

Travellers Wellbeing

Multi Agency Approaches to Address Issues for Travellers



Devon Health Forum 2003



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1. Introduction

- 1.1. Travelling people have been part of the British culture for centuries. They have the right to enjoy the way of life they have chosen without fear of discrimination. Access to accommodation, which meets their needs and the basic services such as health and education, are rights, which have to be recognised and supported by a wide range of agencies.
- 1.2. Over recent years the challenge has been to ensure that the policy and practice of agencies balances obligations to both Travellers and settled communities to enable decisions to be taken, which follow good practice and take account of human rights.
- 1.3. The Devon Health Forum Social Inclusion Task Group identified Travellers as having inequalities in health that exist alongside other service provision issues. True stories about Traveller experiences in Devon are highlighted throughout this handbook.
- 1.4. This handbook gives an introduction to the nature and extent and nature of current provision for Travellers in Devon, Plymouth and Torbay, identifies local and national good practice and expertise and highlights the limitations to the current evidence base.
- 1.5. The definition of Travellers has been kept broad to include:
 - *Roma*
 - *Gypsy, (Traditional Travellers)*
 - *Newer Travellers*
 - *Circus workers (although they have no winter base in Devon)*
 - *Showmen and Fairground workers*
 - *Boat people including bargees*
 - *Irish and Scottish Travellers*

who may be:

 - *Settled*
 - *On permanent sites*
 - *Transient – 2 to 3 weeks on a Park and Ride*
 - *Orbiting – working in the area but keep being evicted*
- 1.6 The underlying principle for this work is that the policy and practice of all agencies working with Travellers balances the issues to enable decisions taken to follow good practice and take account of human rights.

1.7 It is intended that this information in this handbook can be utilised in developing an action plan to inform local polices for reducing the inequalities of this socially excluded group with sound evaluation integrated from the start.

Dr Ken Stein
Chair Traveller Forum

2. Membership of the Traveller Forum

Ken Stein	Mid Devon Primary Care Trust (Chair)
Anna	Romany Gypsy
Susan	Traveller
Rhiannon	Traveller
Pete Blayney	Devon County Council, Liaison Officer
Deborah Booth	Devon County Council Group Manager Inclusion
Gerry Cadogan	Plymouth Primary Care Trust
Kate Eveleigh	South Hams District Council
Pat Ferguson	Torridge District Council
Rosie Godfrey	Devon Consortium Traveller Education Service
Pat Keenan	Devon Consortium Traveller Education Service
Mike Knight	Devon County Council
Linda Litchfield	Plymouth City Council
Sharon Miller	Plymouth City Council
Duncan Moors	Teignbridge District Council
Ross Morley Trapnell	Devon and Cornwall Constabulary
David Norman	Devon and Cornwall Connexions Service
Jamie Staples	South Hams District Council
Ian Tearle	Devon Health Forum
Anne Walker	Devon Consortium Traveller Education Service
Angela Welch	Devon County Council

Adeline

Adeline is a Gypsy Traveller, who has no place on a permanent site. When her first son was just 2 ½ months old, she found she was pregnant again. While visiting her mother, who had a pitch on the new site in Plymouth, she had a scan and booked in to Derriford Hospital. She then travelled away with her husband for work. The family spent time in Bridgewater, Crawley and Brighton, where Adeline booked into hospital on each occasion, but was swiftly moved on every time. Finally during Epsom fair week, she went into hospital in Epsom and gave birth to her second son. Due to lack of transit site places she had not been able to have any regular antenatal care.

3. Numbers

3.1 General difficulties in enumerating

3.1.1 Travellers are not identified in a census as a separate ethnic group despite Romany Gypsies and Irish Travellers being defined as an ethnic group in the Race Relations Act of 1976. A question was included in the 2001 census about 'caravan dwelling'. (see later figures)

3.1.2 Travellers often remain 'invisible', as they are not identifiable in any broader data sets. The fact they are made up of several groups, not homogenous adds to the difficulty of getting an accurate picture. The issue of an agreed definition for Travellers is highlighted in '*The provision and condition of Gypsy / Traveller sites in England* (Office of the Deputy Prime Minister 2002):

'The definition of a Gypsy should be debated nationally. While we are aware of considerable resistance from traditional Gypsy/Traveller groups to the inclusion of New Travellers within a revised definition, we believe that national policy must be explicitly recognise their existence along side the traditional groups. This does not mean that different cultural needs should be ignored or that all 'Travellers' should always be lumped together.

Another very clear conclusion from the research is that Gypsies and other Travellers are often socially excluded and still suffer discrimination in many areas of life. There is a need for a clear central lead to affirm the legitimacy of a nomadic way of life and to challenge the racism and discrimination against Gypsies and other Travellers. There is also a need to make Gypsies and other Travellers less 'invisible' in policies aimed to help socially and economically disadvantaged groups'.

3.1.3 The Traveller Forum recommends that:

All agencies should develop systems to identify Gypsies and Travellers within the broader heading of ethnic groups.

3.2 Health and Social Care

3.2.1 Travellers are not an identifiable group or groups in routine data collection in Health and Social Care spanning inpatient statistics to mortality data. Although Ireland has introduced a policy in 2002 to record Traveller status in perinatal data.

