

# Draft Strategy: Gypsy and Traveller Communities in Bradford District

January 2022

## 1. Introduction

Despite a long history of local and national policy in support of improved health and wellbeing for all, there is a renewed focus on addressing the health inequalities that exist between our communities in the wake of the coronavirus pandemic. The pandemic has exacerbated and highlighted the unfair outcomes, and determinants of health that exist within society, and has driven forward the narrative and policy that is required to make significant changes.

Public bodies have a role to play in identifying and reducing health and social inequalities, not only because they provide and commission services that affect directly on health and its determinants, but due to their responsibilities to meet Equality legislation, and enhance the health and wellbeing of the populations they serve.

Gypsy and Traveller groups are one such community whereby health inequalities are becoming more apparent. Public Health England in collaboration with Friends, Families and Travellers recently issued a call to action to local health leaders to address the emerging health inequalities in Gypsy and Traveller groups. In particular, this letter referred to concerns around living conditions, preventable diseases and barriers in GP registration for this group, and requested local leaders to build upon positive partnership initiatives that had been developed for Gypsies and Travellers during the Covid-19 pandemic.

Gypsy and Traveller groups are recognised as ethnic minority populations in UK law, and include several smaller populations with varying ethnic origins- such as Romany Gypsies as well as Irish and Scottish Travellers. There is a wealth of history and culture associated with the ethnic origins of these population groups, that is often not well understood or accepted in society, despite their recognised Protected Characteristics status (Equality Act, 2010). Gypsy's and Travellers are frequently grouped as they share common characteristics particularly the importance of family and/or community networks, a nomadic way of life, a tendency towards self-employment, and frequent experience of disadvantage (The Traveller Movement website, 2021). Research indicates this population suffers some of the poorest outcomes of any ethnic group across a wide range of areas including health, education, employment, criminal justice and hate crime (House of Commons Women and Equality Committee, 2019).

Recent engagement with the Gypsy and Traveller population in Bradford District had highlighted the need for a more detailed review of the health needs of this population, and a comprehensive overview of council and wider service provision in relation to need. Taking action to address health inequalities, and to enable all residents of Bradford District to live life to their fullest is also central to ambitions within the Health and Wellbeing Strategy and the Council Plan, which has a particular emphasis on community wellbeing, integration and empowerment (Bradford Council Plan 2021 to 2025). Bradford is committed to taking action to reduce health inequalities and strengthen community integration throughout all of its communities and this is reflected in the strong existing partnerships between the council, NHS and academic partners and regional bodies, and shared strategic priorities focussing on these aims.

This document brings together findings to support the development of a Gypsy and Traveller Strategy for Bradford District, including summaries of national research, a collection of in depth local interview results with Gypsy and Traveller populations, and consultation and contributions from wider stakeholder groups. It should be noted that local quantitative data was noticeably lacking at the time of writing- which, if available would strengthen understanding of local issues, and qualitative findings were based on a relatively small sample.

It is hoped that the strategy will outline key priorities that District wide partners should focus on in order to improve the health and wellbeing of the Gypsy and Traveller population, as well as articulating current gaps in knowledge, and tangible actions that can be taken forward immediately to address key concerns and build upon existing positive initiatives.

It has been developed through a cross departmental council working group, in partnership with LeedsGATE- a community advocacy organisation that works with and helps to represent the views of the Gypsy and Traveller

community in Bradford and within West Yorkshire. Further input from health and other partners, will be required to refine and deliver the recommendations.

Community members have been directly consulted with in its development, but we recognise not all community members will have had the opportunity to participate so far. A period of public consultation is therefore required before full publication of the strategy, ensuring that that as many Gypsy and Traveller groups are reached as possible.

## 2. Background

### 2.1 Context

The term Gypsy and Traveller relates to a range of population groups with varying ethnic backgrounds, histories and traditions, many of which have lived in England for generations and contributed to society and the economy in a variety of ways (see Table 1). Gypsy and Traveller groups include Romany Gypsy's, Irish and Scottish Travellers, Showpersons, Liveaboard boaters and more recently new travellers- which includes any person living a nomadic lifestyle. Within Bradford District, the Gypsy and Traveller population is believed to be predominantly of Romani Gypsy and Irish Traveller decent, as well as a small population of travelling Showpeople that reside in the District. There is a distinct Roma population in Bradford, whose ethnic origins differ to Romany Gypsies, having originated in Northern India and settled in Europe for several centuries (including Romania, Slovakia, Czech Republic and Poland) prior to more recently migrating to the UK. A separate strategy to support the integration of the Roma population in Bradford was published in 2021, reflecting the different health needs of this population. It is worth noting that Gypsy, Roma and Traveller groups are sometimes considered collectively in research or policy, (using the term 'GRT groups') despite their unique cultural and ethnic differences.

**Table 1: Adapted from Friends, Families and Travellers, 2020.**

<b>Romany Gypsies</b>	Romany Gypsies have lived in the UK for many generations, having originated from Northern India, and travelled throughout Europe, settling in the UK before the 16 <sup>th</sup> Century. Historically, Romany Gypsies nomadic lifestyle supported seasonal agricultural and jobs and selling goods. Romani Gypsies speak English as well as the 'Romani' dialect.
<b>Irish Travellers</b>	Irish travellers originated in Ireland, as a distinct population group from the Irish general population, with records dating back to the 12 <sup>th</sup> century. Irish travellers are recorded to have live in England since at least the 18 <sup>th</sup> century and supported jobs including horse trade, and post war construction. Irish travellers speak English and Gaelic/Irish, as well as Gaelic derived Gammon or Cant.
<b>Travelling Show person</b>	Travelling Showperson is a term used to describe any person that hold fairs, circuses and shows. Earliest records of Showpeople in England date back to 1204, many have Romany heritage. Showpeople typically speak English and travel during the summer months, living on a more permanent site during the winter.
<b>Roma</b>	Roma people historically originate from Northern India and have travelled and settled in Europe for many centuries, including central and Eastern Europe. Small numbers arrived in the UK from 1945, some seeking asylum in the 1990s and 2000s, and larger numbers migrating after this following the EU expansion. Roma people typically speak the language of their country of origin, and many also speak English and Romani dialect.

Adapted from Families, Friends, Travellers: For further detail see [https://www.gypsy-traveller.org/wp-content/uploads/2020/11/SS00-Health-inequalities\\_FINAL.pdf](https://www.gypsy-traveller.org/wp-content/uploads/2020/11/SS00-Health-inequalities_FINAL.pdf)

## 2.2 Gypsy and Travellers in the UK- Research Findings

The 2011 census recorded Gypsy and Traveller ethnicity for this first time, and identified 58,000 people as Gypsy/Traveller in England and Wales. However, this is believed to be an underestimate of the true figure, with estimates of around 100,000 to 300,000 Gypsy/Traveller people living in the UK (House of Commons Women's Equalities Committee, 2019).

