsy and Traveller community itself. A number of problems associated with the running of the transit site are identified by McCabe²¹, which include vandalism, littering, fly tipping and cost of evicting those staying longer than the stipulated 3 months period.

5.1.5 Site issues affecting health - Leeds

5.1.5.1 A report on meeting the need of disadvantaged children in south Leeds²² identified that children from Cottingley Springs wanted a safe play area or other activities to be run from the site, four reported racist bullying at school. Parents expressed that the council site was dirty and isolated and described their children's health as poor. **All said their GP surgery was too far away and there was insufficient information about health services.** The lack of privacy on the site also led to conflict. This report is also cited in the Leeds PCT report, "A Statistical Analysis of Health Needs & Inequalities of Children & Young People in Leeds".

¹⁹ Marianne Tavares, Travellers Health Partnership, Gypsies and Travellers in Leeds – Making a Difference An exploratory study on the Health Needs of Gypsies and Travellers, 2001.

²⁰ Marion Horton, The Health and site needs of the transient Gypsies and Travellers of Leeds (May – September 2004)

²¹ Norbert McCabe, Managing and Monitoring Transit Sites, Developing Services for Gypsies and Travellers , Conference Proceedings 2005.

²² South Leeds Health for All, Working Together, 2007

5.1.6 Incidence of measles in Manchester and Leeds

5.1.6.1 Travellers generally have poor access to primary care.²³ *Clements and Morris* found that 43% of Traveller children had not received any preschool immunizations and boosters²⁴. This may be exacerbated in highly mobile groups.

5.1.6.2 *Reynolds et al* reported on an incident of measles from a traveller's site in Manchester²⁵. None of the children affected had received the MMR vaccine.

5.1.6.3 The crucial point in ensuring that the outbreak was dealt with effectively was building trust with the community, particularly by the PCT's thorough groundwork through an individual who gained the trust of the site residents.

5.1.6.4 There were nearly 40 confirmed cases of measles in Leeds from September 2007 until April 08 (compared with two cases for the whole of 2006). The majority were in the under 5's with the highest number confirmed in LS27 and LS12.

5.1.6.5 16 of the cases lived or had visited the Cottingley Springs site and attended schools in the area. None of these children had received a MMR vaccine.

5.1.6.6 Uptake of the vaccination in the city is increasing for the first time, with 84% of children now receiving the first MMR vaccination and 75% receiving a follow-up injection. However the majority of the Traveller community remain un-immunised²⁶.

5.1.7 CRESR report- 2006

5.1.7.1 Problems and barriers associated with access to healthcare were a common theme in this report. In many cases there was a sense of differential treatment between Gypsies and Travellers and the settled community.

5.1.7.2 Cottingley Springs residents had difficulties registering with a GP. Some put this down to active exclusion which meant frequent visits to A& E Units.

5.1.7.3 The health bus which visits Cottingley Springs was deemed to be in poor condition and unsatisfactory as people have to queue outside.

5.1.7.4 There was a common perception that health services are not sensitive to the distinctive needs of Gypsies and Travellers e.g. there is no pre-natal information or support that is useful and relevant for babies being raised in caravans.

5.1.7.5 Living in bricks and mortar for the Gypsy & Traveller community is rarely the accommodation of choice. It is invariably associated with ill health and disability and is frequently accompanied by stress, depression, and alcohol and drug dependency.

²³ Murphy JFA, Traveller health: a national survey (2002-2005) Available at <http://www.imj.ie/issue-detail.aspx?pid>

²⁴ Clement L, Morris R, Traveller children: educational and health deprivation. *Childright J* 2001;179:7-9

²⁵ Fiona Reynolds et al, Management of measles in a traveller community; public health issues of trust, choice and communication, *Public Health*, 122 No.4 April 2008, 390-393

²⁶ 5.1.6.4 - 5.1.6.6 Brief report submitted by Gail Evans, HPA.

5.1.7.6 Problems for the elderly and those with physical impairments were particularly acute on sites due to a lack of disabled facilities.

5.1.7.7 Family care is extremely important and is the preferred option except in severe cases of ill health. Some housed gypsies missed the social interaction, sense of security and social cohesion experienced on a site and living in bricks and mortar meant having to forego their social networks.

5.1.7.8 The report noted a tendency to locate local authority sites in 'more marginal and unsafe positions' e.g. near to tips, sewage work or industrial estates.

5.2 Results of LCC Sustainability Appraisal (of the site provision options in the Core Strategy²⁷)

5.2.1 Prior to the completion of the Leeds GTAA it was known that Leeds City Council must provide additional accommodation for Gypsies and Travellers. (e.g. CRESR final report 2006 p30) The options for this are identified in **3.3.2** above.

5.2.2 A sustainability appraisal of these options was carried out by the Development Department in 2007 and concluded that:-

5.2.2.1 From a health and social perspective, all the options are generally positive because official sites cause fewer problems than illegal encampments. They provide Gypsies and Travellers with stability and proper provision of services e.g. clean running water, waste collection and electricity.

5.2.2.3 "The option of providing several smaller sites scores the most positives, particularly in terms of health and education benefits by ensuring that Gypsies and Travellers live close to the facilities that they need, such as schools, health care and shops".

5.2.2.4 It was also noted that this option (5.2.2.3) should help encourage integration between gypsies and the settled community whereas providing large remote sites keep them as distinctly separate communities.

5.2.2.2 From an environmental perspective it was considered that the provision of several smaller sites is likely to have a greater negative impact.

5.3 Completed GTAAs

5.3.1 As noted in 2.3.2 above, the WY (including Leeds) GTAA is still in progress. However several GTAAs from different areas of the U.K have been completed. Some full or summarised reports are now available on the internet.

5.3.2 Ten reports have been examined. Not unexpectedly, these are primarily concerned with identifying the number of pitches likely to be required in the specified locality. **Table 4** indicates the health issues raised in nine of these reports.

²⁷ http://www.leeds.gov.uk/files/Internet2007/2007/week43/inter__1d747321-11cb-4008-869c-8f7e77d9daea_a7f5eeeb-f36b-428a-b3a0-bcd98f911d6f.pdf

Table 4: Summary of health issues identified in completed GTAA's

Location	Recommendations/Observations				
	Access	Amenities	Information	Long term sick	other
Cambridgeshire	High levels unregistered with GP on unauthorised sites Lack of disabled access			35% of b&m have disability	Cites Perry above. Culturally sensitive outreach work is nec.
Bedford & Luton	75% had sole access to water supply, 87% sole access to WC. 5% no water supply. >85% registered with GP	Disability adaptations required. Usually carried out by themselves.		31% living with disability or long term condition	General health & safety worries re rats and harassment. Concerns re – respiratory & mental health . Need culturally competent health care worker
Devon	Improve access to health provision				Ensure non-discriminatory practices
East Staffs, Stafford, Stoke on Trent	Need for help in accessing health care expressed	Lack of water/WCs on unauthorised sites		50% have some health problem	Health cited as reason for moving into b&m. G&Ts not identified as ethnic group in
Essex	Good where on settled pitches				
Leicester, Rutland, Leicestershire	1 in 10 not registered with GP. Some GPs unwilling to register G&Ts	25-38% own WCs on authorised sites, problem of access on unauthorised. Need for sole WCs & showers		20% - Higher incidence in b&m	Should include G&Ts in ethnic monitoring
Nottinghamshire	Reasonable access to health services	High levels of sole provision			Ref'd Perry et al
South Yorkshire	Need info on accessing GPs. Refusal of health services to enter sites	Problems with organisations adapting homes for disabled	family planning, older people's support, smoking cessation, maternity services.		50-78% live in b&m Particular attn to be paid to men's health & mental health needs
Wigan & Greater Manchester (this was a pre GTAA report)	Low immunisation rates. Difficult to access services. Frequent use of drop in centres – lack of medical history	Poor housing conditions – damp, ventilation, condensation smoking	No info on take up of health support services incl. smoking cessation, dom. Violence, dental care		Ref'd to studies noted in the Lit review above Health services need to visit sites.