3.3 Central Government Figures

3.3.1 There is a bi-annual count of families, caravans and sites by the Office of the Deputy Prime Minister (ODPM). This does not include Newer Travellers, Showmen or

Circuses etc and has been estimated to exclude up to 50% of the Traveller population. (see table 1).

3.3.2 The collation of this data is the responsibility of the District Council aided by Devon County Council's Liaison Officer. Not all returns are completed or are accurate or may not fully reflect provision in an area. These discrepancies are recognised as a national problem but at least they may help give an indication of numbers.

South West Unitary Authority/local authority within county	Date	Total	Unauthorised encampments	Authorised Sites: council	Authorised Sites
			"Side of the Road"	Sowton Broadclyst	Private Planning
Total South West	July 02	1694	499	626	569
	Jan 02	1588	371	687	530
	July 01	1758	644	611	503
	Jan 01	1452	387	612	453
Devon County	July 02	218	78	21	119
	Jan 02	211	61	23	127
	July 01	212	72	21	119
	Jan 01	235	113	23	99
	July 00	176	50	19	107
East Devon	July 02	19	11	8 Sowton	0
	Jan 02	19	11	8	0
	July 01	19	11	8	0
Exeter	July 02	13	0	13 Elbury	0
	Jan 02	17	2	15	0
	July 01	13	0	13	0
Mid Devon	July 02	33	4	0	29
	Jan 02	30	1	0	29
	June 01	30	1	0	29
North Devon	July 02	0	0	0	0
	Jan 02	0	0	0	0
	June 01	0	0	0	0
South Hams	July 02	43	17	0	26
	Jan 02	18	18	0	0
	July 01	43	17	0	26
Teignbridge	July 02	92	28	0	64
	Jan 02	96	24	0	72
	July 01	92	28	0	64
Torridge	July 02	17	17	0	0
	Jan 02	4	4	0	0
	July 01	14	14	0	0
West Devon	July 02	1	1	0	0
	Jan 02	1	1	0	0
	July 01	1	1	0	0
Plymouth	July 02	23	5	18 The Ride	0

		Jan 02	21	0	21	0
		July 01	13	13	0	0
	Torbay	July 02	0	0	0	0
		Jan 02	0	0	0	0
		July 01	1	1	0	0

Table1: Number of Caravans, Count of Gypsy caravans July 2001 – July 2002

Source (Office for the Deputy Prime Minister 2002)

The figures below are a "snap shot" taken twice a year, the definition of the count is, "the number of Gypsy caravans". A review of this counting process is likely to be developed in the unfolding update on Managing Unauthorised Camping. A limitation to this data is that it only counts "Gypsy" groups, and therefore excludes all those camped without authorisation.

3.3.4 Table 2 below is constructed from the 2001 census and contrasts the number of new household spaces to be developed by 2016 with the number of caravan, or other mobile or temporary structure at the time of the 2001 census. It should be noted that not all those counted in caravan, mobile and temporary accommodation will be Gypsies / Travellers and not all Gypsies / Travellers will have been counted.

Consideration of this data should be part of the wider analysis of future accommodation needs in Devon taking account of the increasing number of homeless people and the inequity in the provision of new suitable accommodation for Travellers.

2001 Census			
	All household spaces with residents. 2nd Column shows Planned Increase by 2016		All household spaces which are of accommodation type: Caravan or other mobile or temporary structure
Devon	298,576	64,500	2,988
East Devon	55,011	1,650	359
Exeter	46,573	2,600	461
Mid Devon	28,930	900	179
North Devon	36,776	800	330
South Hams	34,810	1,500	252
Teignbridge	51,417	1,200	1,087
Torridge	24,870	300	153
West Devon	20,189	350	167

Table 2: Comparison of the planned increase for household spaces for the settled community with the 2001 position on caravan, mobile and temporary accommodation.

Source: 2001 Census

3.4 Local Figures for Devon

3.4.1 Estimates by the Devon County Council Traveller Liaison Officer suggests that up to 2000 to 3000 Travellers are in Devon in any one year of which many are settled and on permanent sites. Approximately 200 people, 50 to 60 live in vehicles will be on unauthorised locations within Devon at any one time.

Traveller Locations

3.4.1 Permanent Council Sites

Within Devon there are two permanent Local Authority Sites at Broadclyst and Sowton.

- **Broadclyst Site** is on National Trust land, it is not possible to renew the lease and as a result being closed, the original 13 pitches have been reduced to 5 by natural attrition, these to will disappear eventually
- **Sowton Site** has 11 pitches and is under going a major refurbishment; there is a long waiting time as families rarely leave the security of a permanent pitch.

Plymouth has one site with 18 pitches on it.

3.4.2 Permanent Private Sites (Authorised Sites)

Private sites provide an ideal solution to the accommodation issue; families are empowered to make there own provision with no cost to local authorities. This option provides many families with a long term, stable base. The January 2002 count identified 119 sites in Devon,

Despite Government Circulars 1/94 and 18/94 and the "Good Practice Guidelines" attempting to "level the playing field". This is still a slow and costly process with most applications going to a Planning Inspectors Appeal. Some District Councils are proactive in this field but most remain reluctant in their approach.

Even when successful permissions may be, "time limited" or "named" so that the applicant may have to re-apply every five or ten years, or cannot pass their homes on to their children. This may result in families or their children being forced back on to the road after having been settled for years and having spent thousands of pounds on their site.