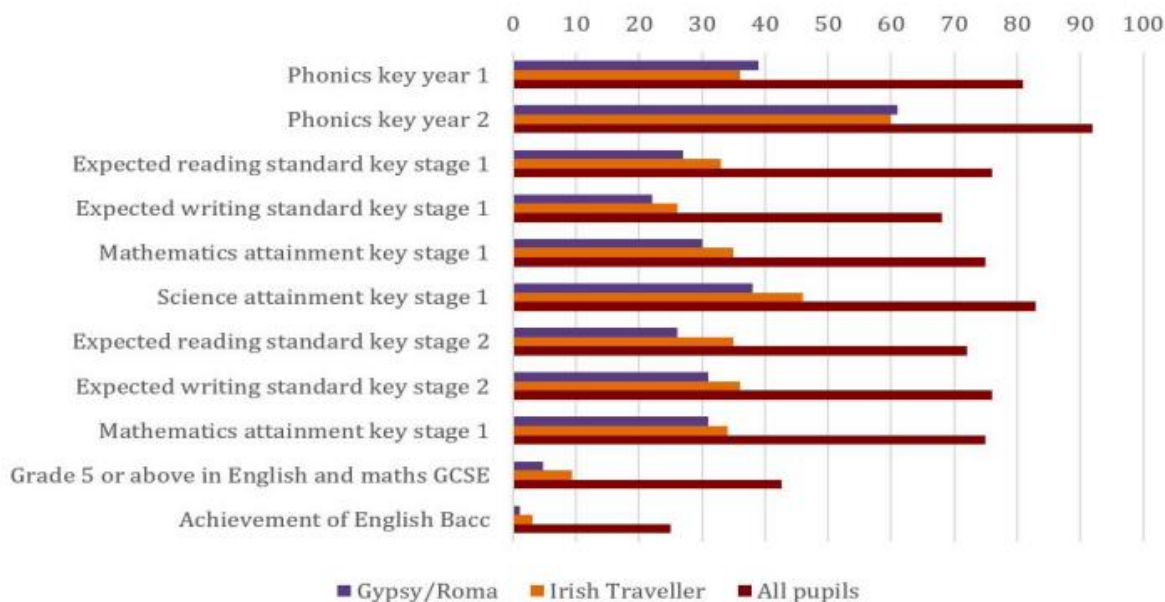
Historically, Gypsy and Traveller groups largely followed a nomadic lifestyle in the UK, however around  $\frac{3}{4}$  of the population now live in settled accommodation, with around  $\frac{1}{4}$  living in caravans or mobile homes. Nationally 88% of the Gypsy and Traveller population were born in the UK. The Gypsy and Traveller population is on the whole younger than the general population, with around 40% of this population being aged under 20 years (House of Commons, 2019-based on 2011 census data).

A recent report by the House of Commons Women and Equalities Committee ('Tackling inequalities faced by Gypsy, Roma and Traveller communities', 2019) accepted that Gypsies, Travellers and Roma are among the most disadvantaged people in the country. These populations have experienced a history of persecution, as identified through historical laws in the 16<sup>th</sup> Century, as well as the tragic death of  $\frac{1}{4}$  of the European Roma population during the 2<sup>nd</sup> World War in the Gypsy Holocaust. More recently, the report summarises evidence to show that GRT groups are some of the most marginalised in present society, at risk of being 'out of sight' and that local and national policy has not yet gone far enough to address the varied needs of this group.

### 2.2.1 Education, employment and society.

Research shows that pupils from Gypsy, Roma and Traveller backgrounds in the UK have the poorest levels of educational attainment across any ethnic group, and this is sustained at all levels of education (see Figure 1)

**Figure 2: Educational attainments by ethnic group (percentage) 2016–17**



Source: Ethnicity Facts and Figures

(Ref: House of Commons Women and Equalities Committee, 2019, p8. Findings from the Ethnicity Facts and Figures website, October 2017).

Gypsy and Traveller groups are also reported to have the lowest levels of economic activity compared to any ethnic group (47% compared to 63% overall in England and Wales), with childcare needs and long term sickness or disability

being frequently cited reasons behind this. A survey of nearly 200 Gypsy and Traveller populations by the Traveller movement reported that 91% had experienced discrimination and 77% had experienced hate speech or hate crime. Reporting of hate crime incidents to police is more difficult to quantify due to a lack of ethnicity monitoring (Traveller Movement, 2017).

Gypsy and Traveller populations may be particularly at risk of exclusion from society in the UK, owing to a lack of opportunity to integrate their traditions and culture into wider community life, a tendency to live in isolation and historical experiences of discrimination.

The report by the House of Commons Women's and Equality Committee into inequalities faced by Gypsy Roma and Traveller communities (2019) emphasised there is a need to ensure that these populations receive the same help and support from local services that all communities are entitled to, including in areas such as safeguarding, criminal justice, welfare support and other vital services. There must be a move towards sustainable, integrated provision for the community, rather than reliance on pockets of good practice that rely on small funding streams. Similarly, in order to build positive relationships within the wider communities in which Gypsies and Travellers live, there is a need to share cultural awareness throughout multiple sectors, in order to promote positive attitudes and build trust between the community and authorities.

### **2.2.2 Health and wellbeing**

Routine local health data is lacking for Gypsy and Traveller groups due to reasons including poor recording of ethnicity in primary care, and a lack of ethnicity reporting on death certificates (Coghill et al 2018 and Wohland et al, 2015). However, available national research (e.g collected via surveys) indicates that these populations experience some of the poorest health outcomes in society (Watkinson et al, 2021). They suffer the lowest life expectancy of any group, self-reported health is poorer than the general population, and a greater proportion of Gypsy and Traveller groups report difficulties in access to primary care or poor experience of care (Cabinet Office, 2017).

One of the most robust large-scale epidemiological study of Gypsies and Travellers was conducted by the University of Sheffield in 2004. They concluded that the scale of health inequality between the Gypsy and Traveller study population and the UK general population was considerable, with reported health problems at between two and five times more prevalent. The survey used methodology to sample 250 Gypsy and Traveller populations from across the UK and compare outcomes against age and sex matched comparator populations in the survey (Parry et al, 2004). The report by Parry et al provides detailed insights into possible health beliefs of Gypsy and Traveller populations.

Specific health issues for Gypsies and Travellers that were identified included:

- Poorer general health and higher rates of limiting long-term illness, pain and disability.
- Higher reported miscarriage rates and child death
- Higher self-reported anxiety and depression
- Higher self-reported rates of respiratory, chest and musculoskeletal symptoms (including asthma, bronchitis, chest pain and arthritis)
- Lower reported registration with GPs, but higher reported interactions with health visitors, midwives and social workers- who may be more likely to visit the home setting.

### ***Mental health***

Research highlights that mental health is a particular concern for this community, commonly linked to uncertainty and anxiety over displacement, as well as other factors. Anecdotally, there are reports from GRT populations of higher suicide rates, particularly in young adults, both in Irish traveller groups and Romani Gypsies (Greenfields and Rogers, 2020). Research suggests that factors such as racism, poverty, suicide related bereavement, substance misuse and declining mental health may contribute (Greenfields and Rogers, 2020).

There is a lack of routinely collected data to understand this issue further, and the evidence draws largely upon survey data, which can still generate valuable insight. The National Traveller Community Survey (Exchange House, 2017) showed that of 482 respondents, 82% reported to have been affected by suicide, of which 44% were affected by suicide in their immediate family (Exchange House, 2017).

### ***Domestic abuse***

Domestic abuse and violence against women and girls has also been raised as an issue requiring support for the Gypsy and Traveller community, with high estimated rates, and difficulties in leaving abusive relationships which due to close ties to the wider community. Furthermore, a mistrust of social services, and sometimes of the police, may make it more difficult to access support needed. Trusted professionals in which to confide, as well as refuges that protect the individual's identity were seen as facilitators in seeking appropriate support (Women's Equality Commission, 2019).

A more recent rapid overview of the literature on health inequalities in Gypsy and Traveller populations in the UK, conducted by the Office of Health Improvement and Disparities (2021), identified further possible issues for this community;

- An excess prevalence of miscarriages, stillbirths, neonatal deaths and infant mortality;
- Gypsy and Traveller mothers are 20 times more likely to experience the death of a child (Parry et al, 2004).
- Reduced access to palliative services for travelling families (Dixon et al, 2021)
- Poor health associated with environmental conditions (Greenfields and Brindley, 2016).
- Increased housing deprivation (de Noronha, 2015)
- Negative attitudes and discrimination towards GRT communities, (particularly for those living in unauthorised sites on the roadside) (Greenfields and Brindley, 2016).