5.4 Cottingley Springs experience – current health, access and site issues

The following are notes of the views expressed by a group of 8 Cottingley Springs residents who met with the newly appointed Strategic Health Advocate on 7 March 2008 as a precursor to the re-establishment of the Traveller's Health Partnership.

5.4.1 Location & Environment

5.4.1.1 Cottingley Springs is very isolated - too far from parks, leisure centres and gyms

5.4.1.2 Rats are seen all the time, in the bins. Lack of disinfection measures.

5.4.1.3 Litter: No public bins, council don't clean embankments and pavements, especially important given the amount of glass and rubbish and the fact that young children are present. Cuts and bruises are common, particularly on children..

5.4.1.4 Sewage/ Water Sanitation: Water/ drains need regular checks- sand is often in the water. Drains blocked continually. Stream running through is a swamp, no barriers, sewage present and therefore infections occur.

5.4.1.5 Play: There is no safe dedicated play space for children and young people. High accidents rates, especially children; many broken bones.

5.4.1.6 Street lighting: on in day, off at night, therefore people falling.

5.4.2 Accommodation

5.4.2.1 Rent and rates: Too high, comparable with bricks and mortar.

5.4.2.2 Electricity is £300- £400 per month

5.4.2.3 Caretakers are not always there and the Council won't fix things.

5.4.3 Health issues

- High rates of mental ill health- many people on medication, feeling isolated and depressed.. Described as 'nerve problems' – Travellers won't ask for help.
- Alcohol excess: same problems for men and women
- Embarrassed about not reading - won't tell people -ask kids to read letters, sometimes private things.
- Men won't talk about health- will only see a GP if it gets to crisis stage.
- Vaccinations: Many don't want and many don't have – often not offered.
- When sick will not talk- people will try and heal themselves, esp. men
- Ante-natal information poor, miscarriages more common especially. for first pregnancy – need education to look out for problems
- Family Planning- No Services available
- Breast screening- doesn't know how it works- no information.
- Bowel screening & prostate cancer - no information.
- Smears- Doctors not following up, many have not had.
- Diet/ Exercise
- Domestic violence, not discussed - kept very confidential.

5.4.4 Table 3: VIEWS ON HEALTH CARE AND TREATMENT BY PROFESSIONALS

G.Ps	Midwives	Dentists	Hospitals	Health bus
<p>Discrimination experienced – feel that some wont register. . Leeds worse than other places Lack of female Drs for women – important culturally Feel that Drs rush you through- don't listen so G & Ts re reluctant to go- . Feeling that there is little privacy. Long waiting times, can't get appointments. Women keen (if comfortable with GP) to present for screening and other health checks. No choice in practitioner Too many forms. Poor referral rates to hospital Pharmacy and Doctor delays. Receptionists: some are better than others.</p>	<p>Very nosy midwives /health staff- ask about a lot of things- child welfare/social services Over reliance on forms</p>	<p>Discrimination - one case of bullying mother for child's missing tooth. One person has been trying to get dentist for 3 ½ years!</p>	<p>Problems with prejudice in hospitals. Difficulties with diagnoses, child sent out of hospital with meningitis- symptoms not believed. Often not believed by health staff- thought to be paranoid. A & E: Embarrassing- make issue of postcode and emphasise "caravan site"</p>	<p>Only a chat, doesn't offer services Could the bus be used to drop off prescriptions?</p>

5.4.5 PRIORITY AREAS IDENTIFIED: in this forum

- ❖ Discrimination from health staff.
- ❖ Environment at Cottingley Springs: refuse, water, sewage
- ❖ Isolated and feel forgotten when housed.
- ❖ Lack of opportunities for exercise.
- ❖ Need innovative ways to remind about appointments
- ❖ Lack of access to female GP.
- ❖ Need informal briefings in community about health issues.
- ❖ Would prefer referrals to hospitals outside of Leeds – less stigma
- ❖ Need community-based health info sessions & regular community consultations.
- ❖ Involvement of a multi-agency partnership.

HIA of the Leeds Gypsy & Traveller Accommodation Assessment



Cottingley Springs 'B' site



Cottingley Springs 'A' site

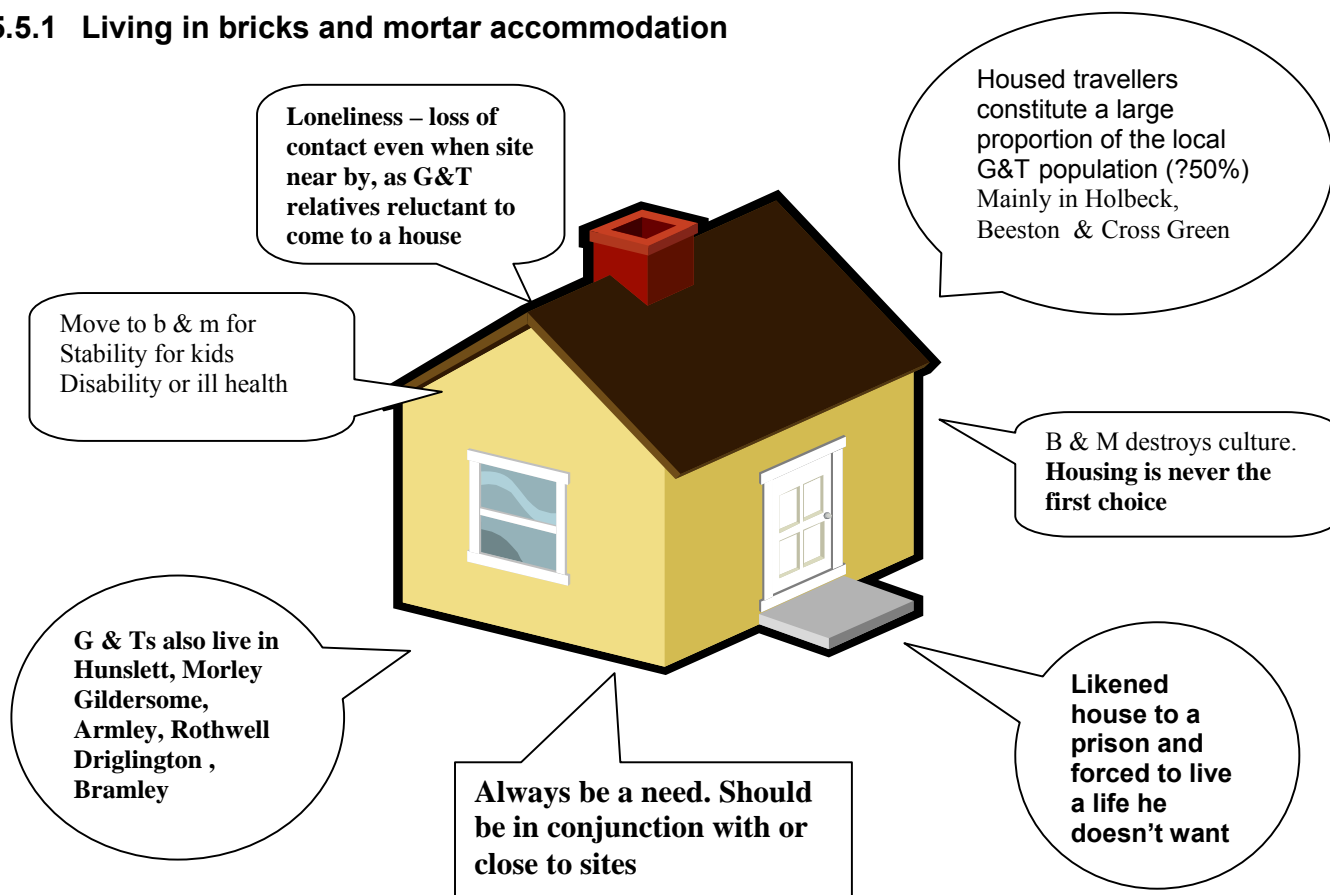


The health bus – visits alternate sites weekly

5.5. Consultations/Interviews with Stakeholders/Informants

Information on various aspects of this H.I.A has been given by approximately twenty persons, twelve of whom have been involved with more in-depth interviews. These informants's²⁸ were selected because of their current or past professional involvement with the Gypsy and Traveller community in Leeds. The information has been collated under five headings and is presented below.