If Travellers are employed on a farm they may be allowed to stay there whilst there is an agricultural need.

Eliza

Eliza, a Gypsy Traveller child aged 7, arrived in Plymouth with her family who stopped on an unauthorised site at the edge of an industrial estate. The Traveller Education Service (TES) made contact with the family to arrange a school place for Eliza and found that she had a severe hearing impairment. The health visitor was contacted and the process began to place Eliza in a school with a special hearing unit. However, before the school place could be taken up, the family was evicted. Some weeks later the TES re-established contact with the family on a lay-by in Exeter. A place was immediately found for Eliza at the nearest school, but this school had no special facilities for children with hearing difficulties. The process of referral to the relevant services was started, as were various assessments. After three weeks the family was evicted again and there has been no further contact with the family.

3.5 Education Services

Figures from the Devon Consortium Traveller Education Service show the number of children educated in local schools across 2001 – 2002.

NUMBER OF CHILDREN INVOLVED WITH DCTES			
	1999 - 2000	2000 - 2001	2001 - 2002
Total number of children aged 0-16 contacted or know to be in the area (Devon 419, Plymouth 131, Torbay 76) some children were in two or more of the areas	503	551	531
Aged 0-3 (Devon 84, Plymouth 24, Torbay 76)	77	89	106
Aged 3-5 (Devon 56, Plymouth 24, Torbay 23)	72	84	74
Aged 5-11 (Devon 196, Plymouth 56, Torbay 23)	263	281	250
Aged 11-16 (Devon 83, Plymouth 27, Torbay 17)	91	97	101

Table 3: Number of Children Known to the Devon Consortium Travellers Education Service (DCTES)

Source: DCTES 2002

Add text?

CHILDREN BY TRAVELLER GROUPS	
	2001 - 2002
Gypsy Travellers	302
Fairground Travellers	91
Circus Travellers	20
New Travellers	103
Roma	6

Table 4: Analysis of Children by Traveller Group

Source: DCTES 2002

Add text?

ACCESS AND ATTENDANCE			
	1999 - 2000	2000 - 2001	2001 - 2002
Number of 3-5 year olds who attended	23 = 27%	23 = 27%	28 = 39%

playgroup or nursery provision, i.e. they had access and their parents wanted the provision			
Number of children who had access to and attended school			
Primary and Middle	233 = 71%	152 = 54%	154 = 61%
Secondary	45 = 49%	49 = 48%	54 = 53%
Special	1		

Table 5: Number of Children Attending By Phase

Source: DCTES 2002

Add text?

CHILDREN THAT HAD NO EDUCATIONAL PROVISION			
	1999 - 2000	2000- 2001	2001 - 2002
Numbers of Children that had no educational provision beyond some contact with Devon Consortium Travellers Education Service.	58 = 16%	124 = 32%	94 = 27%

Table 6: Children that had no educational provision

Source: DCTES 2002

4. Policies and Practice

National

4.1 The Provision and Condition of Local Authority Gypsy/Traveller Sites in England - Office of the Deputy Prime Minister October 2002

4.1.1 This report sets out the findings of research on the extent and quality of Local Authority Gypsy/Traveller sites in England. It draws on a large amount of information about Gypsy/Traveller sites, how they are managed and about future needs. The main conclusions of the research are:

- there is no clear, widely understood national policy towards accommodation for Gypsies and other Travellers in England but one should be developed
- the existing network of 320 local authority sites is maintained, currently closed sites are reopened with £16.78M needed over the next 5 years to bring sites up to standard
- it is estimated that between 1,000 and 2,000 additional residential pitches will be needed over the next 5 years with between 2,000 and 2500 additional pitches on transit sites or stopping places also needed.
- there are barriers to site provision from settled communities and planning departments
- site management is more intensive than is usual for social housing management and requires a special understanding Gypsy / Traveller needs
- there can be large differences between the pitch fee charged and the amount payable by housing benefit.

4.2 Ofsted

4.2.1 The problems of access to education is acknowledged by the Office for Standards in Education (OFSTED)

"Access to the curriculum for secondary aged children remains a matter of great concern. There are possibly as many as 10,000 children at this phase who are not even registered with a school... The number of Travelling young people who have access to and take advantage of post school vocational training and further and higher education is worryingly small"

(The Education of Travelling children OFSTED 1996)

4.3 'Raising the Attainment of Ethnic Minority Pupils'. School and LEA responses (1999)

This report sets out the findings of the four groups surveyed; Bangladeshi, Black Caribbean, Pakistani and Gypsy and Traveller pupils in relation to levels of educational attainment. The children of Gypsies and Travellers were identified as the most at risk group and under achieving group in the education system.

4.4 Aiming High: Raising the Achievement of Minority Ethnic Pupils (Dept for Education and Skills March 2003)

Specific reference is made to the needs of Travellers in the section 'Supporting schools with high levels of pupil mobility'. The document states that performance evidence shows the mobile population performing less well at all key stages and Ofsted has shown that their movement also affects that of their peers (3.2.3). It also reports that minority ethnic children are over-represented amongst the mobile populations, not only a significant number of Gypsy/Travellers and asylum seekers, but also within groups such as looked after children, who are also highly mobile.

The approaches to address this are to minimise mobility and to manage it. In relation to Travellers the Red Book scheme receives specific mention.