### ***Impact of living environment***

The literature review found reports that living sites for GRTs were often situated by busy roads or industrial sites which promote poor health (Greenfields and Brindley, 2016). Furthermore, White Gypsy and Irish Traveller households were 7.5 times more likely to experience housing deprivation than White British households (de Noronha, 2015). For Gypsy, Roma and Traveller groups, living in a house was associated with long term illness, poorer health state and anxiety.

The potential impact of social and environmental conditions upon Gypsy and Traveller health was described within a 2016 report by The Traveller Movement, commissioned by the National Inclusion Health Board. This report found that;

- the living conditions of Gypsies and Travellers significantly contributes to their physical and mental health
- the poor health of Gypsies and Travellers is made worse by their living environment, accommodation insecurity and community discrimination (Greenfields and Brindley, 2016).

Recommendations to improve the health and wellbeing of Gypsy and Traveller groups included greater partnership working between health and other sectors, as well as approaches to facilitate GRT communities' engagement with health services through outreach roles such as community health mediators, cultural awareness training for health service staff and collaborative working. The evidence base to inform recommendations was noted to be limited however, being based on studies of sometimes poor quality (McFadden, et al, 2018).

## **3. Gypsies and Travellers in Bradford District**

### **3.1 Demographics**

Bradford District is home to several Gypsy and Traveller populations. Routinely available local data is limited, despite the range of services that this population engages with.

The 2011 Census estimated that 0.08% (n=433) of Bradford Districts population were of Gypsy or Irish Traveller background, although similarly to national figures this is likely to be an underestimate of the true population size. The census suggested that the local population is young, with 77% of known Gypsies and Travellers in Bradford District being under the age of 50 compared to 61% for the Bradford population as a whole. 52% of the Gypsy and Traveller community were reported to have no formal qualifications, only 5% had a Level 4 qualification or above and 14% were unemployed (twice the proportion when compared to the wider Bradford population). There are likely to be several contributing factors behind the lower levels of education and unemployment in this community.

The wards with the highest proportion from a Gypsy or Irish Traveller background include Bowling and Barker end (0.32%), Little Horton (0.24%) and Tong (0.22%).

### **3.2 Housing**

The majority of Gypsy and Traveller groups in the District live in a house or bungalow (76%), with 27% living in social rented accommodation, and 13% living in mobile or temporary accommodation (UK Census, 2011). Data is being explored to better understand the location of Gypsy and Traveller populations that live in settled 'bricks and mortar' accommodation. It is known that communities are currently residing in several social housing locations across the District, including Holmewood.

#### *Permanent traveller sites*

There are two main permanent traveller sites- Mary Street and Esholt-that provide Gypsy and Traveller groups with 'plots' for residing, each holding 28 and 19 pitches respectively. The sites were established by the council in the 1970s, and are currently managed by Environmental Health. The sites have been developed over the years; the last upgrade being carried out around 2014 utilising central government grant monies.

Typically, each plot has a built unit or structure ('shed') containing kitchen and bathroom facilities, with a small amount of yard to accommodate space for a caravan(s) or chalet in which families commonly live. Concerns have recently been raised by residents about the Mary Street site which is located within an industrial area of the district directly adjacent to a Council household waste site. This, and other nearby businesses, creates air quality, noise and dust concerns. There is no green space available and as a consequence of its construction it is not possible to retrospectively incorporate any green/environmental improvements. Many of the families have young children, and there are concerns about safety and lack of opportunities for active play. The Esholt site is located in a more rural area of the District, however whilst it is more environmentally inviting, access to local amenities is limited.

Concerns have also been raised regarding the quality of the sheds on both the Mary Street and Esholt site, in particular being cold and damp, and mouldy (see community insight section for further details).

There is private permanent site for Show people (Paley Road with 36 pitches).

### **3.4 Health**

At the time of writing, no local quantitative health data was available to build an understanding of possible health issues in this community. Local indicators from the public health outcomes framework are not available for this ethnic group, and additionally, no health service data from secondary care was available to analyse for this population due to a lack of recording. The availability of primary care data for this group will depend on recording of ethnicity in primary care records. Our understanding of likely health issues for this community is therefore based upon findings from national research, as well as the insight gathered to support this strategy.

## **4. Gypsy & Travellers insight - key themes and findings**

Leeds GATE in partnership with CNET received funding to carry out insight work with Gypsy and Traveller populations from a range of locations across the District, representing views from those living on both traveller sites as well as travellers in settled housing. Leeds GATE have built trusted relationships with communities on the traveller sites in recent years and have offered a range of support services. They have more recently built connections with Gypsy and Traveller populations in settled housing, and are beginning to expand their health advocacy work in these areas as well.

The insight consisted of mixed approaches, including shorter survey style questions as well as in depth interviews. To date insight has been gathered from 24 consenting participants, both male and female, a range of ages and styles of accommodation. 90% of those interviewed were female and 10%, male.



A major barrier to accessing healthcare was either lack of access to internet or inability to read and understand. This made it difficult to book either a dentist or GP appointment online especially during the pandemic. *“I can't read or write. I don't have the internet and have problems remembering things which means I miss appointments with the GP”*

Some do not drive, which can make access for face to face appointments at the GP or hospital, or reaching the pharmacy very difficult.

However, a range of views were represented, and some did report being able to receive good quality care from general practice and hospital settings.

#### **4.2 Education and employment**

Difficulty in reading was one of the most commonly reported issues from the community, which was reported to create difficulties in being able to access key services. Children from the community were often home schooled, and lockdowns during Covid had made this more challenging to access information. Some report that their children had experienced bullying in education settings, which had led to the decision to home school.

Some residents describe having worked in manual occupations and being unable to continue this trade due to mobility problems. Other residents' express difficulty working due to mental health problems, and others describe barriers in approaching the wider community for employment, for fear they will not be accepted.

#### **4.3 Causes of poor health and wellbeing**

A reoccurring theme for causes of poor health and wellbeing was poor living conditions at traveller sites and racism/discrimination.

##### **4.3.1 Housing and environment**

Residents living in the traveller sites commonly describe the poor quality of the sheds, referring to them as being cold, damp and mouldy. This makes it uncomfortable to use the bathroom facilities, especially in winter. It is difficult to keep warm in the existing accommodation on site, which includes the caravans and the sheds. Residents pay rent to the council for the plots at the traveller sites, and bills such as heating and water are additional to this.

There are particular concerns expressed about the poor environmental quality at the Mary Street traveller site. The site is adjacent to industry, with a sand factory, two scraps yards and a slaughter house close by. This generates unpleasant smells, significant noise and air pollution, which residents describe impacting upon their ability to sleep and on their mental health, and generates excessive dust which requires daily cleaning. 67% of those interviewed complained of damp/mouldy sheds which made their health get worse.

##### **4.3.2 Isolation and racism**

Those interviewed discuss examples of difficulty in maintaining positive integration with surrounding communities. Previous positive celebrations such as galas and summer travel across the District were enjoyed, but now do not take place.

Residents have varying experiences with local services, with some building trust and good relations with the community and others experiencing negative attitudes and barriers to accessing facilities and services. 50% of those interviewed complained of racism and discrimination which impacts mental health.

*“Racism has got worse; you don't see Travellers mixing with settled people that much because we are seen as thieves and if one Traveller does something then we are all to blame”*

#### 4.4 Staying healthy and well

Many of those interviewed mentioned that they liked their neighbours/closely knit community because they all help each other but having better sheds, cleaner site and better air quality will improve their health and wellbeing.

*"I think if we just had a, you know, just a safer, quieter environment, I think that would improve everybody's health and wellbeing really, you know. If the sheds was just kept damp-free, you know, clean and damp-free, and I think obviously if the site was, I think that would be a lot better"*

74% of those interviewed also mentioned that the advocacy work of LeedsGATE has been very helpful to them and more services like this would help them feel better. Some mentioned social events on site and improving their skills (reading, writing, cooking) will be beneficial

*"I just want my family to be happy and be able to read & write as you can't do much without it now, this might help us to feel better"*

#### Cultural Awareness & Working with The Community

Many of the interviewees mentioned that Gypsies/Travellers, especially the men found it difficult to seek help or share their problems with people outside their community (not even with doctors or professionals) for fear of being looked down on.

