

Wakefield District Gypsy and Traveller

Health Needs Assessment

February 2023

Leeds Gypsy and Traveller Exchange

Wakefield Council

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## Forewords

### **Ellie Rogers, Leeds GATE CEO and Kathleen Connors, Leeds GATE Board Member**

Leeds GATE are proud to have worked closely with our members across Wakefield and Wakefield Council on this health needs assessment for Gypsies and Travellers across Wakefield. This much needed document has been informed and developed with our members and highlights key issues that they face including the high costs of living on Traveller sites, the need to improve the accommodation provided on sites, the need for more sites and stopping places, the discrimination and exclusion they face in accessing education and services and the impact that these issues are having on the individual and collective mental health of our communities.

We are confident that, working together, we can make a change. Through the process of delivering this work Leeds GATE have already started new social groups, youth groups, advocacy and mental health provision for our members. We have seen commitment from our colleagues in public health to tackle the issues our communities face. We have worked together to reduce energy costs, ensure equal access to cost of living energy payments and to improve access to services and community facilities.

As we move forward we hope to continue to make an impact, delivering direct support to Gypsies and Travellers around maternal health, mental health, cost of living and homelessness. We will also work together to make changes that will impact future generations - like the provision of good quality accommodation, inclusion in education and celebrating Gypsy and Traveller culture.

We want to say a huge thank you to all of our Gypsy and Traveller members that contributed to this piece of work. For those reading this document - we hope that you foreground their voices and help us build a better future.

### **Councillor Maureen Cummings, Cabinet Member for Communities, Poverty and Health, Wakefield Council**

As Cabinet Member for Communities, Poverty and Health, I recognise the importance of supporting all residents across Wakefield district to live longer and healthier lives. The Gypsy and Traveller community are amongst the most vulnerable in our area, the inequalities they face are significant and result in poor outcomes including reduced life expectancy, poverty and racism.

I am grateful for the ongoing work of Leeds GATE who led on this report. Through speaking to Gypsies and Travellers and those who work with the community, this piece of work will help all partners to better understand the issues affecting our local Gypsy and Traveller community in Wakefield district. Its findings are stark and it is our responsibility to utilise this intelligence, raise awareness of these inequalities, and take decisive steps to address their underlying causes. Building on existing partnerships with our Gypsy and Traveller community, we will be ambitious and creative in achieving positive improvement for everyone.

### **Anna Hartley, Director of Public Health, Wakefield Council**

When I read this report the fact that stood out most starkly was that people within the Gypsy and Traveller community live on average for 10-12 years less than the general population. That's 10-12 years less to spend time with family and contribute to their community. These differences are preventable and are due to the health inequalities experienced by Gypsies and Travellers.

Listening to people's stories is really important. This health needs assessment has involved engaging with community members from our local Gypsy and Traveller population in Wakefield, as well as staff who work alongside the community, to understand the health and wellbeing issues that are having the biggest impact on their lives today. Their stories and insights have been used to inform a series of recommendations which we hope will begin to address these issues, facilitating positive change for Gypsies and Travellers across a range of areas. This work, and the action planning that will follow, demonstrate a commitment to supporting health improvement for one of our most vulnerable population groups in Wakefield.

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## Executive Summary

This report presents the findings of a Wakefield District Gypsy and Traveller Health Needs Assessment (HNA), undertaken in 2022. The work has been coordinated and produced by Leeds Gypsy and Traveller Exchange (Leeds GATE), in partnership with Wakefield Council.

Romany Gypsies and Irish Travellers, hereby referred to as Gypsies and Travellers, are legally recognised as ethnic groups, and protected from discrimination by the Race Relations Act (1976, amended 2000) and the Equalities Act (2010). Nationally, Gypsies and Travellers are known to have the worst outcomes of any ethnic group across areas including education, health, employment, criminal justice and hate crime (House of Commons Women and Equalities Committee, March 2019).

Wakefield has a known Gypsy and Traveller population, with community members living on the Heath Common Traveller Site, on privately owned yards across the district, as well as a more hidden population living in houses and transient families living roadside.

This HNA aimed to collect data to facilitate improved understanding of the health and wellbeing issues affecting the local Wakefield Gypsy and Traveller community, and to subsequently inform recommendations for change.

### Methodology

This HNA focussed on Romany Gypsies and Irish Travellers. Roma fell outside of the scope of this research.

Qualitative data was obtained through interviews with 15 community members and 8 stakeholders. This data was complemented by a literature review, the results of a small-scale Heath Common Traveller Site resident survey, findings from resident meetings and locally available information. Community members were adult male and female Romany Gypsies and Irish Travellers from a range of accommodation settings including the Heath Common Traveller Site, private yards, and housing. Roadside families were not included in this research due to project capacity. Interviews were conducted by Leeds GATE staff, and later typed up from notes and memory, a method which was considered essential to gain trust and encourage interviewees to talk freely. Every effort has been made to include quotes on an objective basis.