4.5 Saving Lives: Our Healthier Nation July 1999

This strategy includes objectives to tackle the wider causes of ill health. It highlights the complex interaction between the genetic make up and behaviour of individuals and social, economic and environmental factors in the community. Health inequality exists between social classes, different areas of the country, between men and women, and between people from different ethnic backgrounds.

4.6 The NHS Plan A plan for investment A plan for reform July 2000

'Improving health and reducing inequality' is a key section in the plan highlighting the need to tackle the fundamental causes of the worst health problems. Central to this approach is multi agency approaches to address poverty, lack of educational attainment, unemployment, discrimination and social exclusion. All agencies will be required to recognise the specific health and well being needs of different groups, including people with disabilities and minority ethnic groups.

4.7 Tackling Health Inequalities Summary of the Cross Cutting Review (HM Treasury Department of Health 2002)

Travellers are not specifically mentioned but ethnic minority groups are highlighted for experiencing inequalities in health.

4.8 South West Region Inequalities task Group.

This group led by the South West Public Health team identified Travellers as a priority group in relation to inequalities in health and commissioned the South West Public Health Observatory to produce a report 'The health of travellers in the South West region' which highlighted the difficulties in making accurate assessments of the health of the travelling population and the comparative poverty of research on the health experience of this extremely important minority group.

Local

4.9 Devon County Council

4.9.1 Devon County Council Executive Committee had recently given approval for the development of emergency stopping places. The Good Practice Guidelines for emergency stopping places is currently being updated and this guidance will inform the evolution of this strategy into working practice across Devon.

4.9.2 Directorate of Social Services

The Directorate employs a Gypsy / Traveller Liaison Officer (G/TLO). Working through a multi agency approach, the emphasis is on needs and negotiation, resorting to eviction only as a last resort. The needs of the travelling families are balanced against the impact on and concerns of the settled community. This is always an emotive and sensitive area and the G/TLO must try to maintain a neutral stance in order to assess the overall picture. An important aspect of the work is to visit sites to fully understand the impact and the needs and to gather factual information relating to size, numbers and location of sites.

The Smiths

During one September an extended family moved on to a car park in Exeter. The group comprised of Grandmother and Grandfather with two married sons and three married daughters with their children. The group was well known to the TES as another married daughter had a pitch on one of the Exeter sites. Regular visits were made to the area, but there was no legal place for the extended family to stop. They had no access to toilet facilities, water or waste disposal. The TES arranged school places and the Gypsy & Traveller Liaison Officer contacted the families to negotiate how long they might remain there. It became clear that there were multiple health needs and the health visitor came to the site to assess the situation. Among the conditions it was found that:

- The Grandfather had recently been in hospital with a heart attack and needed a secure address for his medication to be sent to him.
- The Grandmother was waiting for an operation
- One daughter in law had an infection after a recent miscarriage
- One Grandson needed physiotherapy for his leg after having meningitis in his early years.

The children began to attend school and gradually the health issues were being attended to. As these were so acute, the liaison officer was able to delay eviction proceedings for over two months. However, the level of complaints from nearby residents was such that the families were then moved on, leaving several of the health issues unresolved.

The Liaison Officer's role includes promoting long-term solutions to addressing accommodation issues and promoting a "corporate" approach to Social Inclusion, Good Practice, Embracing Diversity and supporting "Hard to Reach" groups. Specific elements of the work are:

Legal - the legal remit for the post relates specifically to Devon County Council land and Highways. Travellers are helped across the County on all land with a range of support e.g. legal, planning, health and education. The Liaison Officer can offer basic advice and specialist contacts for advice on legal matters and planning.

Health - is part of an initial assessment (in the broadest sense) as this may have some implication for period of stay. There are often difficulties in accessing an appropriate health professional. Teaching sessions with health visitors and midwives have been beneficial to improving communication and knowledge.

Education is supported by Devon's Traveller Education Service Consortium, which covers Devon, Torbay and Plymouth. There is a long established partnership with the County's Liaison Officer and Educational needs is part of the "Needs Assessment".

Close links have been established with the Connexions service resulting in the establishment of the Connexions Traveller Education Social Services Alliance (CONTESSA) The Alliance has produced 'Travellers Making Connexions A good practice guide for multi - agency work' (October 2002).

Accommodation, the G/TLO will help provide initial advice and letters of support on achieving Planning Permission and guidance to Housing Authorities or support schemes.

At the time of publishing there are no official emergency stopping places or transit sites in Devon. However the G/TLO endeavours to follow a common sense approach to unauthorised camping in line with County Policy and National Guidelines

4.9.3 Devon Consortium Traveller Education Service

This support service within the Inclusion group of the Education. Arts and Libraries Directorate is a partnership between Devon county Council, Plymouth City and Torbay Council.

The Devon Consortium Traveller Education Service works:

- to give Gypsy and Traveller children access to equal opportunities in mainstream schools alongside all children
- to make resources giving perspectives on Traveller cultures available to all children in every school

It supports:

- Traveller families to help them gain equal opportunities for their children in mainstream education
- Traveller children into and in school

- Schools and teachers with direct support and through training helps them to integrate Traveller children fully into school life
- All schools and other educational institutions in providing information and resources for learning about these minority groups

Word of mouth, relatives, other families, police, and direct referral from schools, spontaneous site visits or self-referrals identify new families. Children and families have a 'green school card' with details of the previous schools. Schools do a short report if attendance is less than 4 weeks (National Strategy). Normal records are kept if longer. Distance learning packs, which include a record-keeping book, have been developed for children who have regular winter bases.