*"We can't let our family down and talking to a doctor about things is hard"*

*"Us Travellers do not like to talk about our feelings in case people look down on us more than they already do. More young men are going through this but I don't think they would ever talk to doctors and settled people as they don't understand our way of life. This is seen as a sign of weakness in men"*

Based on response of the those interviewed, the best way to deliver services to Gypsy and Traveller communities is gain their trust and to provide services/outreaches/events either on site or exclusively to travellers/gypsies. Virtual events/appointments won't be beneficial as many don't have access to internet. 37% mentioned that they or other members of the community couldn't read so any information is best shared verbally.

*"More social things on site would be a good thing to start and get us talking more to each other and problems we have. Doing it on sites would help us to feel safe as we get a lot of racism when we go out anywhere"*

Some respondents also suggested Health check buses could come to site as many struggle to get access to health services they need *"...Well I suppose like if you had like a drop-in like, you know, them dentist buses and things like, it's like you could just go out and go into it if you had something wrong with you..."*

*"There's one did in Bradford in the once, only once though, like a health bus and everyone went to help and when they tell their problems, because they don't like talking to doctors some people, especially travelling women. And a lot of them can't get out, get there, you know, and it would be a good thing that"*

It would also be helpful to ensure professionals are knowledgeable about the travellers'/gypsies community's culture, beliefs and concerns as this will ensure the right service is delivered. For example, a respondent mentioned females in the community might be uncomfortable getting care treatment from a male medical professional

*"They don't like talking to doctors some people, especially travelling women ... It's like young ones won't get smears and, you know, they're embarrassed and stuff like that, which they do need to do this. It's just the travelling people...they really want a woman doctor; ...Some won't talk to a man doctor like I say."*

#### 4.5 Gypsies/ Travellers in Settled Housing

Apart from differences in experiences of accommodation, there was no major difference between gypsies/travellers living on site and those living in settled housing. Similar to those living on site, gypsies and travellers in settled housing also suffered from arthritis and mental health conditions, issues like stress, anxiety and depression. All respondents

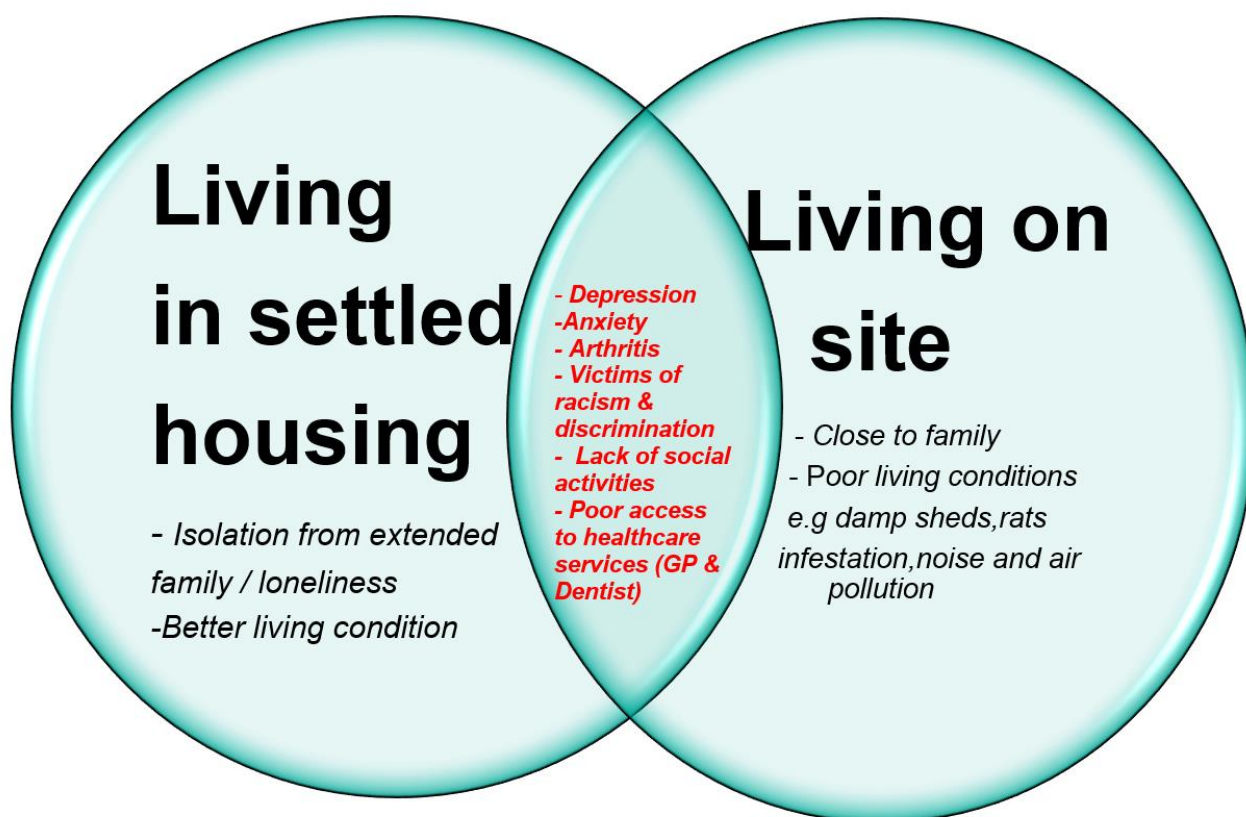
living in settled housing had experienced some form of racism and felt discriminated against either within their neighbourhood or workplace. As a result, some are isolated from the community they live in and feel lonely.

*“I feel down and I want to go out and talk to people but I can’t just talk to my neighbours now. I’d like to be able to go somewhere to talk to people, just chat so I don’t feel down and so I can talk to them... I have to go on to Mary Street to talk to people but I find it hard to get down there....”*

Access to health care services (GPs and dentists) remains an issue even for those in settled housing, they complained about not being able to get appointments which seems to have gone worse since the pandemic started.

Gypsies/Travellers living in settled houses also complained that there were not enough activities to engage their community within Bradford District. They like the services GATE provides and would want the organisation to help them out with various services and activities.

Figure 3 : Common themes among Gypsies and Travellers living on site and those living in settled housing in Bradford District



## 5. Legislation and guidance

Bradford council is a public sector organisation and responsible for providing a range of services to its residents, some of which are required by law, and some are identified as priorities for the benefit of the population. These services include social care, education and housing, highways and planning, environmental services including environmental protection, street cleaning and waste collection, as well as community services such as libraries and leisure facilities.

Bradford council has the same responsibilities to the Gypsy and Traveller population as it does for all other residents, but there are certain aspects of legislation and planning with particular relevance;

## 5.1 Public Sector Equality Duty (Equality Act 2010)

The Public Sector Equality Duty requires public authorities to consider factors such as how to address unlawful discrimination, promote equality of opportunity between those with protected characteristics and those without, and advance positive relations between communities when they develop policies or services (Equality Act, 2010). This is particularly applied in the consideration of supporting and meeting the needs of people with protected characteristics, where they would otherwise face disadvantage.

Ethnicity is one of the protected characteristics in law, and as Romani Gypsy and Irish traveller populations are recognised as ethnic minority groups, the council, and other public sector bodies must have due regard to the promotion of equality of opportunity for the Gypsy and Traveller and in doing so protect against discrimination. Examples of how this might translate in practice include ensuring that Gypsy and Traveller population's needs are considered in equality impact assessments and health inequality impact assessments for the development of new services and policies, and ensuring that this group is not unfairly discriminated against on the basis of their ethnicity.