5.5.1 Living in bricks and mortar accommodation



5.5.2 Small sites (see Option 3 3.3.2 above)



“National recommendations stipulate 15 – 25 families per site (this is too many) and the **general consensus is of about 10 families** not necessarily in ghettos but near social housing”.

“The ideal site would be small (8-10 families) with enough space for own caravan and visiting caravans to stay with space around. Ideally a bungalow in the middle with space for trailers.”

“It should not be out in the sticks but mixed in with the community to begin the process of getting to know each other as people rather as members of different races – be allowed to integrate and allow the kids to play together.”

“Small sites tackle aggression, immunisation, access to services”

The ideal living place would have to be close to shops and other services

Small sites can be better managed by Council and G & Ts

²⁸ See Appendix 3

5.5.3 The Cottingley Springs site (see Option 1 3.3.2 above)



5.5.4 Health

General comments

- ❖ No full explanation why the greater health needs exist – need more research.
- ❖ Poor health is result of disempowerment – not whether on site or in b&m
- ❖ Forced ‘choices’ have negative effect on health. Loss of rights.
- ❖ Don’t know extent of mental health issues or domestic violence.
- ❖ Need 5 -10 year strategy
- ❖ Meeting accommodation needs is only first step
- ❖ L.A sites have negative effects on health because it forces people together.
- ❖ Drugs are easier to pass on the larger site – problem in younger generation
- ❖ Large site leads to loss of cultural norms and adoption of values of wider society.
- ❖ Good health related to education and literacy, Youths drop out of education
- ❖ Considerations in relation to literacy, mobility, disability, chronic disease, lack of or intermittent access to services are not always taken by service providers,
- ❖ Health not perceived as an issue for men, but slowly starting to use the bus
- ❖ High incidence of miscarriage and neo natal mortality – unknown factors
- ❖ Real problem of literacy – understanding of health information – and bills.
- ❖ Aware of only one family having accessed disabled facilities grant.
- ❖ Don’t know if aware of grants for insulation or if they are available for caravans
- ❖ High level of chest infections.
- ❖ Primary immunisation rates are 90%. Still hesitant about MMR.

The health bus

- ❖ The Health Bus is welcomed but even when it had a doctor prescriptions had to be collected from the surgery. Nearest pharmacy approx 1-2 miles away.
- ❖ Bus visits x2/month – no prescribing HV/nurse – no GP. Little privacy, it’s a 2nd class service, O.K. as supplement, but need same service as rest of community.
- ❖ Does it perpetuate a feeling of exclusion? – it is good because it is starting to work where people are. A better solution might be to follow the Portakabin route for the provision of Mental Health services.
- ❖ Use health bus for advice re alcohol and contraception. Cultural issues here – has taken time to break down barriers. Consistency of personnel is vital.
- ❖ Smoking cessation – small amount of success.
- ❖ No W.C for health workers- caretakers’ office usually closed.

Access to GPs

- ❖ It is perceived that GPs have drawn boundaries to exclude Cottingley Springs.
- ❖ G & Ts go to drop in centres or A & E – requiring car or bus rides
- ❖ Some GPs don’t register without a house address.
- ❖ G&T friendly GPs may require car or bus journey and may not have a female GP
- ❖ Some G & Ts will keep a house address to be registered with a GP; may be in a different area.
- ❖ HV for travellers doesn’t meet needs
- ❖ Not to be discriminated at the reception desks. There are G&T folk who speak loudly and this should not be taken as a aggression but as a cultural thing.

5.5.5 General Observations from the consultation:

- ❖ Leeds GATE is a valued advocacy service & will still be needed even if accommodation issues are sorted satisfactorily. E.g. with power supplier.
- ❖ Concerned about interview fatigue among people in Cottingley Springs
- ❖ Cottingley Springs – needs greater tenant involvement/empowerment
- ❖ Need caretakers on sites as advocates
- ❖ Still acceptable in society to treat with hostility and pass racist remarks
- ❖ G & T health needs – still a high priority - Large mental health issues
- ❖ Hand held (paper) records can be a solution but some GPs input all the information again & it's difficult for busy GPs to familiarise themselves with the medical history contained in them.
- ❖ What happens with all the reports on G&Ts and their recommendations?
- ❖ Need to train health care staff – still social exclusion being experienced at A & E
- ❖ Training for health workers is a must as G&Ts endure a great deal of prejudice
- ❖ G&Ts have expressed the view that health services should not be set up for their exclusive use but that all of the services should be equally accessible to them. .
- ❖ Are any Public Health awareness campaigns directed and tailored to the needs of G&Ts? Are any materials conceived/developed in Leeds? Are they evaluated?
- ❖ Public health information ought to be G&T friendly and capitalise on existing opportunities e.g. the LLee Gap fair. Health is absent though there is a strong argument to do outreach work in relation to healthy eating, exercise, mental health, smoking cessation, drugs and alcohol, screening.
- ❖ Revival the Travellers Health Partnership. Could be done through a re-launch by awareness raising/education in a mini-conference with an accompanying strategy with a clear and practical action plan signed up to by all partners?
- ❖ What are the avenues for the distribution of Public Health information?
- ❖ Develop PH materials for G&T with G&T and work out appropriate dissemination.
- ❖ Has there been a health campaign with G&T in mind? A Health day was organised by South Leeds Health for All but should we rely on voluntary sector?
- ❖ Need two way training (G&T to learn about their responsibilities as members of the public and health staff to learn about the culture of G&T).
- ❖ Would be relevant to assess the level of awareness of providers about G&T culture, traditions, etc. and equally opportunities for G&Ts to experience what large local employers like the local NHS can offer in terms of work experience.
- ❖ Still not recording as ethnic group so size of problems still unknown
- ❖ **Need more transit sites** – get people off roadside – need more permanent sites
- ❖ For the roadside community there is living with the fear of eviction, insecurity and lack of basic facilities. People are unaware of where to go for help
- ❖ **Large sites mitigate against tradition of self help**
- ❖ **An enlarged/improved Cottingley Springs site would exacerbate existing problems** with further deterioration in mental health – **same would happen on an alternative single large site.**
- ❖ **Ideally need smaller – family sites around city** – preferably owner/occupied.
- ❖ Need community involvement. (re site locations and facilities access)

5.6 Findings from the questionnaires and interviews

5.6.1 Limitations:

5.6.1.1 Many of the studies of the Gypsy and Traveller population have been based on actual interviews of a small number of interviewees. We had hoped to secure a good number of responses to our questionnaires/interviews. However we suspect we came up against similar problems that other researchers have found in the past:- it takes time to build up relationships with this group who feel they have already been over scrutinised, with perhaps little to show for their efforts; the GTAA is currently being undertaken so the population are perhaps reluctant to respond to a further questionnaire.

5.6.1.2 The questionnaire was therefore used as a basis for a more informal interview and this, together with the low numbers of interviewees meant that information gathered could not be statistically analysed.