Stakeholders, those working with Gypsies and Travellers in a paid capacity, were interviewed by an external party contracted by Leeds GATE. These interviews were recorded and transcribed.

## **Findings**

The research found that a variety of deep rooted and interconnected issues affect the health and wellbeing of the Wakefield Gypsy and Traveller community. Within the report, findings are broadly categorised into four areas - health, accommodation, wider determinants of health, support and services. Examples of key findings within each area include:

### Health

- Mental health: 11 out of 15 community members had experience of mental ill-health. The burden of suicide within the community was highlighted as a health issue. Conversations around mental health remain uncommon amongst Gypsies and Travellers (particularly men) - this can act as a barrier for accessing support and contribute to deteriorating mental health.
- Physical health: Interviewees highlighted the reduced life expectancy experienced by Gypsies and Travellers, with suggested causes of poor health (by community members) including experiencing a hard life, loss, racism, accommodation standards and cultural pressures. Common physical health conditions identified included diabetes, musculoskeletal issues, asthma, and cardiovascular diagnoses (hypertension, heart attack and stroke). Gypsies and Travellers additionally identified cancer as a cause for concern.
- Access to health and social care: 6 out of 15 community members referenced having the support of a GP. The importance of facilitating in-person appointments was emphasised. Barriers to accessing services included literacy skills, digital literacy, language used by healthcare professionals, fear of the consequences of hospital admission and a general lack of trust in the healthcare system.

### Accommodation

In Wakefield there is one permanent Traveller site (Heath Common), which is Local Authority owned and managed. There are also 15 private sites across the district.

- Numerous issues were reported with the accommodation on Heath Common, some of the main issues included repairs/renovations/disability adaptations not being addressed, lack of

privacy, rubbish, drainage, lack of social space, bullying/disruptive behaviour and high rent/costs.

- The sheds (facilities) were described as small, cold, mouldy, and damp with difficult toilet access.
- Positive reflections included that the Heath Common site allowed families to be together, settle and for children to go to school.

#### Wider determinants of health

- Income and employment: Heath Common high living costs were causing stress for community members and left those on low income struggling to afford basic necessities. For young men, it was reported there is often an aspiration and pressure to continue to do traditional work, however it is becoming increasingly difficult to do so.
- Carers and caring: Carer status was a significant theme - parental responsibilities were common, with some community members facing the added challenge of caring for someone with additional needs.
- Children and young people, and maternal health: Amongst children, little engagement in supervised play, including nursery, was reported, which impacts on skills e.g. motor skills, concentration, speech. Nationally, an excess prevalence of miscarriages (29% compared with 16% in a matched comparison group), stillbirths, neonatal deaths and infant mortality.
- Education: Reported decline in primary school attendance since outreach support on Heath Common was reduced, with most children now achieving a maximum education level of year 4/5. A lack of home-schooling support and difficulty in finding a tutor were reported.
- Literacy: Several community members shared that they, or a relative or friend, were unable to read. This was highlighted as a potential barrier to navigating and accessing health and wider care services, engaging with health service correspondence, and independently managing finances. There was also a reported lack of digital literacy within the community.
- Racism, hate crime and domestic violence: Experiences of racism and discrimination included being followed in shops, overhearing discriminatory comments by fellow parents at school, being refused entry to a pub, being turned away from public transport and within education - discriminatory behaviour from teaching staff and bullying by other pupils. One participant referred to the negative health impact of domestic violence, but suggested things were improving due to increased availability of support. Leeds GATE feel it is likely that domestic violence was an underreported issue in these interviews.

### Support and services

- What is good: Strong family support networks. Traveller festivals e.g. Lee Gap.
- Historical services: Gypsy, Roma, Traveller Attendance Officer and Health Improvement Practitioner roles, member of staff from education. A range of group classes, for both adults and children.
- What is important: Social groups on Heath Common Traveller Site. Advocacy support and reading letters viewed as vital.
- How: Outreach, trust building, continuity, gendered spaces, cultural activities, visibility and partnership working.

### **Recommendations**

Recommendations were produced by the authors of this report, based on the research findings. The headline recommendations for this HNA include:

1. Senior leadership of the health needs assessment recommendations.
2. Improvements to the living conditions on the Heath Common Traveller Site.
3. Improve access to services for children and young people, and maternity services.
4. Educational opportunities for 0-19 to be increased for Gypsies and Travellers.
5. Address hate crime and discrimination and increase opportunities for the celebration of Gypsy and Traveller culture.
6. Improve the capacity across all systems (e.g. health and social care, police, housing etc.) to respond to the health and wellbeing needs of Gypsies and Travellers.
7. Improve mental health and wellbeing outcomes for Gypsies and Travellers.
8. Support Gypsies and Travellers facing structural housing barriers and high cost of living.
9. Engagement and support for roadside families.
10. Carer support.