The main focus of the service is primary phase but links with Connexions and local colleges are in place for appropriate short courses for older children e.g. car mechanics. When identified all children receive an education assessment. If a health issue is identified a referral is attempted but linking with health services can be difficult. A variety of responses from local GP surgeries have been experienced.

4.10 District Councils

4.10.1 Each District Council is legally required to have a policy and a co-ordinator. The main focus of the policy will be 'unauthorised encampments' Historically the emphasis has often on eviction rather than assessment and evaluation. In response to new national guidance Districts are developing policies for Travellers which produce a more co-ordinated and coherent approach across legal services, environmental health, housing, planning and enforcement teams.

4.10.2 *Local Strategic Partnerships* provide a forum for securing a multi agency commitment to a shared approach to Travellers, which can address the needs of Travellers whilst taking account of the issues relating to settled communities and anti social and/or criminal activity.

4.10.3 *Community Safety Partnerships* also provide the opportunity for detailed analysis of the needs of local Travellers to be undertaken and the contribution of individual partners to be secured in a coherent and comprehensive approach. With the inclusion of Travellers within ethnic groups the safety of and racial incidents against Travellers should be part of the Community Safety Diversity Agenda for each area.

4.11 Primary Care Trusts

4.11.1 Travellers have not been specifically identified in Health and Modernisation Plans and subsequently Local Delivery Plans. There are few identified lead officers for Traveller health although there are officers in each PCT who would have this area as part of their wider responsibilities. Services have arisen where there is greatest need. Local surgeries near permanent sites tend to be more accepting of Travellers than those who rarely have exposure. Referrals often come to health visitors from education, self - referral, referral from midwives or hospital or interested parties. Identifying points of contact can be a problem. Often crisis management results in attendance at Accident and Emergency Departments rather than general practice.

4.11.2 Local examples include:
Clocktower Surgery, Exeter

GP practice for 'Insecurely Housed' tends to see Newer Travellers rather than Romas. No particular issues except lower uptake of immunisations.

Pinhoe Surgery

Provides a service to permanent site in Sowton – with some transit sites. Health Visitor visits sites regularly. Other (mainly Romas) will visit or contact because of reputation.

Red Book

Although low literacy rate, very valued these hand held patient records – suggestion of more general patient records may be useful.

4.11.3 Health Needs Assessment

'Traveller Health Matters' a joint conference between the Devon Consortium Traveller Education Service and the Health Forum in November 2001 highlighted some issues. No other local needs assessment has been identified.

4.12 Devon and Cornwall Constabulary

Devon and Cornwall Constabulary have a joint Policy with Devon County Council on the approach and response to unauthorised encampments.

4.12.1 The key points are,

- The landowner (local authority) should take responsibility for decision on what course of action to take this may include eviction as a last resort.
- Public Bodies and local authorities should carry out the appropriate welfare enquiries in order to inform the decision process and support, if possible the health, welfare and educational needs of those encamped.
- Decisions should be balanced, proportional and recorded so that they may if required be presented, or challenged, in a court of law.

4.12.2 The Police may act directly if;

- There are serious Health and Safety concerns.
- Concern over civil unrest.
- There is an obstruction of the highway.

The decision is that of the senior officer attending and guidance for Officers is available on their internal system.

4.12.3 The latest guidance, "*Managing Unauthorised Camping Operational Guidance*" (Office of the Deputy Prime Minister). The key point of this document is that the Police will have stronger powers of eviction but only where local authorities have made provision of stopping places such as transit sites or emergency stopping places for Gypsy/Traveller families.

4.13 Devon Connexions Service

The Connexions Traveller Education Social Services Alliance (CONTESSA) was established in 2002. The Alliance has produced 'Travellers Making Connexions A good

practice guide for multi - agency work' (October 2002). This document sets out key objectives for: ***add detail***

4.14 Devon Children's Fund

Add text

Shirley

Shirley, a Gypsy Traveller, came into the Devon area with several health concerns. She was visiting her parents in law who had a site place, but as there was no space on the site she and her family had to park illegally on a piece of waste ground nearby, with no facilities. She had recently had a baby and had severe toothache. She needed a dental appointment, but was not registered with a dentist in the area.

After asking several people, she was given the telephone number of a dentist in private practice who might give her an emergency appointment. The first dentist could not help, but gave her another number. Finally the third dentist she telephoned agreed to give her an appointment the following day and gave her the address of the surgery.

Shirley was unable to read and unfamiliar with the town. By the time she eventually found the surgery, she missed the appointment. Meanwhile she had had a telephone call from her parents, who she used as an, address for mail, as they owned their own plot of land. A letter had come from the hospital in their area, with an appointment for her husband, who was waiting for a hernia operation. Unfortunately, by the time Shirley's parents had found someone to read the letter and telephoned with the information, that appointment had also been missed.

5. Priority Issues

This section identifies the key themes, issues and some of the factors that contribute to the inequalities experienced by Travellers.