5.6.1.3 We (The authors and the Strategic Health Advocate) conducted 9 interviews with Gypsies and Travellers; four lived in brick and mortar accommodation, three from an unauthorised roadside encampment and 2 from Cottingley Springs.

5.6.1.4 Some of the interviews were hurriedly conducted under less than ideal conditions while other activities were taking place in a frequently noisy, public environment, and with young children around or when a bus was due.

5.6.1.5 The following script summarises the questionnaire/interview findings and the views expressed by the interviewees:

5.6.2 Age and family size

5.6.2.1 There was only one person interviewed older than 60 years.

5.6.2.2 Family size ranged from four to six persons

5.6.3 Cottingley Springs

5.6.3.1 The rent for the pitches was perceived to be high (approx £108 per week)

5.6.3.2 Energy costs of £10-£40 per week were mentioned. The cost of a gas cylinder to last a family of three for about 10 days was £52.00 in addition to the cost of pre-paid electricity.

5.6.3.3 The council was perceived to be slow to undertake repairs. There were no consistent views about the standard of internal repairs, or how safe they felt.

5.6.3.4 Both interviewees felt that the outside of their accommodation was poor and that access to banks, sports facilities, food shops and provision to grow their food was also poor. They felt that whilst the provision of these might be improved if they were living in a house (particularly in relation to energy costs), Travellers were clear that brick and mortar accommodation was not an option.

5.6.3.5 Risks to health from site hazards, pollution and risk of accidents were perceived to be low to severe. Both said that this could be improved by developing the environment; it might not be improved through the provision of the alternative accommodation options.

5.6.3.6 Developing other sites or improving the current site were felt to be better options, particularly as this might mean remaining close to the extended family. Both interviewees agreed that accommodation should not be provided alongside non-Travellers. This reflected the perception that this would be a house in a housing estate, with visions of isolation from other Travellers and exclusion from local residents that this evokes. It might equally reflect attachment to the current site which might be preferable to the unknown.

5.6.4 An unauthorised (roadside) Travellers' site

5.6.4.1 Members of three inter-related family groups, not normally resident in Leeds but on the waiting list for a local authority site outside of Yorkshire, were interviewed

5.6.4.2 One felt that access to GPs was not very good and that some barred people from Cottingley Springs from registering. Having bricks and mortar accommodation or a definite address for a residential site might therefore overcome this problem.

5.6.4.3 Those interviewed felt that the best housing provision that would improve their health consisted of setting up small, clean, safe, family size residential sites for caravans with basic services installed: 'a place that would not be trashed'.

5.6.4.4 One of the people interviewed referred to their health as good even though they were living with arthritis, high blood pressure, depression and asthma.

5.6.4.5 A woman who was interviewed said that in their family breastfeeding had not been an option as her family didn't believe in it, instead choosing to use 'proper' formula milk.

5.6.4.6 Living by the roadside was not a particularly cheap option with a gas cylinder again being quoted as being £52.00 and lasting only about 1.5 weeks. Again this was in addition to this the family's contribution towards the cost of running a generator.

5.6.4.7 These families were by the roadside because they felt there was no other housing provision open to them.

5.6.4.8 The roadside families in particular were very clear of their needs - basic services and facilities provided from small family sites in the proximity of shops and where their travelling livelihood was not placed in jeopardy. Not being familiar with the geography of Leeds, these families were not able to provide a better perspective on how things could be improved for the local Gypsy and Traveller population.

5.6.5. Views of Bricks and Mortar residents

5.6.5.1 Four people interviewed were currently living in a house with tenancy arrangements ranging from owner occupancy to local authority, private and housing association tenants.

5.6.5.2 All would have grabbed the option of living in what was perceived as an improved version of Cottingley Springs. Even with its disadvantages it was felt that they'd rather be with the Traveller community, but currently the place was a dump.

5.6.5.3 People living in houses felt safe or very safe in the area where they lived and had good relationships with their neighbours though would still count on their families to help them out – even if they weren't in the immediate vicinity. In fact they hadn't chosen houses as their preferred type of accommodation but had been pushed by circumstances, particularly ill health and the lack of space at the official site. Indeed, one of the people interviewed mentioned that one of her children (aged 2) had been to the doctor more than 50 times during the past 12 months

5.6.5.4 One person said the single most important thing that could improve their health was 'to get respect.... be treated like everyone else...., not to be misunderstood....' and then cried. Another 'education to workers providing services' and another "buses to stop at the site" and more awareness raising for the public (Pride not Prejudice campaign was mentioned).

5.6.5.5 Two of the people interviewed (one a male) said that mental health initiatives for men were needed as men would not discuss their problems as readily as women.

5.6.5.6 The favoured option was small sites with 10 – 12 families with small shed / bungalow and space to park extra caravans if that was necessary. Preferably these sites should be closer to the city centre, other communities, shops and services. This group also mentioned the need to be close to their families for extra support from what they feel is a hostile world around them.

6 Assessment of impacts & conclusions

A number of methods are used in HIAs to assess the health impacts of proposed or existing actions. These can include an assessment of the size of the population being affected, the perception of risk, types of impacts and some means of measuring the scope and frequency of the impact. Ultimately all these approaches are a subjective assessment made by the working group based on the findings of the appraisal evidence. There is no one acceptable method..

6.1 Assessment of impacts

Since the whole of the Gypsy and Traveller population of Leeds will be affected by the selected site provision option adopted by the city council, as a consequence of its own development strategy and the outcome of the GTAA, we have opted to assess the impacts by just identifying the existing and likely impacts mentioned in the literature review, by informants and stakeholders without quantifying them in any way.

6.1.1 Forty four health impacts have been identified as affecting the Gypsy and Traveller community. These have been listed in **Table 5** below. They have been identified as being:- *existing* positive or negative impacts – based on the literature review and the experience of those living or involved with the Cottingley Springs site and those Gypsies and Travellers living in bricks and mortar accommodation - and *likely* positive or negative impacts as far as the possible options are concerned - based on the literature review and information from stakeholders and informants.

6.1.2 Predominantly the impacts are seen to affect the health of the Gypsy and Traveller community negatively; with the most adverse impacts being around mental health, neonatal health and the sense of well-being. Positive impacts are those which promote the nomadic lifestyle of this community and where attempts have been made to promote a healthier lifestyle within the community.

6.1.2.1 The negative health impacts and inequalities identified amongst the general Gypsy and Traveller population are seen to adversely affect the health of the present population at the Cottingley Springs site in Leeds. Highlighted issues here include concerns about the location and condition of the site itself and access to GP services.

6.1.2.2 Living in bricks and mortar accommodation is generally seen as having a negative impact on health but is also seen as having a likely positive impact providing a less polluted location and better access to amenities and health care.

6.1.3 Possible future site options

Consideration of the possible future options for the provision of sites in Leeds and the likely effects on health was not easily conveyed to, or by, all those interviewed.

6.1.3.1 Enhanced Cottingley Springs site

- ❖ Some positive health impacts are seen to be likely if the current Cottingley Springs site is enlarged/enhanced. These could increase if the recommendations below relating to the condition and activities of the present site are followed. However overall it was felt that an enlarged Cottingley Springs site might exacerbate the current adverse conditions.
- ❖ Some of the likely positive health benefits of an enhanced Cottingley Springs site are seen in comparison to the prospect of living in bricks and mortar.

6.1.3.2 An alternative large site in the city

- ❖ It was felt that an enlarged site located elsewhere in the city would have the same problems as Cottingley Springs e.g. re remoteness and access to services etc. In fact the problems could be exacerbated by hostility and conflict with a new and different resident population.
- ❖ Again it was felt that any positive health benefits should be seen in comparison to the prospect of living in bricks and mortar accommodation.