Similarly, health partners, including NHS services and NHS commissioners, are required by law to demonstrate how they can reduce health inequalities through actions to address access and outcomes to services (Health and Social Care Act, 2012).

## 5.2 Education

The council's Access Team was (formerly the New Communities and Traveller Service) works to secure access to school places for families who may need support and vulnerable groups including Travellers.

The council's Elective Home Education team can support Traveller families who are educating their children at home, including providing support with school applications if families require, or signposting to post-16 options. The council has a legal duty to act when a child is not receiving a full time education, and interventions can include putting in place a School Attendance Order.

## 5.3 Planning Policy for Traveller sites

Government planning policy requires that there must be consideration for Gypsy and Traveller sites when local plans are being developed, and local areas should undertake assessments of need for traveller accommodation and develop targets for future traveller pitches (Housing Act 2004).

The council are currently preparing a new Local Plan, which will need to consider and assess potentially suitable sites to meet the identified future need for the accommodation needs of Gypsies, Travellers and Show people.

A Gypsy and Traveller and Travelling Showperson Accommodation Assessment (GTAA) has recently been updated (January 2021). The GTAA (2021) identifies a cultural and planning need for additional Gypsy and Traveller pitches in the District. The main drivers of need are net in-migration, new household formation and longer-term population growth.

The GTAA incorporates turnover at existing council sites and it is noted there are some concerns about whether the existing pitches are suitable for ongoing accommodation, which would have implications for the results of this assessment. Therefore, future monitoring of the existing supply is recommended.

As part of preparing the new Local Plan the council is committed to continue working closely and constructively with neighbouring councils, the Gypsy, Traveller and Showperson's communities and settled communities to identify the most appropriate sites, which will offer locations and accommodation, which are both sustainable and meet identified needs.

<https://www.bradford.gov.uk/Documents/BDLP/Reg18/Consultation//4.0%20Section%204%20Thematic%20Policies.pdf>

## 5.4 Criminal Justice and Public Order Act 1994- Unauthorised encampments

Of those populations living in caravans in the UK, only a small proportion (3% nationally) are recorded to reside in unauthorised encampments, on private or publically owned land. The National Police Chiefs Council provides

guidance relating to the policing of unauthorised encampments in line with the Criminal Justice and Public Order Act 1994, including circumstances in which eviction might be considered, as well as the need to consider human rights and equality legislation for those involved. Currently, the guidance refers to the local authority as the lead decision making organisation in the management of unauthorised encampments, with the Police not normally considered as the first response. If certain circumstances are met in which a trespassers possession order is required; proceedings take place through the county court. It is rare for the council to use Section 77 powers to direct unauthorised campers to leave.

There is clearly a need to balance the needs, rights and wellbeing of all communities and bodies involved when considering unauthorised encampments, and to ensure equality legislation relating to maintaining rights of those with protected characteristics is followed. The proposed Police, Crime, Sentencing and Courts Bill contains amendments to the management of unauthorised encampments, which broaden the circumstances in which Police can act and may have further implications for Gypsy and Traveller groups.

### **5.5 Transit site provision**

Some local authorities designate official 'transit' sites for Gypsy and Traveller accommodations, to support cultural traditions of mobile living- a transit sites being defined as a site where occupiers have agreements to station a mobile home for periods of less than three months (1983 Mobile Homes Act 1983). There are currently no official transit sites for travellers in the District, previous consideration of the option has identified the risk of transit sites becoming unfit living environments, due to their locations in typically underused areas, and poorly maintained basic amenities such as water and sanitation.

### **5.6 Negotiated Stopping Policies**

In supporting the wellbeing of transient populations living in caravans, while following relevant legislation, local authorities may want to explore alternative options such as designating 'negotiated stopping sites' for travellers that allocate land legally, working collectively with traveller populations to accurately assess housing need and allocated sites. Bradford District does not currently have a Negotiated Stopping Policy, but this has been developed in neighbouring authorities and could be further considered. This recommendation was supported in the GTAA (2021) which suggested that the council work with Leeds GATE to establish a Negotiated Stopping policy rather than allocate land for transit/stop over pitches, given the low level of unauthorised encampment activity (GTAA 2021 paragraph 6.43).

<https://www.bradford.gov.uk/Documents/BDLP/Reg18/Evidence//Bradford%20Gypsy%20and%20Traveller%20and%20Travelling%20Showperson%20Accommodation%20Assessment%20%20Update%20-%20Report.pdf>

Local authorities and communities work together to identify areas of land, that are in good condition and appropriate for stopping. Local areas can arrange agreements between the stopping community and local authority, such as the period of stay, and requirements of both sides to ensure the site is maintained. Typically local authorities provide toilets and bins in these arrangements (See <https://www.gypsy-traveller.org/wp-content/uploads/2018/10/Negotiated-Stopping-Short.pdf> ) Agreement in the length of stay may enable Gypsy and Traveller groups to plan their educational and health needs, without concern over short term eviction.

## **6. Summary of key issues to address within this strategy:**

Following on from the information, insight and local data that has been gathered so far, it is possible to highlight key issues for the local Gypsy and Traveller population in the District, which will enable priorities and recommendations to be made. It should be noted however that the collection of data and further information is an iterative process, as is consultation with the community in the development of the strategy. There should be a period of formal consultation with the community and wider stakeholders on the proposals within this strategy before it is finalised within council management.

## 6.1 Summary of key issues arising;

- **Lack of routinely available health data for Gypsy and Traveller populations**, which hinders measurement of health inequalities over time. This is a national issue and relates to the measurement of health inequalities across all ethnic groups, particularly in relation to measures of mortality and disease prevalence. However, the 2021 Census is expected to update demographic information for Gypsy's and Travellers in the District, and council departments have the ability to improve recording of service uptake and outcomes for their communities, in line with the council's equality objectives.
- **Poor health and wellbeing of Gypsy and Traveller populations**- which has been highlighted in national research, with evidence to suggest that this population faces the lowest life expectancy of any ethnic minority group. Local insight particularly raises concerns around mental health in this community, amongst other long term conditions, and social issues such as loneliness and isolation. Possible causes of poor health and wellbeing in this population may include issues such as low education levels, reduced opportunities for employment, societal issues such as racism and poor environmental living conditions.
- **Reduced access to health and council services due to a range of practical and psychosocial barriers**, such as low levels of reading, lack of internet access, lack of transport to access services, low levels of trust in public services, reluctance to share information with professionals, past experiences of racism and the expectation of misperceptions about Gypsy and Traveller culture in health and employment settings.
- **Frequent experiences of racism, and fear of hate crime from those outside of Gypsy and Traveller populations**, and a lack of ability to consistently integrate with the wider community.
- **A tendency for negative stereotypes of the community to prevail, and the wider community to be unfairly viewed for the actions of a minority.**
- **Concerns regarding the poor state of facilities at traveller sites**, in particularly the sheds at Esholt and Mary street and the difficulties in being able to improve existing plots (owing both to the small size and construction of the sheds so that the fitting of increased insulation is not viable). In addition, the lack of overall space on Mary Street would make it difficult to increase the overall size of each plot, and the site lacks facilities to support community activities.
- **Concerns regarding the poor environmental situation of the Mary Street site, and the adverse impact this has on residents physical and mental health.** Again, challenges with the limitations of the site, making it difficult to incorporate green space, or to re-position plots away from possible sources of environmental pollutants, create challenges in being able to ensure the health and wellbeing of residents at this site.
- **A need to ensure local plans accurately record the housing needs of Gypsy and Traveller populations**, with the implication that any decisions made regarding the suitability of existing traveller site plots would require amendments to the recent Gypsy and Traveller and Travelling Show Person Accommodation Assessment and additional plots to be identified.