5.1 Availability of suitable accommodation

Issues

- Tensions between settled communities and Travellers and between planning and enforcement.
- Lack of emergency and/or transit sites.
- Limited number of permanent sites
- Low success rates on planning applications by Travellers
- Considerable resources are spent on moving people on at the expense of providing support and at costs to other agencies e.g. missed health appointments, non - uptake of school places.

Factors

Housing

- The need to remain in an area for 6 months to go on the housing list, and then remaining in the area for 2-3 yrs to be offered a house.
- Being unable to go on the housing list if you are, "of no fixed abode".
- Not be offered a house if they deem you "intentionally homeless".

Sites

- Availability of clean water – easier in permanent sites/transit sites otherwise generally collected at garages. Likely to boil it, but tend to keep intake to a minimum.
- Lack of adequate sanitation – easier in permanent, private, transit sites. Newer travellers tend to bury their faeces. Others tend to use toilets in supermarkets etc. Often there is inadequate drainage on sites.
- Refuse collection – most refuse burnt with some taken to the tips.
- Accidents – site safety is an important factor - regular site inspections and health promotion help reduce the risk of accidents
- Environmental conditions - lack of play areas for children, proximity of sites to roads and rivers a concern.

5.2 Educational achievement, access to training and uptake of employment.

Issues

Lack of education

- limited opportunity for early years education,
- lack of stability in being able to access education,
- low literacy rates mean usual methods of health promotion and education about services may not be appropriate.

Unemployment

- many of the traditional jobs have gone,
- Travellers often have a lack of information communication technologies skills.

Factors

- Problems of attendance resulting from moving families on. The 'Fairground' model is a good one with children in schools in Winter and receiving distance learning in the Summer
- Establishing links with the Connexions Service and Further Education – many travellers worked within their own communities and would benefit from being able to access flexible courses e.g. numeracy and literacy, car mechanics
- Limited access to Information and Communication Technologies reduces the opportunity for word processing course work or trawling the Internet.
- The Driving Theory Test can be difficult for people with literacy issues although the DVLC provides help or spoken versions of the Test.
- Assessment for special needs is often problematic with children not being at a school long enough to be assessed and then receive support.
- Movement of families results in records not being available

- Traveller children often have limited access to Sure Start, Children's Fund and Connexions services
- Health issues affect classroom performance e.g. sight and hearing conditions are often not picked up

5.3 Access to information, advice and services

Issues

- Lack of central access point in districts to housing, planning, welfare benefits, social and health services
- Lack of available information
- Literature not provided in appropriate format

Factors

- Immunisations and screening – limited availability of outreach services
- GP practices – Primary Medical Service sites more likely to take on Travellers. Difficulty in General Practice for Travellers to gain temporary registration. Often go to Accident and Emergency Depts.
- Health Promotion – limited access to advice and information whilst smoking, alcohol, violence, high in animal fat diet and lack of fresh water key issues.
- Cultural beliefs – often prefer complementary medicine faith healers, cures

Family Support

A Gypsy Traveller family had been stopping in the Plymouth area for several weeks. They were living in just one trailer and a local farmer allowed them to stop in the corner of one of his fields for a low rent. The father was taken ill suddenly and went into hospital. The mother needed to spend time with him and contacted her extended family asking for some help to look after her young children while she was in the hospital.

Overnight her parents in law and three of her cousins and their families arrived to give their support to her. They all camped in the adjoining field, which was owned by someone else. The police were called and in the newspaper next day their arrival was headlined as "Gypsy Invasion". Despite the circumstances of their visit, they were evicted within a few days.

5.4 Organisational cultures and attitudes within communities

Issues

- Limited amount of routine data collected on Travellers
- Difficulties in access

- Unhelpful front line staff
- Lack of flexibility in working practice - go to the service rather than outreach

Factors

- Lack of awareness in front line staff
- Language barriers
- NIMBYISM
- Inconsistent multi-agency co-ordination on Traveller issues

5.6 Health and Wellbeing

'Traditional Travellers are one of the most deprived communities in the region and the issues affecting them are complicated and sensitive.'

Public Health and Inequalities Task force Consultation Paper NHS Executive South West (April 2001)

5.6.1 The quality of data relating to Travellers is poor and lacks well designed research. Much of the evidence is anecdotal or from small studies and studies poorly designed. There is however evidence to say that the health of Travellers is worse than normal even when compared to the lowest UK socioeconomic groups although for some topics their health is better.

Poor Health Status	Good Health Status
<ul style="list-style-type: none"> • Increased perinatal mortality • Low birthweight • Diarrhoea and giardia • Lead poisoning • Increased Hepatitis A and B • Increased infectious disease • *Decreased immunisation rates • Increased alcohol usage • *Increased accidents • Increased domestic violence • *increased smoking • *increased heart • *decreased life expectancy – up to 10 years • increased genetic conditions possible increased • *lack of access to cervical screening • *lack of eyesight tests • *increased dental • *increased mortality due to all causes • worse than general population especially on nerves, and mobility 	<ul style="list-style-type: none"> • increased rates of breastfeeding • good maternal diet • children generally have good diets – not fruit • less wheeze reported in children (Kearney and Kearney 1999) • generally well – health scores similar to static population • good informal networks for advice and information • less pain and discomfort reported than the average population

<ul style="list-style-type: none"> • <i>Evidence based</i> 	
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Table 7: Health Status of Travellers

Source: Collation of data from South West Public Health Observatory 2002

5.7 Costs of Services

to be tabled 13.05.06

6. Good practice and Research

6.1 Good Practice

The following table provides an analysis of good practice in relation to a number of aspects of the way of life for Travellers.