6.1.3.3 Several small family sites in the city

❖ **Table 5 indicates that by far and away the most favoured option in terms of securing the best health outcomes and reducing health inequalities for Gypsies and Travellers is the provision of several small sites in the city.**

- ❖ This conclusion is in complete accord with Leeds City Council's own sustainability appraisal (5.3.2.1) and national guidelines.

6.1.3.4 It was felt that there would always be a need for some **bricks and mortar** accommodation, but predominantly as the accommodation of last resort as it negated the nomadic and cultural lifestyle. It was felt by some that any future bricks and mortar accommodation should be in close proximity to, or set in conjunction with a site.

6.1.3.5 The Gypsy and Traveller lifestyle means that for part of the year a number of families would be 'on the road'. To support this culture there would continue to be a need for some **transit pitches**. If these were not to be on unauthorized sites, a transit site should be provided. Ideally there should be transit spaces on the official sites. A stand alone transit site could result in a lack of ownership and care and lead to the problems experienced by Hertfordshire Council (see 5.1.4.1)

Table 5

ASSESSMENT OF IMPACTS

	General G & T population		Cottingley Springs Enhanced CS (option 1)				Potential large site (option 2)		Potential small sites (option 3)		Bricks & mortar (likely with other options)			
	Positive	Negative	Positive		Negative		Positive	Negative	Positive	Negative	Positive		Negative	
	Existing	Existing	Exists	Likely	Exists	Likely	Likely	Likely	Likely	Likely	Exists	Likely	Exists	Likely
Mental Health:														
❖ Maintenance of nomadic lifestyle	X	X				X			X				X	X
❖ Social cohesion		X				X			X				X	X
❖ Family contact						X	X	X	X				X	X
❖ Harassment/conflict		X		X	X	X	X	X	X				X	X
❖ Stress		X			X	X			X		X		X	X
❖ Depression		X			X	X	X	X	X		X		X	X
Lifestyle:														
❖ Alcohol abuse		X											X	X
❖ Drug abuse						X							X	X
❖ Domestic violence		X				X				X				
❖ Smoking	X			X					X					
❖ Exercise	X					X			X					
Environmental health:														
❖ Pollution/location		X			X	X			X					
❖ Sanitation					X	X			X		X			
❖ Rats/pest control		X			X	X			X					
❖ Safety		X			X	X			X		X			
❖ Accidents		X			X	X			X					
❖ Road accidents						X			X					
❖ Disabled access		X			X	X			X		X			
❖ Repairs to dwelling		X	X		X	X			X					X
❖ Standard of accom./site		X			X	X						X		X
❖ Fuel poverty		X		X	X	X			X		X			
❖ Play space				X			X		X					
Inequalities:														
❖ Life expectancy		X			X	X			X					X
❖ Maternal health		X			X	X			X					
❖ Neonatal health		X			X	X			X					

HIA of the Leeds Gypsy & Traveller Accommodation Assessment

	General G & T population		Cottingley Springs Or enhanced CS				Potential large site		Potential small sites		Bricks & mortar			
Scale of impact	Positive	Negative	Positive		Negative		Positive	Negative	Positive	Negative	Positive		Negative	
	Existing	Existing	Exists	Likely	Exists	Likely	Likely	Likely	Likely	Likely	Exists	Likely	Exists	Likely
Physical health & well-being:														
❖ Asthma		X								X				
❖ Respiratory ill health		X												
❖ Chest pains		X												
❖ CHD		X												
❖ Cancer					X									
❖ arthritis		X			X								X	
❖ Disability		X			X								X	
❖ Infectious disease		X	X		X	X		X	X		X			
❖ Immunisations		X			X	X		X	X					
❖ General sense of well being/health status		X			X	X		X	X				X	X
Access to services:														
❖ G.Ps		X			X	X			X			X		
❖ Health visitor		X	X		X	X		X	X			X		
❖ Health centre		X						X	X			X		
❖ Health care		X			X	X		X	X			X		
❖ Health information		X	X		X		X		X			X		
❖ A&E			X				X		X			X		
❖ Transport									X			X		
❖ Schools									X					
❖ Literacy		X			X									

N.B. Some of potential positives of a large site or an enhanced CS are seen in comparison to the prospect of living in B&M

6.2 Summary of other conclusions from the Appraisal

6.2.1 The twenty-first century reports identified in the literature review, Baker's statistics, and the new information collected, indicate that the Gypsy and Traveller community continues to exhibit adverse health conditions and experience the worst health inequalities of any population group or neighbourhood in Leeds; perhaps with little change for many years.

6.2.2 Lack of cultural awareness and support for the nomadic lifestyle is deemed to be prevalent amongst health care staff.

6.2.3 Racial prejudice and harassment is still perceived as being acceptable when directed towards this community, resulting in un-necessary stress and anxiety.

6.2.4 The size and location of the housed Gypsies and Travellers population is uncertain and needs to be identified in order to accurately assess their health needs. For instance, it is not known if any disabled facilities grants have been awarded to meet the needs of disabled people in this ethnic group.

6.2.5 Completed GTAA's describe the adverse health status of the Gypsy and Traveller population and mirror the health conditions, access issues and site problems experienced by the Leeds Gypsies and Travellers. We would echo the observation stated in the Cambridge report, "Secure accommodation can help establish stable relations with the health care system, leading to medical benefits, and better knowledge of welfare and educational entitlements, with health workers as enablers and contact points. Access to improved dental care and oral health can only be assisted by stable sites." – Cambridge GTAA report

6.2.6 Site provision and preference, expressed by interviewees and described in the 2006 CSESR report, reflected the health effects of different tenures associated with housing (5.1.3.3) i.e. there was a preference for the opportunity to live on their own sites, followed by council sites, followed by sites owned by private landlords.

6.2.7 Whatever the final decision on the provision of sites, there is scope for some actions to improve the welfare of the current Cottingley Springs residents.

6.3 Links to Health & Wellbeing strategies and objectives

6.3.1 The adverse mental and physical health of the residents, together with the conflict and harassment experienced suggests that the continuance of Cottingley Springs as a large site, or the provision of an alternative large site would be contrary to the City Council's stated aim of ensuring that all communities are thriving and harmonious places where people are happy to live.

6.3.2 Smaller sites would be conducive to supporting the objectives of 'Every Child Matters' and the LCC Emotional Well-being strategy.

6.3.3 The apparent absence of older people in the Gypsy and Traveller community in Leeds (See Table 1) compared to the whole population of the city is a matter of concern, especially in the light of the Local Area Agreements and indicators linked to this age group.

7. Recommendations

This HIA is primarily concerned with the health impact of the potential options for the likely need to provide additional accommodation for the Gypsy and Traveller community of Leeds.

Recommendations will first address this issue. However in conducting this HIA it has been apparent that adverse health conditions and inequalities continue to exist in this population and these should continue to be addressed by appropriate agencies.

Some general recommendations are therefore made to help minimise some existing negative health impacts. (see **7.2, 7.3 and 7.4**) Some of these will continue to be relevant after the site option has been agreed and put into place.

7.1 Site options

7.1.1 An adequate number of small family size sites should be provided for the Gypsy and Traveller population of Leeds, in suitable locations and in agreement with the proposed residents and current local inhabitants.

7.1.1.1 The Leeds Primary Care Trust should support this option wherever and whenever possible in its discussions with Leeds City Council as being the most effective way of improving the health outcomes of this population and reducing health inequalities. It is also the option most favoured by the local Gypsy and Traveller community.

7.1.2 There is likely to be a need for some bricks and mortar accommodation in the future. This should be provided in such a way that the housed Gypsies and Travellers have easy access to their caravan dwelling relatives. Ideally they should be linked in some way to the small sites.

7.1.3 Should an enhanced Cottingley Springs site or an alternative large site be deemed to be the appropriate solution following the results of the Leeds GTAA, the council should collaborate closely with the PCT to minimise adverse health impacts.