## Quotes

A selection of community member quotes to be presented alongside pictures in the final version of the HNA document.

### **Mental health**

*"Every family I know has experienced a loss to suicide, I think it's because there is too much pressure"  
"Can feel ashamed to talk about depression and what is troubling us. Hold a lot in which effects body and mind"*

### **Physical health**

*"Diabetes seems more common than in normal societies. Other things like heart problems too. I know people in my community have had heart attacks and they are only young. As awful as it sounds our lifespan is worse. For the average person they might live to say 70 but for Travellers it will be 50-60 if you are lucky. It is a sad thing, an awful truth."*

### **Access to health and social care**

*"More understanding from services about our way of life. I can't always get an appointment at the GP but this is everywhere. Need to be seen in person as you can hide more on the phone. Travellers find it hard already to talk to people so this makes it harder."*

### **Accommodation**

*"The sheds make me feel down. I won't take my daughter in there for a bath as I worry about the damp. Have to fill the baby bath and carry it back to my static."*

### **Income and employment**

*"Missed opportunities in life and not having chance to get jobs, like never see Travellers with jobs like a GP, police etc."*

### **Carers and caring**

*"A lot of Travellers are carers which puts more stress on you. We want to look after our family as much as possible."*

### **Education and literacy**

*"I can read so it isn't difficult for me to use services. I can go online and do all of that. If it was my mother-in-law though she would find it very hard. She can't read or write and she wouldn't get her prescriptions."*

### **Racism, hate crime and domestic violence**

*"Racism is something that I have had all my life, I try to put a different voice on to hide that I am a Gypsy."*

*"Domestic Violence used to be worse but I think it's better now as there is more help. It is hard for Travellers though as it can be seen as a bad thing to leave a husband. More support to show you can get through it would be good."*

### **Support and services**

*"There are lots of activities that would be good on site as many Travellers feel scared to mix with others so don't do anything other than stay home with children."*

## Section One: Introduction

### 1.1 Why a Gypsy and Traveller health needs assessment for Wakefield?

#### *a. Wakefield has a significant Gypsy and Traveller population*

Wakefield has a known Gypsy and Traveller population living on the Heath Common site, on privately owned yards across the district, as well as a more hidden population living in houses and transient families living roadside.

#### Our Gypsy and Traveller population in Wakefield District

Table 4.1a Households identifying as Gypsy Traveller by accommodation type			
Total: Accommodation type	House or bungalow	A flat, maisonette or apartment	A caravan or other mobile or temporary structure
93	43	8	42

Source: 2011 Census

Table 4.1b People from households identifying as WGoIT by accommodation type			
Total: Accommodation type	House or bungalow	A flat, maisonette or apartment	A caravan or other mobile or temporary structure
273	121	10	142

Source: 2011 Census

2011 Census cited in: Wakefield and District Gypsy and Traveller Accommodation and Travelling Showperson Accommodation Assessment Update 2018

The 2021 Census reports a very marginal increase in the Gypsy and Traveller population to 280 people (Office for National Statistics, 2022).

Census data is likely to provide a significant under-reporting, this is explored in section 3.5.

#### *b. Research shows that Gypsies and Travellers experience very poor health outcomes*

Nationally, Gypsies and Travellers are known to have the worst outcomes of any ethnicity across a range of areas including health (House of Commons Women and Equalities Committee, March 2019). Research has found that:

- Gypsy and Traveller people have life expectancies of between 10 and 12 years shorter than the general population (Traveller Movement, 2012)

- The average health of 60-year-olds from Gypsy or Irish Traveller communities are similar to that of an average white British 80-year-old (Sutton et al., 2001)
- 42% of Gypsy and Traveller people are affected by a long-term condition, as opposed to 18% of the general population (Royal College of General Practitioners, 2013)
- Gypsy and Traveller people are more likely to experience chest pain, arthritis and respiratory problems (Friends, Families and Travellers, 2020a)
- Gypsies and Travellers experience multiple bereavements by suicide (on average 2-5 family members per person) (Greenfields and Rogers, 2020)
- A 2017 report found that 91% of Gypsy, Roma and Traveller people surveyed had experienced discrimination and 77% had been victims of hate speech or a hate crime (Traveller Movement, 2017)

*c. A health needs assessment is a recognised method for informing planning*

It is an opportunity to draw together a range of evidence and undertake primary data collection on the needs of a particular population. A health needs assessment captures the wider factors that impact on health and wellbeing including any inequalities experienced by the population. The resulting report should be a tool utilised by partners across the system for commissioning, planning and delivery. The last and only Gypsy and Traveller health needs assessment for Wakefield District was published in 2009.