Programme	Comments
Multi agency approaches	
<i>'Health Care for Travellers – one years experience'</i>	Describes work of clinical medical officer looking at the number of consultations, preventative work done and referrals. Highlighted issues with postal deliveries, cultural difficulties, low literacy rates. Also emphasised that a team approach with education and other services made the health service more acceptable. Found that regular monitoring of all encampments was more effective. (Streetly 1987)
<i>'Life of Travellers and their Children'</i>	Report for the Children's Society based on families in the Southwest. Found authorities adopting a multi agency approach to eviction achieve the best outcome in that family circumstances are taken into account. (Webster 1994)
<i>'Delivering Health and Welfare Service to Gypsies and Travellers'.</i>	This paper discussed the effectiveness of interorganisational working, innovative approaches and the impact of the training for existing Health Visitors or appointments of specialist HV and adoption of recommendations in the "Working Together under the Children Act 1989" (Hawes 1996)
Health Initiatives	
<i>South Gloucestershire Travellers Health Project</i>	<ul style="list-style-type: none"> • Been running for 10 years initially, now 2 specialist health visitors (1 full time, 1 part time) and a Sure Start HV 1 day a week. Part time admin officer • Aims to respond to needs of travellers as they present themselves • Mobile dental clinic – designed for festivals – 2-3 days a month. Hire the dentist from Anglesey and a dental nurse for the day.

	<ul style="list-style-type: none"> • Successful immunisation programme – not made headway into screening • Act as a postal address for travellers if needed • Interesting paper and questionnaire done in 1996/97 on women's health (53.6% said a GP had never refused to see them or anyone in their family).
<i>Kent Programme</i>	<ul style="list-style-type: none"> • Health visitors, 1 CMO and a mobile clinic site visited formally at least twice a month • Provision of preventative services, immunisations, family planning, welfare services • Provision of patient held cards
<i>Sheffield Clinic</i>	<p>An analysis (survey) of the mobile health clinic by the local traveller education service (so some independence) found</p> <ul style="list-style-type: none"> • The travellers found the clinic useful • Demand for welfare benefits, keep fit and first aid advice • Group work not a popular concept • Advice sort on women's health, prevention of heart disease and cancer • Least popular topics sexual health, AIDS and mental health • University funded by DoH doing antenatal research involving 5 centres
<i>Walsall Travellers Health Project</i>	<ul style="list-style-type: none"> • Believe hand held records important • State that close co-operation with Local Authority important
<i>Wales</i>	<ul style="list-style-type: none"> • Paediatric consultant lead service • Concentrates on the health care of children – immunisations – now very high rates • Running for 30 years. Since permanent sites set up much easier to co-ordinate service • Stable and secure sites to improve child health • Have found treasure red book but patient held records that have not been used for some time tend to be disposed of • Health Visitors also have a computer database of DOB and all names used for an individual as they have found names and DOB change
<i>Ireland: Traveller Health A National Strategy 2002 - 2005</i> <i>Parvee Point – Primary Health Care for Travellers</i>	<ul style="list-style-type: none"> • Established in 1994 • Developed a model of Traveller participation in the promotion of health • Develops the skills of traveller women in providing community-based health services – 13 women completed 16 month course • Assists in the dialogue between travellers and health care providers • Highlights gaps in health service delivery and works

	towards reducing inequalities
Neighbours' Views of Official Sites	
<i>Sites in Central Scotland</i>	<ul style="list-style-type: none"> • In the three sites studied, all of which appeared to be well run, the problems experienced by site neighbours were far less than anticipated. • Where financial economies had been made on spending in relation to play areas, fencing and parking space continuing problems were reported. <p>(Joseph Rowntree Foundation December 1996)</p>
Employment Opportunities	
<i>New Travellers</i>	<ul style="list-style-type: none"> • If New Travellers are to gain greater access to the labour market while maintaining their travelling lifestyle, the key priorities for policy are: improving access to employment programmes and making these sensitive to the particular needs of Travellers; more flexible benefits which can support temporary and seasonal employment; and – very importantly – access to stable and secure sites <p>(Joseph Rowntree Foundation May 2001)</p>

7. Recommendations for Devon

Demography of travellers in most parts of Devon mean that the numbers are low and infrequent, however this may lead to increased inequalities if this is not addressed.

7.1 Increasing the availability of suitable accommodation

- Increasing the approval of 'Private Planning Sites and Transit pitches'.
- Developing Private Transit Sites
- Local toleration of unauthorized encampments – implementing guidance
- Improving access to housing
- Establishing a network of emergency stopping places

7.2 Increasing educational achievement, access to training and the uptake of employment.

- Reducing the percentage of children in touch with DCTES but not accessing schools
- Implementing Connexions and Traveller programme
- Increasing basic skills training
- Links with Learning and Skills Council

7.3 Widening access to information, advice and services

- Developing a peer network of travellers to provide local knowledge and advice
- Address accountability and responsibility
- Nominated lead (Health Visitors) in each PCT area.
- Promote Traveller held records or copies of interactions
- Access to information - benefits, legal rights, services