7.1.4 An adequate number of suitably located transit pitches should be provided for families passing through Leeds or visiting relatives, to recognise the validity of the nomadic lifestyle.

7.2 Bricks and mortar

7.2.1 The current housed Gypsy and Traveller population should be identified by enhancing the City Council's ethnic monitoring process.

7.3 Cottingley Springs

7.3.1 A permanent site caretaker should be appointed – ideally from the Gypsy and Traveller community itself.

7.3.2 Repairs to the site should be made within an agreed designated timescale.

7.3.3 A permanent rodent control contract should be re-established.

7.3.4 Bus service providers should be challenged regarding their drivers who fail to stop at the bus stop adjacent to the site.

7.3.5 The Highways Department should consider reducing the speed limit on Geldard Road in the area of the entrances to Cottingley Springs from 50mph to 30mph – in recognition that this is a residential area.

7.3.6 Leeds GATE should investigate alternative means of funding energy provision at Cottingley Springs.

7.3.7 Provide a children's play area

7.4 General health issues.

7.4.1 Appoint health trainers from the Gypsy and Traveller community. (in hand since commencement of the HIA see 3.4.2)

7.4.2 Re-launch Travellers Health Partnership – (in hand since commencement of this HIA and appointment of PCT funded Travellers health co-ordinator.)

7.4.2.1 Provide culturally relevant health information

7.4.2.2 Provide mandatory cultural awareness training for all NHS and Council staff

7.4.3 Ensure non-discriminatory practices are included in commissioning contracts.

7.4.4 The role of the dedicated Health Visitor for this community should be increased from being a part-time to a full time equivalent post. .

7.4.5 Identify and address mental health issues of male Gypsies and Travellers.

7.4.6 The PCT should ensure that the Gypsy and traveller community are included in any future employability scheme it considers.

7.4.7 The PCT to conduct an equity audit to identify and amend if necessary policies and procedures which discriminate against Gypsies and Travellers

APPENDIX 1

Completed Toolkit worksheets

WORKSHEET 1 - General Characteristics

i. Brief description of the activity to be assessed

The likely alternative site options following the Gypsy & Traveller Accommodation Needs Assessment process

.....
.....
.....

ii. Type of HIA

Prospective Concurrent Retrospective

iii. Resources available for conducting the HIA

Budget...Possible focus group

.....

Staff resources: JDS, RS from PCT, DM from YPHO

iv. Timescale of the activity to be assessed

What is the anticipated duration of the activity? (Those with a longer life span are likely to be given a higher priority for assessment). **This should be long term solution to pressing need**.....

v. Influence of HIA

Is the activity likely to proceed irrespective of the HIA?

.....YES.....

Is there scope for the recommendations of the HIA to be acted on?

.....YES.....

WORKSHEET 1a - populations

A. List those populations targeted by the activity AND whose health could be affected e.g. tenants, employees, local community

.....**Gypsies and Travellers**.....

B. Impact of the activity on population sub groups

Sub Group	Likely to benefit?	No impact?	Adversely Affected?
Children & young people	√		√
Older people	√		√
Disabled people	√		√
People from BME groups	√		√
People on low incomes	√		
Specific employees			
Other			

Notes

.....

WORKSHEET 1b – influences on health

Categories of influences on health	Specific influences on vulnerable populations	Description of potential impact	+ve or -ve?	No impact
❶ Social and economic environment	Discrimination	YES – harassment/conflict	-ve	
	Education and training	YES – literacy – use of public health info	-ve	
	Employment	YES -	-ve	
	Housing	YES – e.g. caravans, bricks and mortar - state of repair	-ve	
	Income	? – costs of pitches, fuel	-ve	
	Social exclusion	? by institutions e.g NHS , access to services	-ve	
	Social networks (friends & family)	Important feature – high carer dependency?	+ve	
	Community facilities	Available locally? Readily accessible?	-ve	
	Transport	? reliance on public transport?	-ve	
	❷ Physical environment	Appearance of the area	? refuse, rats? Whose responsibility?	-ve
Safety		Accidents on site? In locality e.g. road safety?	-ve	
Air/water quality		Local pollution sources?	-ve	
Housing conditions		? insulation re fuel poverty, state of repair?	-ve	
Working conditions		N/A		
Noise		N/A		
Public safety		N/A		

WORKSHEET 1b – influences on health

Categories of influences on health	Specific influences on vulnerable populations	Description of potential impact	+ve or –ve?	No impact
③ Personal/family experiences, lifestyles & perceptions	Family structure & functioning	Important feature of culture – needs to be supported . ? dom violence	+ve	
	Income	Affects payment of rents and electricity	-ve	
	Fear of crime	Acts of prejudice – hate crimes – lack of control by family members	-ve	
	Recreation	Provision or lack of play space	-ve	
	Risk taking & substance abuse	likely	-ve	
	Diet	Likely – access to local shops could be issue	-ve	
	Physical activity	unknown		
	Self esteem	Results of fears/harassment etc	-ve	
	Peer pressure	Support of nomadic lifestyle	-ve	
	Community & spiritual participation	Generally good social cohesion and shared faith	+ve	
④ Service use, access & quality	Adult education	poor	-ve	
	Health care	Poor access	-ve	
	Child care	Likely to be family based – minimal uptake of vacs.	+ve/-ve	
	Social Services	Some support likely	?	
	Leisure	?		
	Voluntary services	Involvement of Leeds GATE	+ve	

WORKSHEET 1c - checklist

Checklist of potential health impacts

Bias towards HIA	To your knowledge:	Bias against HIA
Yes	Are sufficient resources available to conduct the HIA?	No
Yes / don't know	Are the potential -ve health impacts associated with the activity likely to be serious?	No
Yes / don't know	Are the potential -ve health impacts likely to be serious if the activity doesn't proceed?	No
No	Is the activity of relatively short duration?	Yes
Yes	Is there scope to act on the recommendations of the HIA?	No
Yes / don't know	Are the potential -ve health impacts likely to be greater for vulnerable, marginalised or disadvantaged groups?	No
Yes / don't know	Are there community concerns about potential health impacts?	No
Yes	Is there an evidence base to support appraisal of the impacts?	No*
Yes	Is the activity important in the context of corporate & environmental service priorities?	No