## 6.2 Gaps in knowledge.

The information that has gone into this strategy is based on a small sample of interviews with the local population, and supplemented by insight from organisations that work closely with Gypsies and Travellers.

There are recognised gaps in knowledge around the location of those in settled housing in the District, as data was last available in the 2011 census. This is important in terms of being able to support community wellbeing through locality approaches, and to support any outreach work that may be developed. The 2021 census will provide a more up to date picture, but will only be based on those who have responded.

Further partnership work with other community organisations known to support the Gypsy and Traveller community, as well as housing associations could also provide further insight.

There is also a lack of local quantitative data on issues such as education, employment and health for this population in Bradford. In some cases, it is unclear whether this data is not collected, or whether analysis is limited based on the small size of this population.

There is also a relative lack of evidence of effective approaches for reducing health inequalities in the Gypsy and Traveller population, case studies and examples of best practice have been gathered, but further detailed evidence reviews may be required to support particular initiatives (see Appendix 1).

## 7. Development of a strategy- underlying principles

A set of principles have been chosen to underpin the development of the strategy, and to help shape a set of recommendations that can align with the values of the Council and wider partners in the way we intend to work with our population to achieve better health and wellbeing for all;

These are;

- For the strategy to be built with inclusion at its heart, appreciating the importance of ongoing consultation and co-production with the Gypsy and Traveller community, and the importance of enabling all citizens of Bradford District to reach their full potential.
- A commitment to ensure the strategy is representative of Gypsy and Traveller populations as a whole, including those living in settled housing, those on permanent traveller sites, and those in transient mobile accommodation.
- A recognition of the need for honesty and transparency between council, wider partners and the community, in order to build trust and address issues in their entirety.
- A need to uphold and promote best practice with regards to equality legislation, and in line the priorities of the District plan and the Health and Wellbeing Strategy.
- A commitment for partners to develop, resource and deliver a strategy with short, medium and long term goals, which may take time to demonstrate change at individual and community levels
- The need to consider economic and environmental sustainability as recommendations are formed within the strategy
- A focus on strengths based, and capacity building solutions which build upon and develop the existing skills and resources of the community, and empower the Gypsy and Traveller community to take control of their health and wellbeing.

In addition, Leeds GATE has developed its values with Gypsies and Travellers in West Yorkshire. These values guide the daily work and decision making of the organisation and have been adapted below to further guide the development of the strategy:

- Is jointly owned between Gypsies and Travellers and Bradford District Council
- Is honest and open
- Doesn't make promises that can't be kept
- Helps people to help themselves
- Is welcoming
- Believes everyone can and should be included
- Is brave and creative
- Respects people's privacy
- Keeps people safe

## 8. Developing recommendations

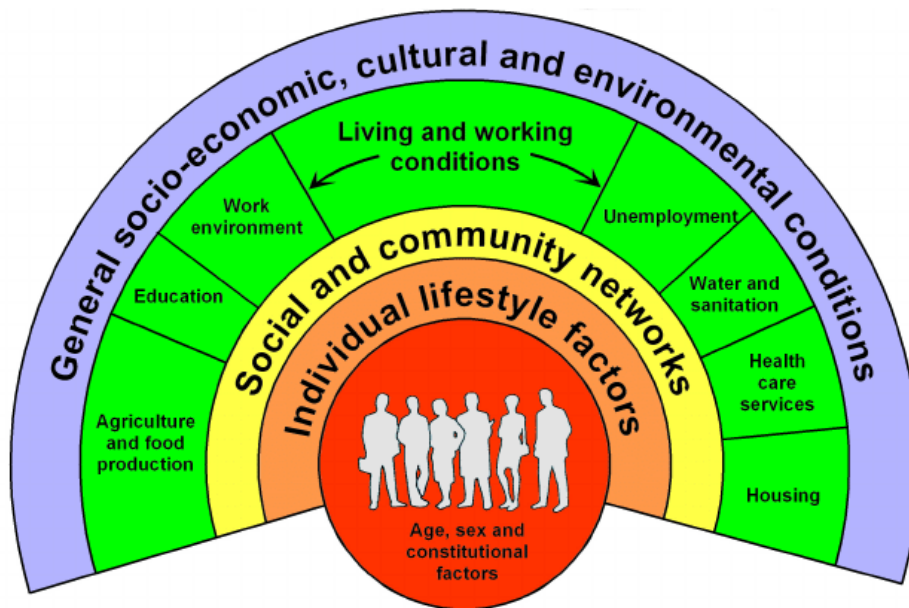
In forming recommendations for action, several frameworks, local strategies and guidance can be referred to in order to ensure priorities are identified, efforts are reflective of prevention and early intervention where possible, and implementation of actions will be feasible within existing governance structures.

### 8.1 Determinants of Health Framework

The Determinants of Health Model is a useful framework in helping to consider the components that contribute towards good health, and can lead the collection of information, and targeted action where necessary across a range of levels. For example, this model recognises that health is influenced by individual level variables including biology, genetics and lifestyle factors. However, wider determinants of health include social and community networks that individuals may connect with, whether communities can access education, good employment and health services,

the environmental conditions in which people live and work, and the contextual policies and laws which might impact upon individual's lives.

Public sector organisations, and wider health, social care and voluntary sector partners have the ability to influence change across a range of determinants of health, as do communities and individuals themselves, with access to the right information, support and resources



Source: Dahlgren and Whitehead, 1991

## 8.2 District Plan objectives

The five key areas of Bradford's District plan also provide useful context against which to map recommendations for action. These areas are;

1. Children have the best start in life
2. Residents achieve good health and wellbeing
3. Sustainable economic growth and good work for all
4. Safe, sustainable and inclusive communities
5. Action at all levels to address climate change

Areas 1-4 of the District Plan priorities are directly relevant to the issues highlighted within this strategy, and area 5 should be considered in local planning initiatives.

## 8.3 Recommendations from PHE and Friends, Families and Travellers Call to action to address the health inequalities experienced by Gypsy and Traveller communities (2021)

Communication from Public Health England and Friends, Families and Travellers to health leaders in 2021 highlighted certain priority areas where action could be taken at a systems level. Not only does this set of recommendations feature the importance of improving living and environmental conditions, but it identifies necessary processes to take forward action, such as including the needs of the population in system level strategies.

Consider how you can take an active role in working with the key relevant partners to address the impact of accommodation-related needs on people's health outcomes

Work with other health partners in your Integrated Care System/Partnership to ensure there is a dedicated commitment to reducing health inequalities amongst Gypsy and Traveller communities, in addition to wider inclusion health populations

Ensure that at Health and Wellbeing Board level, the health needs of Gypsy and Traveller people are well understood and reflected in appropriate local action set out in Joint Strategic Needs Assessments, Suicide Prevention Plans and Joint Health and Wellbeing Strategies

Consider how you might work to ensure that families living in vehicles have access to water, sanitation, and waste disposal all year round

. Recognise the role that healthy housing plays in reducing health inequalities, and work with local partners to ensure there are sufficient safe and supportive places for Gypsies and Travellers to live

*Recommendations from PHE and Friends, Families and Travellers Call to action to address the health inequalities experienced by Gypsy and Traveller communities (2021)*

## 9. Recommendations for strategic priorities and actions

A summary of the priority areas for action are listed below;

### Summary of priority areas for action in the Gypsy and Traveller community in Bradford

- Supporting mental health and mental wellbeing, both in terms of prevention, management and crisis support
- Increasing access to all age education and employment
- Improving living conditions at traveller sites
- Tackling racism and enhancing integration with wider communities
- Increasing access to services, including council services, health and care services, and dentistry.
- Increasing access to health promotion initiatives
- Ensuring successful community based outreach work can continue, working in partnership with providers.
- Enabling Gypsy and Traveller populations in the District to thrive, and to strengthen supportive social and community networks.