7.4 Changing organisational cultures and attitudes within communities

- Networks and communication with Travellers and agencies working with them
- Include Travellers in routing monitoring, local enumeration to complement DTER count
- Evaluate any Local Policy initiatives
- Consistency across district councils for responsible officer and policy to co-ordinate with County Liaison, /Education and Health
- Training and education for all involved with Travellers to help improve communication (Diversity Training)
- Community Development Worker for the Gypsy / Traveller Community
- Allocated employees with Gypsy / Traveller awareness (Midwives, Social Workers)

8. Useful Contacts

Expand

"Gypsy Travellers: A Policing Strategy", at present available from website;

<http://www.info4local.gov.uk/searchreport.asp>

DTECS
G/TLO
PCTs

9. References

To be added

APPENDIX 1

The Latest Guidance from Government

"Managing Unauthorised Camping Operational Guidance"

Published by the Office of the Deputy Prime Minister and the Home Office
For free copies telephone 08701226236.

This is a consultation document with replies required by end of May 03

The Governments view is that stronger enforcement power for Police together with adequate site provision by local authorities must be linked together to provide a workable solution to the issues.

The third round of the "Gypsy Sites Refurbishment Grant" (2003-04) has been extended to include 100% funding for transit and emergency stopping place provision on a pilot basis.

Aims Of the Guidance

The guidance represents the operational arm of the Governments approach. Its overall objective is to assist local authorities, Police and others to tackle unauthorised camping to minimise the disruption it can cause. In doing this it aims:

- To help strike an appropriate balance between the needs and legitimate expectations of members of the settled community, local businesses and other land owners, and Gypsies and other Travellers;
- To set out recommended courses of action which all local authorities and Police forces should follow to provide an effective solution to unauthorised camping in their areas;
- To encourage a more consistent approach across the country, building on current good practice and sharing experience;
- To be practical yet creative in the face of a difficult reality; and
- To show how to engage with the settled and Gypsy/Traveller communities in order to achieve 'buy in' to the strategy, which is vital to ensure effective delivery.

The Guidance is primarily aimed at local authorities and Police who share responsibility for managing unauthorised camping.

APPENDIX 2

Options for Improving Accommodation

1. Private Planning for Gypsies and Travellers

There are 3-4 sites approved a year in Devon, each site provides 1-2 pitches. This provides long - term solutions that can be passed onto their children.

Additional Options - Transit pitches

Each private site is allowed to have 2-3 transit pitches for visiting families / friends.

2. Private Transit Sites

Several families in the Teignbridge area have offered to provide a private transit site of 6-8 pitches. If supported by the local authorities this could be a low cost option to provide transit sites. There would need to be some exchange of expectations of the role provided by the site owner and the level of support provided by the District and County Councils

3. Unauthorised Encampments

The establishing of a formal network of stopping places would minimise unauthorised camping but in the mean time these sites should still be acknowledge as an important interim approach.

4. Housing and Ongoing / Transitional Support.

Some families do wish to try formal housing, this change is difficult and many would need support to make that transition work.

5. Emergency Stopping Places

5.1.1 The development of emergency Stopping places would minimise the impact on the settled community and businesses and support the needs of those encamped. The provision of "emergency stopping places" rather than "transit sites" is better for the following reasons:

- the location of "emergency stopping places" may be decided or changed on a regular basis. This minimises the impact on local business or settled communities.
- the emergency site allows flexibility on the use of land and locations.
- a "permanent transit site" would meet with substantial opposition and would be unlikely achieve planning without DCC and DC support.
- a "permanent transit site" would mean any Gypsy, Travellers visiting Devon would all have to stay in the same location no matter what their background or intended location (work or family).

5.1.2 Practical considerations

Providing and running emergency sites will be difficult from both a practical and political point of view. There are a number of questions to be considered;

- What length of stay is reasonable?
- How would children be linked in with schools?
- What facilities i.e. water, toilets, refuse collection should be provided?.
- How will Local Authorities support this policy?
- Are there safe and suitable sites / land available?

- Will these sites be allowed to be used?
- What will be the response of Parish & District Councils, DCC Environment Directorate?
- Who pays for the provision? Those on site, housing benefit, LA's?
- Who manages the sites and collects any monies due?
- Will a budget be made available for sites? Provision, facilities, cleaning?
- Who has legal responsibilities such as Health and Safety, Risk Assessment?

Appendix 3

Method of data and evidence collection

- Web searches on databases included Medline, BMJ website, RCGP website. In addition Internet search engines such as Google, Yahoo and MSN were utilised.
- Search terms included 'Traveller', 'Gypsy', 'Roma', and 'health'
- Subsequent websites explored
- Useful sites included – Traveller Law Research Unit, Parvee Point and The Patrin
- The Traveller Law Research Unit at Cardiff University was contacted and literature received including the 'Travellers' Times'
- Most of the evidence was based on the document "The Health of Travellers in the South West Region" published August 2002. This is a review of data sources, providing information on the extent and quality of the evidence-base relating to Travellers health.
- Another good literature review was the "Disability, Social Care, Health and Travelling People" published in 2001 by the Travellers Law Research Unity.
- Personal discussions included – Peter Blayney, Cathy Kiddle (now left), Local HVs, GPs, PCT leads, Avon and Somerset GPs, HVs and PCTs, Sarah Rhodes South Gloucestershire, Fiona Yeatman – admin Travellers Health Project.