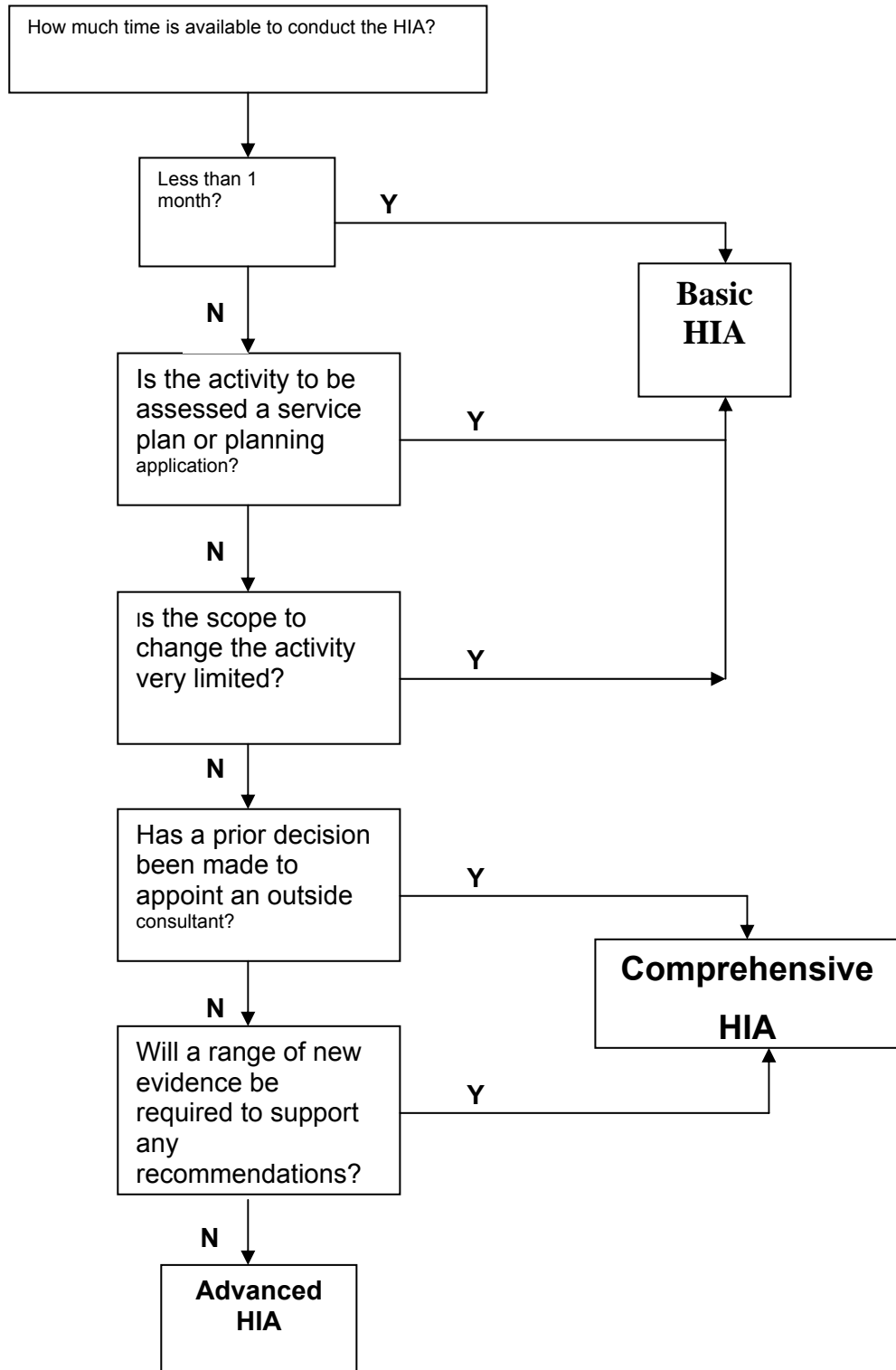
* If no evidence exists then extensive research maybe required which is beyond the scope of a basic and advanced HIA. There may be a need to commission a comprehensive HIA.

Proceed with HIA?

YES / NO

WORKSHEET 1d – HIA decision tree

Assuming the availability of staff & financial resources aren't in themselves limiting factors for deciding the type of HIA the following should be considered:



WORKSHEET 2 - Stakeholders analysis

Primary stakeholders (those directly affected by the activity-not just in terms of health)	On working group	To be consulted	Gather evidence from
<i>Gypsies and travellers</i>	√	√	√
Local residents		√	√
Service providers e.g. LCC/PCT		√	√
Secondary stakeholders (those indirectly affected by the activity-not just in terms of health)			
Education Leeds		√	
Local authority enforcement		√	
Health Bus staff		√	√
LCC		√	√
GPs		√	
Health Care providers		√	
Key Informants (individuals with knowledge, experience or information)			
K Murry		√	√
Leeds GATE	√	√	√
CRESR		√	√
K Gimblett		√	√
Other researchers			√
D Morgan YHPHO		√	

Are there any groups which require any special consideration? e.g. because they will be more exposed or are particularly susceptible

Elderly Gypsies and Travellers

Housed gypsies and Travellers

Gypsies and travellers on unauthorised sites

Are there any significant issues of public concern?

NIMBY issues?

Is there a particular geographical boundary to be considered?

No

WORKSHEET 2a – terms of reference (TOR)

Complete this sheet as an aid to defining the TOR

Required output(s) from the HIA

When must the final report be produced & are there any other time constraints?

March/April 2008 – ideally prior to the publication of the local GTAA

.....
.....
.....

What are the boundaries of the HIA? e.g. geographical, people/community group(s)

Gypsies and Travellers on LA site in Leeds, Housed Gypsies and Travellers in Leeds, those on illegal sites in Leeds

Method of assessment/appraisal? e.g. interviews, questionnaires, forums

Interviews with key informants
Questionnaire developed and used with Gypsies and Travellers
Forum of Gypsies and Travellers
Literature review

Responsibilities of working group members:

R Summers – lead on lit. review – involvement with interviews/questionnaire

J Swift – develop questionnaire – interview some key informants

D Morgan – Policy review – general steer and advice re HIA process

.....

WORKSHEET 3

A. Activity analysis checklist:

What is the relationship between the activity and health?	What are the key health determinants the activity impacts on?
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

B. Population profiling checklist:

Affected Populations (see worksheet 1a)	Health Status	Obtain Data?	Environmental Quality	Obtain Data?
.....	I of MD /SOA's	√	Air quality	√
.....	Life expectancy	√	Pests	√
.....	CHD	√	Noise	
.....	Diabetes		Litter	√
.....	Asthma		Dust	
Physical characteristics of the area	RTA		Property condition	√
.....	Home accidents	√	Industrial process	√
.....	Fuel poverty/SAP	√	Crime & anti social behaviour	√
.....	Substance misuse			
.....	Teenage pregnancy			
Other	Employment status		Transport	√
.....	Education status		Amenities	√

Is there a particular health concern related to this activity?

WORKSHEET 3a

Not completed in this instance

Activity sub-action*	Affected population	Health determinant	Health issue	Severity Positive or negative +3 to -3	Likelihood Definite Probable Speculative	Comment
e.g. Accredited L/L's included within choice based lettings.	Vulnerable	Geographical location	Social well being & support network	+2	Probable	Increase opportunity to access private rented property in desired location.

* in this example the activity is the Leeds Landlord Accreditation Scheme we want to examine the individual parts or 'sub-actions' that make up the scheme

APPENDIX 2

Questionnaire used in Appraisal

**GYPSY & TRAVELLER HOUSING NEEDS
HEALTH IMPACT ASSESSMENT QUESTIONNAIRE**

- Q1. Main type of accommodation used
- Caravan/trailer on authorised site Go to Q2
 - Unauthorised site Go to Q2
 - Brick and mortar Go to Q3
 - Other (please specify)

- Q2. If you live in a caravan please tick which type of ownership.
- Own
 - Rented

- Q3. If you live in a house please tick which type of ownership.
- Own house
 - Local authority
 - Housing Association
 - Private rented

Q4. Could you tell me the ages of the people living with you. **Please tick ✓beginning with yourself as ‘number 1 family member’ and continuing on with the youngest**

AGE	FAMILY MEMBERS										
	1	2	3	4	5	6	7	8	9	10	11
Less than 1											
1 - 4											
5 - 10											
11 - 16											
17 – 19 years											
20 – 49 years											
50 – 59 years											
60+											

- Q5. **For children under 5 years** – how many times in the last 12 months have they been seen by a health visitor?
-
-
-

Q6. Please tick below

1. Whether you have access to the following amenities and if they are shared with other families
2. Which accommodation type might give you a better provision of these amenities

Service	1				2			
	Have Access to		shared		Improved by?			
	Yes	No	Yes	No	'developing LA site	Other residential sites	B & M*	Temporary sites
Adequate cold water supply								
Hot water supply								
Electricity								
WC								
Bath or shower								
Food storage facilities								
Children's play area								
Rubbish storage/collection								
Smoke alarms fitted								

*Brick and mortar

Comments

Q7. Please indicate how your accommodation is heated.