*d. And finally, the opportunity presented itself!*

Leeds Gypsy and Traveller Exchange (Leeds GATE; the third sector organisation to Gypsies and Travellers in West Yorkshire) secured grant funding for advocacy across Bradford and Wakefield from West Yorkshire and Harrogate Health and Care Partnership (as it was known then), Health Inequalities Fund. Leeds GATE specified in the bid that: "we will work with the local teams leading on the Joint Strategic Needs Assessment and Health and Wellbeing Plans in the local areas to discuss their current health needs assessments for these communities and how this project could contribute to a more comprehensive body of work. It may be that this is decided on as the most impactful and sustainable monitoring output from the project (rather than that identified above)". Both Local Authorities were given the option of a project evaluation or a health needs assessment – both chose the latter option.

It was envisaged that this health needs assessment would be a short, high level, snapshot of needs but it evolved into a richer and more ambitious piece of work.

## **1.2 Who should read this report?**

On reading, you will see that a whole raft of deep rooted and interrelated issues impact on the lives of Gypsies and Travellers and to devastating effect. Those issues include accommodation, racism and hate crime, education, employment and poverty, to name a few, and result in Gypsies and Travellers having the worst health outcomes of any ethnic group (House of Commons Women and Equalities Committee, March 2019) and a suicide rate six times higher than the general population (All Ireland Traveller Health Study, 2010).

With this in mind, it is difficult to imagine anyone in any department, sector or organisation not having an impactful role to play. This research is relevant for everyone, in both their professional and personal lives.

We heard many times during the course of this research that Gypsy and Traveller racism is ‘the last acceptable form of racism’. We want Wakefield to be a district where no form of racism is acceptable – this research, and the relationships and understanding that we have built in the process, are a springboard to making that a reality.

## **1.3 Guide to the report**

This is a comprehensive report of findings from community research undertaken in 2022 and is to be accompanied by shorter and focused presentations and briefings.

Some sections are prefaced with background learning on the lives of Gypsies and Travellers, intended to educate and underpin the research findings for those less familiar with Gypsy and Traveller culture. Where further recommended resources are available for a specific area they are included in the relevant section.

Out of respect to our Gypsy and Traveller residents, many of whom cannot read or write, we have used what we consider to be as close to plain English as possible for a report of this type. We are sure you will forgive our lack of jargon and acronyms.

This health needs assessment focuses on Romany Gypsies and Irish Travellers. Roma falls outside of the scope of this research. Throughout this document and elsewhere, Romany Gypsies and Irish Travellers are referred to as Gypsies and Travellers, using capitalisation. This is because Gypsies and Travellers are an ethnic minority, and it should be noted that any work with and for Gypsies and Travellers should follow this rule.

Romany Gypsies and Irish Travellers are legally recognised as ethnic groups, and protected from discrimination by the Race Relations Act (1976, amended 2000) and the Equalities Act (2010).

Sometimes policy makers, campaigners and occasionally social groups will refer to the Gypsy, Roma, Traveller, Boater, Show people or Bargee communities and New Travellers.

Understanding the history of Gypsies and Travellers is an important foundation from which to take action and a show of respect towards the people you are working with.

Leeds GATE recommends watching [Roads from the Past](#) (Travellers Times, 2019)

You can also refer to the Gypsy, Roma and Traveller people through the history section of the [Friends, Families and Travellers Gypsy, Roma, Traveller History Month brochure](#). (Friends, Families & Travellers, 2022a)



Quotes are included throughout. Those quotes are from individuals who are Gypsies and Travellers and wider stakeholders (those working with Gypsies and Travellers in a paid capacity). Gypsies and Travellers were interviewed using a topic guide (semi-structured and unstructured interviews) by staff members at Leeds GATE, with transcripts typed up from notes and memory following the interview. This approach was essential in gaining trust and getting the interviewee to talk freely, thereby improving the amount of data collected. Every effort has been made to include quotes on an objective basis. Stakeholders were interviewed by an external party with the appropriate skills contracted by Leeds GATE. These interviews were recorded and transcribed.

It is recognised that this is a small sample, however, the benefits are the in-depth discussions and resulting richness of data that the interviews allowed over a larger scale survey.

Information from a small-scale Heath Common Traveller Site resident survey and residents' meetings, as well as locally available information, complement the interview findings.

## **2.2 Participant demographics**

Adult male and female Romany Gypsies and Irish Travellers were interviewed. They represented residents from different accommodation types, specifically – permanent site (Heath Common Traveller Site), private yards and bricks and mortar housing.

## Section Three: Additional background information

### 3.1 Wakefield Council provision that relates to Gypsies and Travellers

Wakefield Council owns and runs a 38 pitch Traveller site (Heath Common) for which residents pay rent, council tax and utilities. A site warden is present on-site during office hours.