These translate into ten recommendations for action, taking into account the specific areas highlighted by Public Health England, the determinants of health model, and the District Plan objectives.

#### 1. Raise awareness of Gypsy and Traveller cultures, traditions, and history across council departments, with partners in key settings such as health care and education, and with the general public.

Addressing negative stereotypes and tackling racism and discrimination experienced by this population is essential in helping to change attitudes and promote positive relationships between communities. Racism and discrimination are known to contribute toward mental health issues- which is a particular concern for this community, but can also act as barriers in accessing jobs and services. Positive attitudes could have far reaching effects on wellbeing for this community.

*Options to address this will be multiple and could include awareness raising campaigns and training in different sectors (such as health and education), positive engagement with the media, continued advocacy, empowerment and participation events with the community to ensure community voice is heard and fairly represented, positive case studies, promotion of cultural events and initiatives to build community connections across the District. Ensure Gypsies and Travellers are included in initiatives relating to the BAME community / diverse communities. Include the history and cultures of Gypsies and Travellers in educational settings e.g when discussing the Holocaust.*

#### 2. Explore and implement initiatives to increase access to standard council services and support for community.

Key areas to focus on include access to;

- home schooling support,
- adult education initiatives (including functional skills),
- housing, welfare and benefits support,
- employment opportunities across all sectors,
- social care and public health services.
- Safeguarding services

*Options to address this could include provision of information in audio or video to overcome poor literacy, sustained initiatives to improve reading skills for this community, and outreach services from statutory or voluntary sector partners to engage with communities and increase access to services. The recommendation to increase cultural awareness with staff (in this case council staff) will also contribute towards this recommendation.*

### **3. Explore and implement initiatives to increase access to health services;**

Key areas to focus on are likely to include;

- maternity and antenatal care,
- 0-19 (health visiting, school nursing, child health),
- mental health and wellbeing,
- routine vaccination, screening, and health checks,
- long term condition management and health promotion
- NHS dental health services.

*Options to address this could include improving awareness of Gypsy and Traveller culture and disadvantage within health service settings to enable relationship building and trust; ensuring access to GP registration for those without a permanent address; options to book appointments and access to services for those that can't read or write. Again where feasible, community outreach services may significantly increase access to help particularly for those living in traveller sites, bearing in mind, any tailored service provision for this community could bring significant benefit to those isolated in settled housing as well.*

### **4. Consider re-location of the community from the Mary Street site to another suitable location in the District which can preserve the ability for the community to live together, while residing in an environment which better promotes health.**

- This requires a specific in depth consultation with the Mary Street community, and a partnership approach to ensure residents can access all needed information.
- This recommendation also has significant local and financial implications, which may influence its outcome.
- This recommendation would require ongoing community engagement with the recognition that greater anxiety may be created in the short term.

*Options to address this will need to investigate Government funding sources, and will require a review of best practice initiatives to develop, build and maintain suitable sites.*

*The outcomes of the consultation are necessary to accurately inform the Gypsy and Traveller and Travelling Showperson Accommodation Assessment, which in turn informs the council's Local Plan.*

### **5. Review the quality of the existing plots on the traveller sites and the health impact of existing accommodation in order to identify necessary housing modifications, and additional facilities on site for the community.**

*This should include access requirements for members of the community living with long term conditions and disabilities. Again, this recommendation may result in significant financial implications. Funding sources have been previously available for modification of Gypsy and Traveller sites.*

**6. Work with Gypsy and Traveller populations that live on permanent sites to agree methods of site management, building capacity in communities where this is requested and feasible, and looking at options for management under different directorates or organisations.**

*Guidance for the development of Gypsy and Traveller sites emphasises the importance of building trust, ongoing methods of community engagement, and ensuring that sustainable site management practices are developed.*

**7. Explore the potential for negotiated stopping sites in Bradford District, in order to reduce encampments, which involve trespass, particularly preceding the introduction of the Policing and Crime Bill.**

**8. Enable the community to flourish by working with partners to increase practical community activities and support, and options for the wider Gypsy and Traveller community to connect with each other, and the wider community.**

*Community strengthening activities are recognised as important in promotion of health and wellbeing. This should include the provision of opportunities for people to meet, talk, connect with each other where they feel safe. In particular, women's groups, youth groups and children's activities have been mentioned. Appropriate community meeting places should be explored and promoted, considering use of pop up or outreach venues where otherwise lacking. Working in partnership with trusted advocacy or community organisations is vital to this approach.*

*Community development approaches in this area of work could also be explored, as this is recognised as important in reducing health inequalities and can utilise strength based approaches, in line with the council's vision for community working.*

**9. Strengthen local data collection to enable monitoring of wellbeing in the Gypsy and Traveller community.**

- There is a lack of routinely available local data to measure the health and wellbeing of the Gypsy and Traveller population. Alternative options will be needed, in order to measure changes in wellbeing, determinants of health, and health inequalities in this population.

*Options to address this include the promotion of data collection within council and commissioned health and social care services that report access and outcomes by ethnic group (ensuring Gypsy and Traveller status is recorded).*

*Given concerns with higher rates of suicide in this population, work with the coroner's office to increase accuracy in recording suicides of Gypsies and Travellers is another area that could be explored.*

*Additionally, there may be a need to consider commissioning regular (e.g. two-three yearly) community based surveys to monitor the health and wellbeing of this population.*

**10. Create opportunities for Gypsy and Traveller populations to continue to participate in local policy making decisions and engage with implementation of the strategy.**

- This should include methods to increase representation in District wide consultation and provide information in formats accessible for those with limited literacy skills.
- Ongoing methods to build trust between the community, local authority and wider services is needed, and is likely to require support from advocacy organisations such as Leeds GATE and others that work closely with the community.

- Explore and agree methods of positively recognising community skills and contributions to consultations and community development (where appropriate).
- Involvement in helping to identify any future sites for meeting identified future housing needs. In the Local Plan and future planning design guidance informing new site design.
- Ensure governance of the strategy includes representation from the Gypsy and Traveller population.


# Gypsy and Traveller best practice

Several recommendations were made in the Strategy and within the national Gypsy and Traveller Inequalities report. The recommendations to address health inequalities and to improve the health and wellbeing of G&T community within Bradford and Craven focussed on tackling wider determinants of health. Further evidence from various sources support this approach.

It must be noted that although some promising strategies to overcome barriers have been reported, the evidence is weak. Therefore, rigorous evaluations of interventions to improve access to and engagement with health services for GRT people are needed.

**Table 1.** Best practice initiatives to tackle G&T inequalities

Education		
Area	Intervention	Further detail
Wales	Establishment of Gypsy and Traveller Education Forum	<p>A research by <a href="#">Lane and Spencer, 2014</a>, found that the most common reason for the reluctance to send Gypsy, Traveller and Roma children to school is the prevalence of racist bullying, which can range from generalised abuse to physical attacks. In addressing this as well as other barriers to education within GRT community, greater partnership work led by LA's is fundamental.</p> <p>Such forum will draw together local authority practitioners working to support Gypsy and Traveller education at a much wider level. This will encourage sharing of best practices across different local authorities and develop stronger partnerships across the system.</p> <p>Further information on reviewing UK's progress on the EU framework for national Roma integration strategies can be found <a href="#">here</a>.</p>
Improving Access to Health Care Services		
Area	Intervention	Further detail
County Durham	Gypsy and Traveller Health Project- Creation of GRT health trainer and public health nurse posts	This was an effective <a href="#">approach</a> (page 35) to engaging with GRT community and supporting members to adopt healthy living behaviours. The evaluation of the programme found that most people seeking the health trainer support would not otherwise have made the changes required. The number of clients accessing the service continues to increase.
Lincolnshire	Lincolnshire Traveller Initiative	The aim of the initiative is to create opportunities, community cohesion and positive futures for travellers in Lincolnshire. It supports the community through a range of programmes such as health promotion, home schooling, employment opportunities, and information and guidance and facilitating access to traveller community for a range of health professionals. Health and Care partners work closely with the