	Living area	Bedrooms
Full/part central heating	<input type="checkbox"/>	<input type="checkbox"/>
Gas fire	<input type="checkbox"/>	<input type="checkbox"/>
Electric fire	<input type="checkbox"/>	<input type="checkbox"/>
Other- please describe		

Q8. Do you think you are able to heat your accommodation adequately?

Yes No

Q9. Please indicate if your accommodation has been insulated to save heat.

Yes No Don't know

Q10. Please indicate how you feel about the state of repair of the **inside** of your accommodation.

Very good Good Satisfactory Poor Very poor

Q11. Please indicate how you feel about the outside of your accommodation

Very good Good Satisfactory Poor Very poor

What action is needed if the conditions are less than satisfactory in the two questions above?

Q12. Thinking about where your accommodation is situated – how do you feel about your own personal safety?
 Very safe Safe Unsafe Dangerous

Q13. Would you feel safer if (tick box)?:

	yes	no	DK
The current local authority site was developed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sites were provided in different parts of the city/area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Or in bricks and mortar accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14. How would you rate the risks to your health from air pollution in your present location?
 None Low High Severe

Q15. How would you rate the risks to your health from accidents in your present location?
 None Low High Severe

Q16. Could the risks to your health from pollution and accidents be reduced if (tick box):

	Pollution	Accidents
--	-----------	-----------

The current local authority site was developed	<input type="checkbox"/>	<input type="checkbox"/>
Sites were provided in different parts of the city/area	<input type="checkbox"/>	<input type="checkbox"/>
By bricks and mortar accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Other – explain below	<input type="checkbox"/>	<input type="checkbox"/>

Q17. For **each person aged 16 and over** - Think of yourself as person number one and please tick what's their health like

person	age	gender	Very good	Good	O.K	Bad	Very Bad
1							
2							
3							
4							
5							
6							
7							

Q18. Approximately how many times in the last 12 months have members of your household:-

Person	Seen a GP	Been to A & E	Been to a minor injuries unit	Seen someone from maternity care
1				
2				
3				
4				
5				
6				
7				
8				

Q19. Are all members of your household registered with a GP?

	Temporary		Permanent	
	YES	NO	YES	NO
Aged 20 and above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aged 19and under	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q20. Do any members of your household have

	YES	NO
long term respiratory illness?	<input type="checkbox"/>	<input type="checkbox"/>
heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
mental ill health?	<input type="checkbox"/>	<input type="checkbox"/>
other long term health condition	<input type="checkbox"/>	<input type="checkbox"/>

Q21. Would access to a GP be improved if (tick box):

	yes	no	DK
The current local authority site was developed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sites were provided in different parts of the city/area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Or in bricks and mortar accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on access to health care

Q22. Please consider the following services and think how important they are to your household, how easy it is to access them and if you think the alternative accommodation ideas would improve things.

Service	Have Access to		Used last year	Important		Improved by?				
	Yes	No		Yes	No	Developed LA site	Other residential sites	B & M	Temporary sites	None of these
Public transport										
Health centre										
Dentist										
Local food shop(s)										
Bank/post office										
Nursery/childcare										
Primary school										
Advice e.g. benefits										
Health information										
Older people's services										
Sports & leisure services										
Provision to grow own food										

Q23. Are there any other services that might help you stay healthier?

Q24. In what way might these make you healthier?

Q25. How **important for** your health and well-being is being near to your extended family?

Very Quite Not so much Not at all

Q26. Overall, in your opinion how would your health and well-being be affected by the following accommodation alternatives (tick box)?

	+ve	-ve	No change
Developing the current local authority site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By providing sites in different parts of the city/area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By bricks and mortar accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX 3

KEY INFORMANTS

Persons from the following organisations gave invaluable information and insights from their varied professional and personal experience and involvement with the Gypsy and Traveller communities of Leeds:

**Education Leeds
Leeds City Council
Leeds GATE
Leeds PCT
South Leeds Health For All
Doncaster Voluntary Services Council
Justice For Travellers**

APPENDIX 4

THE COTTINGLEY SPRINGS SITES

information from:

<http://www.grtleeds.co.uk/Accommodation/CottingleySites.html>

Cottingley Springs Caravan Sites

The original Cottingley Springs Caravan Site was the first 'Official' site for Travellers built by Leeds City Council in 1969. It was a response to the Caravan Sites Act 1968 which made it the responsibility of every local authority to provide sites for those Travellers that "reside or resort to their area".

The minimum provision was for fifteen caravans, which is what Leeds provided. At that time there were two hundred and twenty-five caravans in Leeds.

"The council built this site and at last our families had somewhere to stop without being shifted all the time. This was the beginning of site provision in Leeds. It came about 'cos we had campaigned hard for them to do something for us here" **Tommy Doherty**

In return for their weekly rent, the residents enjoyed security of tenure and would not be moved on. The 'official' site provided individual plots of hardstanding, each with an electricity supply and postal service. There were shared drinking water and toilet facilities and refuse collection from skips which were provided.

Most families continued to live on the roadside or on pieces of waste ground. Families lived without any water, sanitation, hardstanding, postal delivery or rubbish collection. These families were continually moved on and found access to education and health care very difficult.

Cottingley Springs New Site

In 1987 Cottingley Springs New Site was built for a further twenty families. This was a good site in that all the families had their own plot with their own facilities in a utility block including, a washroom, bathroom, toilet and electric point for the trailer.

"I stopped on the old site for a few years. It was a temporary transit site whilst we were waiting for the new site at the bottom to be ready. When we moved down we were delighted to have all new facilities, it was a big step forward.

We were grateful to the Council and the people who helped and got this site organised. We are still on it and have been here twelve years." **Bill Doran**

The old site was refurbished with toilets for each plot holder, built in blocks on the site. This was a temporary measure whilst plans were made for further council provision.

In 1990, another site was built at Cottingley Springs for thirty-six families and it was called Cottingley 'B' site. The old 'Top Site' was closed. The second site, built in 1987, at the bottom of the hill, was now called 'Cottingley Springs 'A' site'.

No Travellers wanted the 'B' Site built so close to Cottingley 'A'. They also thought that it was too big and wanted smaller sites. The Travellers were pleased to have good amenity blocks like they had on the Cottingley 'A' site, but wished that it had been built somewhere else.

Cottingley 'B' Site

When Cottingley 'B' was opened in 1990, sixteen families came down from the old 'Top Site' on the hill, which had been closed. Twenty families joined them from the roadside camps around the city. Many families had not stopped together before and many moved off as they found the site too big and unsettling. Other families moved in to replace them and this process was repeated, so there was a high turnover of residents on the 'B' site compared to the older 'A' site.

Crisis Time On Cottingley 'B'

During the 1990's many families were evicted from traditional stopping places in the city. They were relocated onto the Cottingley Springs 'B' site. Many of them did not want to come onto this large council site, but were given no choice. This again led to tensions and difficulties between families who had previously not stopped together and would have preferred to stay on their traditional camps. The Site went through a terrible time in 1996 and 1997. It became a virtual 'no-go-area' and many families left.

The council began to clear up and repair the damage. They decided to make the site smaller, in order to make it more manageable with fewer families living together.

In 1998 Cottingley Springs Caravan Site 'B' was reduced in size from thirty-six plots to twenty-six plots. There was no additional or alternative provision of sites made to compensate for this significant reduction in council facilities. At that time, the rent for a plot on the site at Cottingley was £60 per week for one caravan and £12 extra for a second caravan.

There were further plans to build more Council Sites in the early nineties, when Leeds had a target of providing accommodation for another fifty families. These were never built, even though there was a 100% grant available to do so.

The duty to build Sites, and the 100% grant from the Department of the Environment to do so, were repealed under the 1994 Criminal Justice and Public Order Act.

Many families want alternative accommodation and some would like community housing, as developed in Ireland, and others would like smaller family sites.