A small team manages roadside encampments which includes welfare assessments, evictions and visitors to the transit site.

Wakefield Council Communities Team commission a freelance Community Engagement and Health Worker. This role has a limited number of hours and delivers support for women Gypsies and Travellers as part of the welfare assessments for roadside encampments, and supports community engagement with settled, site and roadside Gypsies and Travellers, for example by supporting with health outreach, incident management and community meetings as required. This staff member has many years of experience working with the Gypsy and Traveller community and holds extensive community knowledge, as well as working alongside other staff as part of a multidisciplinary team (MDT).

There is a Health Visitor (0-19 Service) for families living on the Heath Common site, who also has many years of experience working with the community on Heath Common, at roadside and in settled accommodation. The Health Visitor is also a key part of the MDT and has excellent knowledge and relationships with the community.

Approximately 10 years ago provision was lost when the Health Improvement Practitioner employed by Public Health (then NHS Wakefield District) was discontinued. The engagement work we conducted as part of this health needs assessment indicates the loss of targeted provision is keenly felt.

### 3.2 Leeds GATE

Leeds Gypsy & Traveller Exchange, known more commonly as Leeds GATE, is a vibrant and brave grassroots organisation led by Gypsy and Traveller people in partnership with others in and across West Yorkshire.

Leeds GATE is a highly professional and progressive organisation with a strong track record of successful delivery. One of the factors in their success is their values driven approach. Leeds GATE:

- is welcoming
- belongs to Gypsies and Travellers

- is honest and open
- doesn't make promises that can't be kept
- helps people to help themselves

Aside from Leeds, Wakefield currently has the most substantial level of Gypsy and Traveller support/engagement provided by Leeds GATE or any other party. This has been an early success of the work as findings were able to be used immediately to apply for funding. The formation of this service in Wakefield was funded by two local grant funders, and a further three years part-funding has been awarded by Wakefield District Health and Care Partnership, with further fundraising required to secure the full amount needed.

In Wakefield, Leeds GATE provides:

- Gypsy and Traveller health related strategic and operational support.
- Advocacy on the Heath Common site, with capacity for expansion to roadside families and those residing on the transit site, in houses and on yards.
- Youth work to engage young people in social groups and educational opportunities.
- Community health development.
- Heath Common Traveller Site Warm Space.
- IDVA level domestic violence and abuse support.
- Suicide prevention one to one support, educational sessions and peer support.

This work is delivered in partnership using asset-based approaches by staff and volunteers who identify as a Gypsy or Traveller, or non-Travellers who are Wakefield residents and working for Leeds GATE.

### 3.3 Local strategy

The Wakefield District Health and Wellbeing Strategy 2022 – 2025 (Wakefield District Health and Care Partnership, 2022) sets out four interconnected priorities. The priorities are based on the Marmot Review ‘Fair Society, Healthy Lives’ (2010), which identified six key policy objectives that require action in order to reduce health inequalities. The Health and Wellbeing Strategy provides “a high-level vision and direction for health improvement for the Wakefield district” (Wakefield District Health and Care Partnership, 2022, p.6).



The recommendations developed as part of this health needs assessment touch on all four priority areas. Taking action to improve the health of our local Gypsy and

Traveller population will reduce existing health inequalities and contribute to health improvement within Wakefield district.

### **3.4 National strategy**

OHID (Office for Health Improvement and Disparities) Inclusion Health Team (p6, 2022) reported that: *“Inclusion health groups: Gypsy, Roma and Traveller communities are also considered to be inclusion health groups. Inclusion health is a ‘catch-all’ term used to describe people who are socially excluded. People in inclusion health groups typically experience multiple overlapping risk factors for poor health such as poverty, violence and complex trauma, experience stigma and discrimination, and are not consistently accounted for in electronic records such as healthcare databases. People belonging to inclusion health groups frequently suffer from multiple health issues and have extremely poor health outcomes, often much worse than the general population.*

Inclusion health groups, including Gypsy, Roma and Traveller people, are identified as a priority within the PLUS element of the NHS CORE20PLUS5 framework approach to reducing healthcare inequalities.”

### **3.5 National data challenges**

OHID Inclusion Health Team (pp 32-33, 2022) reported that:

There are a number of reasons why Gypsies and Travellers don’t show up in data sets which needs acknowledgement.

- Census – Some Gypsies and Travellers are unwilling and unable to participate due to lack of understanding, lack of trust and low literacy.
- Ethnicity classifications for Gypsy and Traveller groups are not included in the NHS data dictionary and do not appear in NHS hospital data sets which are based on the 2001 census categories.
- Small numbers - It is often difficult to conclude at any one point in time whether a disparity is significant for Gypsy and Traveller groups, as the populations are small in comparison to other ethnic groups.