		<p>traveller programme to help improve the health and wellbeing of the traveller community.</p> <p>Further details on Lincolnshire Traveller Initiative can be found <a href="#">here</a>.</p>
Surrey	Traveller Outreach Programme	<p>The <a href="#">Traveller Outreach Programme</a> is funded by Surrey Heartlands Integrated Care System. Surrey has the 4<sup>th</sup> largest GRT population in the country. This programme built on the GRT Health improvement initiative by creating a specialist GRT team led by a health visitor to work across Surrey. The success of the programme was determined by the previous connections and links built with the traveller community. This therefore, highlights the importance of a long-term engagement strategy to help improve access to services for traveller community.</p> <p>The specialist GRT health team provide training to other healthcare staff so they too can work more effectively with Traveller communities. The team works closely with the existing health visiting and school nursing teams as well as partner organisations, including Surrey Heartlands maternity services to deliver more accessible services and to improve the health outcomes of the local GRT community.</p>
Doncaster	Primary Care Engagement- Creating a Practice Champion	<p>This approach, fosters a strong anti-racist environment, including a zero-tolerance policy to any anti traveller racism and attitudes that would prevent them engaging with your service. Training is provided to make front line staff aware of the issues that the GRT community face when trying to access services. To create a GRT friendly practice there are number of simple things that can be done:</p> <ul style="list-style-type: none"> <li>• Establish a practice champion</li> <li>• Help patients complete forms</li> <li>• Allocate sufficient time for appointments</li> <li>• Ensure those patients without a fixed address are able to <a href="#">register with a GP</a> by either using the surgery's address or the address shown on a UK driving licence.</li> </ul> <p>Further info on Professor Kumar's case study can be found below:</p> <p> Case study Prof Kumar 29.10.21_.doc</p>

Engagement and Building Trust		
Area	Intervention	Further detail
County Durham	Gypsy and Traveller Health Project- Building Trust	<a href="#">Building trust</a> (page 134) was not seen as a major barrier, however like all projects aiming to promote community health and change, it requires time. The main facilitators for the development of the project were the enthusiasm and support of other services working with GRT communities. Expectations of wider partners have to be managed accordingly and all projects should allow community members the time required to build confidence and trust.
Worcestershire County Council	Establishing a GRT Health Engagement Forum	<p>The <a href="#">GRT Health and Engagement Forum</a> brought representatives from a range of organisations together with members of GRT community. The aim of such forums was to deliver a two-way engagement opportunity, allowing member to have a greater say in local health services and understanding GRT health needs.</p> <p>However, gaining the trust of the community is vital in breaking down some of the barriers therefore, strong links into the community need to be created before establishing a forum to improve the health outcomes.</p> <p>It was found that the forum brought significant benefits in terms of addressing health inequalities. They also helped to increase trust between service providers and the GRT community.</p>
Data Collection		
Area	Intervention	Further detail
		Data remains a huge barrier to addressing health inequalities within GRT community. Currently, evidence of best practice remains weak and limited across the country.
Partnerships		
Area	Intervention	Further detail
County Durham	Gypsy and Traveller Health Project- Establishing GRT health and wellbeing service	<p>Investment into creating a wellbeing service targeting G&amp;T community can overcome some of the health inequalities experienced by this cohort. This model in County Durham brought together various staff members from different agencies and disciplines to share information and ensure coordination of services for the G&amp;T community.</p> <p>Overtime, G&amp;T health and wellbeing services became much more joined up with other teams in housing, education and the voluntary sector thereby providing a more seamless service between teams and agencies.</p> <p>Practitioners group formed and meets bi-monthly. This has resulted in improved networking and partnership working and in improved access to</p>

		<p>other services who use the forum to introduce their services to GRT communities</p> <p>Further information on the County Durham Gypsy and Traveller Health Project can be found <a href="#">here</a> (page 68)</p>
Health Promotion and Communication		
Area	Intervention	Further detail
County Durham	<p>Gypsy and Traveller Health Project:</p> <ol style="list-style-type: none"> <li>1. Production of culturally relevant health promotion resources</li> <li>2. Provision of cultural awareness session for health and care staff</li> </ol>	<p>Increased awareness and understanding of GRT health needs and culture among diverse staff disciplines can lead to positive changes in staff and organisation attitudes.</p> <ul style="list-style-type: none"> <li>• Health professionals need to develop a better understanding of GRT</li> <li>• health beliefs and practices in order to successfully interact with them.</li> <li>• Due to historical discrimination, including by some health services,</li> <li>• engaging with Gypsies and Travellers may require considerably more</li> <li>• time and effort.</li> </ul> <p>Reduction of health inequality and of inequality of access to health services are the main aims of these projects. Cost benefits of such projects can only be determined over a greater time period.</p> <p>Furthermore, cultural awareness training needs to be made available regularly due to high turnover of staff in health and social care.</p> <p>Further information on culturally relevant health promotion resources and training can be found <a href="#">here</a> (page 20)</p>

## Appendix 2 - Further initiatives to consider

Intervention	Description
<p><b>Standard of accommodation-</b> Building a healthy and sustainable environment for Gypsy and Traveller families</p>	<p>Several reports have highlighted that insecure accommodation is one of the major contributing factors to ill health within traveller community. The national shortage of Traveller sites, the poor environmental conditions on many of these sites and the wider discrimination and inequalities experienced by these communities contribute significantly to their poor physical and mental health outcomes.</p> <p>Gypsy and Traveller families are often invisible to services and often viewed as not entitled to many of the basic services that facilitate good health outcomes. Equally they are overlooked in planning for better community services.</p> <p>Campsites are often built near busy roadsides, leading to greater exposure to air pollution, noise and traffic. This can have a lasting impact on their health status and further exacerbate health inequalities.</p> <p>Establishing strong working relationship with G&amp;T community will ensure that sites are well serviced and managed as stated by <a href="#">Joseph Rowntree Foundation</a>. Where existing sites are well managed, and seen to be well managed, this can lead to a more positive local understanding of Gypsies and Travellers and helps the community to trust the council when it proposes new sites.</p>
<p>Establishing a local GRT Community group/s</p>	<p>Within the region current examples include <a href="#">Leeds Gate</a>, <a href="#">Lincolnshire Traveller Initiative</a> and <a href="#">York Traveller Trust</a>. Such groups have great insight, trust and links into the traveller community and can help facilitate health initiatives to address inequalities.</p>
<p>Co-producing interventions</p>	<p>Evidence indicates that G&amp;T community has significantly worse health outcomes than the general population and experience substantial health inequalities. To improve the health outcomes of the community, a range of interventions focussing on key areas in Table 1 are required. The planning and delivery of such interventions need to be supported by the community itself.</p> <p>Better engagement with G&amp;T community and reflecting their views in decision making will help build trust and start to overcome some of the barriers highlighted within the report. For example, York City Council established a <a href="#">York Gypsy and Traveller working group</a> to help address the inequalities faced by this community. Joseph Roundtree Foundation also highlighted that for any new sites, a robust and well managed consultation plan can encourage buy-in and support.</p>
<p>Perceptions</p>	<p>A <a href="#">report</a> by Joseph Rowntree Foundation found that where local authorities liaised closely with the local media, and held training events for officers and councillors, a positive context was set for debating new Gypsy and Traveller site provision.</p> <p>Furthermore, well-managed sites were not only good places to live for Gypsies and Travellers, but also improved the perception of the travelling community in the eyes of the 'settled community'.</p> <p>The report also highlighted the importance of strong political leadership by council leaders, with support from multi-agency leadership in reducing local tension.</p>

### Appendix 3 - References within the introduction and literature review sections;

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