The Women and Equalities Committee (2019) also reported:

- The Race Disparity Audit found that, among the 130 datasets that were audited in October 2017, only 27 included classifications for Gypsy, Roma and Traveller people and the majority of these (21 datasets) were in education.

- Unwillingness to reveal ethnicity – Gypsy and Traveller people may be reluctant to self-identify, even where the option is available to them, as they may mistrust the intent behind data collection and fear it will lead to discrimination.

In addition, Leeds GATE reflect that:

- Coroner Reports – Suicide rates are known to be high among Gypsies and Travellers, but this isn't reflected in suicide audits as ethnicity is mostly inaccurately recorded as White British or White Irish.

These are national issues with local resonance which were taken into account when designing our methodology for this research.

## Section Four: Health

### 4.1 Mental health

#### Research

Mental ill health and suicide are known to be major issues for Gypsies and Travellers by the community and those who support them. Though this isn't reflected in strategies and research, often owing to the paucity of data.

Of the scarce references reflecting this lived experience, headlines include:

- Gypsy and Traveller people are nearly three times more likely to be anxious than others, and just over twice as likely to be depressed (Friends, Families & Travellers, 2022b).
- Gypsy and Traveller communities experience disproportionately high rates of death by suicide (The Traveller Movement, 2019); data from Ireland indicates that Irish Traveller people are 6 times more likely to die by suicide than the general population, and suicide is thought to be the cause of 11% of all deaths (The Traveller Movement, 2019).

In spite of the high rates of death by suicide among Gypsies and Travellers, Friends, Families and Travellers (FFT) researched 79 Local Authority suicide prevention plans and found that only 5/79 mentioned Gypsy and Traveller communities, and only 2/79 listed any action to address the high suicide rates in their local Gypsy and Traveller communities (Friends, Families & Travellers, 2022b).

#### Wakefield findings – community interviews

Mental health featured heavily as an issue for participants. Of the 15 participants interviewed, 11 individuals had experience of mental ill-health, either personally or through a close family member or friend. Depression, anxiety and 'bad nerves' were most frequently referenced, however serious mental illness diagnoses were also reported. The commonality of poor mental health within the Gypsy and Traveller community was repeatedly referred to. With regards to seeking help, responses were mixed. Several participants had successfully accessed support for their mental health and were receiving interventions such as medication and talking therapy, however a number of individuals had not, leading, in some cases, to social isolation. Reported triggers for deteriorating mental health included suffering from loss, compounded by being unable to speak about it, the carer strain of looking after others with poor mental health, and experiencing racism. One participant referred to concerns within the community about the potential impact of the Police Act (2022) on health and wellbeing.

The burden of suicide within the Gypsy and Traveller community was highlighted as a health issue by participants. There was a suggestion that suicide rates were increasing amongst young women in the community. The pressure of social media, bullying and the community expectation of a woman's role were all thought to contribute to this.

*"Every family I know has experienced a loss to suicide, I think it's because there is too much pressure" – interviewee*

Despite the acknowledged burden of poor mental health, it was reported that conversations around mental health remain uncommon among Gypsies and Travellers, particularly when compared to the settled community. This can act as a barrier for accessing support and contribute to deteriorating mental health.

*"Can feel ashamed to talk about depression and what is troubling us. Hold a lot in which effects body and mind" – interviewee*

A lack of conversation around mental health awareness was specifically mentioned as being an issue for men, often due to cultural expectations.

*"Mental health is a big thing, it is one of those things men can't speak about especially Travelling men. They have a role to play. Men are Traditional and if they talked about their mental health, they would get some stick. They play a vital role in the community" – interviewee*

### **Wakefield findings – stakeholder interviews**

Stakeholders also highlighted the commonality of poor mental health within the Gypsy and Traveller community in Wakefield, reflecting national research and community responses as an issue impacting many in the community.

*"I've said like 80 to 90% of the members that I work with struggle with mental health and depression, anxiety. It seems to be getting worse you know" – interviewee*

Stakeholders identified mental health issues such as stress-related problems, anxiety, social isolation, and drug/alcohol dependence as affecting the community. There was felt to be a lack of education around how to deal with mental health issues within the Gypsy and Traveller community. Men were identified as being at particular risk of poor mental health due to cultural expectations (including doing a trade job), finding it difficult to talk about their feelings and to access help. One stakeholder highlighted the subsequent impact this has on male Gypsy and Traveller suicide rates, reportedly six times higher than the national average.

Several stakeholders emphasised the lack of confidence community members have in admitting they are having mental health issues or in accessing formal support. Staff known to the community try to support individuals around their mental health as far as possible, but aren't always equipped with the necessary qualifications, and so will encourage community members to access health services. For those who do access help, it was reported by one stakeholder that the talking therapies provided by services are limited.

## 4.2 Physical health

### Research

Gypsy and Traveller people experience some of the poorest health outcomes in society, with researchers stating that contributory factors include deprivation, social exclusion and discrimination, and have the lowest life expectancy of any ethnic group in the UK (OHID Inclusion Health Team, 2022). Through our health needs assessment Gypsies and Travellers used the terms 'hard life' and racism, and identified additional factors – experiencing bereavement, poor standards of accommodation and cultural pressures as being causes of poor health.

A health needs assessment of Gypsy and Traveller groups in Leeds in 2019 stated that their average life expectancy is 50 years, compared to 78 years for the general Leeds population (Bailey, 2019).

There is a lack of up to date and accurate data on the health status of Gypsy, Roma, Traveller (GRT) groups. Gypsies and Travellers in the UK are not routinely monitored by health authorities but there are three notable studies.

Bailey (2019), highlighted the findings of each study in 2021, reporting that:

1. A large-scale epidemiological study of Gypsies and Travellers (variously described as Gypsies, Travellers, Romanies or the Roma people) by the University of Sheffield in 2004 used standard health measures, supplemented by in-depth interviews to explore health experiences, beliefs and attitudes. A survey of Primary Care Trusts and Strategic Health Authorities in England also addressed health planning and provision for this ethnic minority. It engaged 293 Gypsies and Travellers across five locations, with 260 of the participants matched for age and sex with a comparator living in one of five locations, from diverse ethnic groups, from urban and rural environments and from socioeconomically deprived areas. The Sheffield study remains the most robust research currently available. In terms of general health outcomes, the Sheffield report found that:
  - 38% of the sample had a long-term illness, compared with 26% of comparators.

- Significantly more Gypsies and Travellers reported having arthritis, asthma, or chest pain/discomfort than in the comparison group.
  - Gypsies and Travellers were over three times more likely to have a chronic cough or bronchitis, even after smoking status had been taken into account.
  - Mobility problems were reported by 25% of Gypsies and Travellers and 15% of the comparison group.
  - For Gypsies and Travellers, living in a house was also associated with long-term illness, poorer health state and anxiety. Those who rarely travelled had the poorest health. This was considered to relate to Gypsy and Traveller people moving into settled accommodation as a result of developing health problems, but was also evident in younger Gypsy and Traveller people.
  - Reported health problems were between twice and five times more prevalent for Gypsies and Travellers.
2. Later, in 2014, work by Aspinall from the University of Kent found health status was still being compromised in a number of other areas:
- Poor birth outcomes and maternal health. There is an excess prevalence of miscarriages (29% compared with 16% in a matched comparison group), stillbirths, neonatal deaths, and infant mortality.
  - Low child immunisation rates and commensurate elevated rates of measles, whooping cough, and other infections in comparison to the general population.
  - Low level use of services particularly by men e.g. use of primary care, national screening programmes, sexual health, and dental services.
3. The report of the Confidential Enquiry into Maternal Deaths in the UK, 1997-99, found that Travellers have 'possibly the highest maternal death rate among all ethnic groups' (Bailey, 2019). Although it could be expected that with passage of time, the situation may have improved, anecdotal evidence suggests otherwise and that stark inequalities continue to affect this community (Bailey, 2019).

## Wakefield findings – community and stakeholder interviews

*“Diabetes seems more common than in normal societies. Other things like heart problems too. I know people in my community have had heart attacks and they are only young. As awful as it sounds our lifespan is worse. For the average person they might live to say 70 but for Travellers it will be 50-60 if you are lucky. It is a sad thing, an awful truth.” – interviewee*

Participants of our health needs assessment referenced the reduced life expectancy experienced by Gypsies and Travellers, with one stakeholder reflecting that they rarely saw older Gypsies and Travellers living on the Heath Common site.

Gypsies and Travellers and stakeholders identified diabetes, arthritis (often with accompanying mobility issues), asthma and cardiovascular diagnoses (heart disease, heart attacks, hypertension and stroke) as physical health issues affecting the community. Gypsies and Travellers additionally identified cancer as a major cause for concern. One community member described a general fear of ill health, leading to avoidance of social situations.

It was reported that there was an apprehension to engage in conversations around certain health topics, with community members suggesting issues such as menopause and miscarriage were largely avoided.

One stakeholder reported that generally, men’s health issues tend to be missed; *“I think the men's health just gets missed because the women say, we're not, we don't need to talk about the men” – interviewee.*

Some stakeholders identified that a poor diet was common amongst some Gypsies and Travellers. One stakeholder reported that residents on the Heath Common site are reluctant to prepare food due to the poor standard of the sheds on site.

Some stakeholders also described limited engagement in exercise. For community members who spend much of their time cleaning, whilst this was recognised as being physically active, it was not felt to offer aerobic exercise.

Leeds GATE is aware that men and boys engage in football and boxing, whilst girls favour dancing. Some exercise opportunities are offered and attended by young people as part of the youth offer at the Heath Common site office. There are some positive experiences with mainstream exercise that would warrant further exploration.

### 4.3 Covid

#### Wakefield findings – community interviews

Covid was felt to have negatively impacted the Gypsy and Traveller community. Covid stopped outreach and groups on the Heath Common site, residents kept their distance and participants reported still feeling nervous about socialising and fearful of going out.

One participant emphasised the negative effect that Covid had had on the lives of young children, increasing their experience of isolation.

*"Under threes have been stuck in because of Covid. They haven't been mixing much with anyone and even less outside their own communities now. We are away from society anyway so Covid has made it worse. We need things that bring people together." – interviewee*

#### Wakefield Findings – Stakeholder Interviews

Stakeholders highlighted that Covid and its associated lockdowns had negatively impacted the mental health of community members living on Heath Common. The site went into a self-orchestrated lockdown, meaning residents were unable to see family members who would normally travel to visit.

### 4.4 Access to health and social care services

#### Wakefield findings – community interviews

When asked about the accessibility of health and social care services, six participants referenced having the support of a General Practitioner (GP), and there were no reports of individuals being unable to register at a GP practice. For one participant the support of Leeds GATE was critical in facilitating GP access. Another participant praised the support they had received from Maybush Surgery (this is the GP surgery that serves Heath Common), reflecting positively on the service provided and the attitudes of staff. There were several reports that accessing a GP appointment can be difficult, particularly for those who are travelling, however it was repeatedly acknowledged that this is currently difficult for everyone. The importance of facilitating in-person appointments was repeatedly mentioned, with several participants expressing this as a cultural requirement, due to the difficulties some Gypsies and Travellers experience in seeking help and sharing health concerns.

*"More understanding from services about our way of life. I can't always get an appointment at the GP but this is everywhere. Need to be seen in person as you can hide more on the phone. Travellers find it hard already to talk to people so this makes it harder." – interviewee*

Reported barriers to accessing health services included literacy skills, digital literacy, the language used by healthcare professionals, fear of the consequences of hospital admission and a general lack of trust in the healthcare system.

*"It is hard to get an appointment at the doctors but I know this is hard for everyone. I can't book anything online either so would always have to ring if I needed something."* – **interviewee**

*"You are often not welcome at the GP anyway even with proof. Not many will go into hospital, they don't agree with it, they think they won't come out again and they won't go in anyway because hospitals are dirty. You'd normally go to your grandma to treat you."* – **interviewee**

One participant expressed vaccine hesitancy after experiencing significant side effects following their Covid vaccination, a view also held by their family members. Another participant suggested that women within the community were apprehensive about giving their child the MMR (measles, mumps and rubella) vaccination, due to fears of autism.

The health visitor outreach on Heath Common was acknowledged but described as infrequent by one participant. It was suggested that further outreach for more general health support, particularly mental health, would be beneficial.

Numerous community members reported difficulties in accessing a dentist and reflected on the high cost of this service.

*"Problems with accessing dentists. Can't get in, private too expensive. If you then have to get teeth seen will be by emergency appointment mainly and they have a go at you for not being registered so might not let you get an appointment."* – **interviewee**

With regards to social care, one participant had successfully accessed this support, although it had been challenging to do so initially due to reported reluctance from carers to enter Heath Common.

### **Wakefield findings – stakeholder interviews**

Reflections by stakeholders on the relationship between the Wakefield Gypsy and Traveller community and primary care were mixed. Longstanding issues regarding primary care access for Gypsies and Travellers in Wakefield were reported. One stakeholder reflected that whilst accessing a GP appointment is currently difficult for everyone, the lack of available face-to-face appointments is particularly difficult for Gypsies and Travellers. They argued that marginalised groups with poorer health outcomes should be prioritised to be seen face-to-face rather than over the phone, and that

often the support of an advocate is needed to facilitate this. Male members of the Gypsy and Traveller community were identified as being particularly reluctant to access health services.

To facilitate healthcare access, the importance of continuity and establishing trusting relationships with empathetic individuals who can generate conversation with community members were emphasised. One stakeholder suggested that community members tend to access health services via acute care, due to the barriers faced accessing regular services, such as a lack of GP registration. The diabetic eye screening service was felt to have good uptake amongst the local Gypsy and Traveller community, due to offering appointment flexibility and having a positive reputation on Heath Common. It was suggested that there is potentially a high level of undiagnosed diabetes within the community, perhaps due to a lack of primary care access and therefore diagnostic testing. Through not accessing services, members of the Gypsy and Traveller population were also felt to miss out on education to facilitate independent management of a chronic condition such as type 2 diabetes.

Where 'Did Not Attend' rates are high, one stakeholder highlighted the importance of outreach and appointment reminders to facilitate healthcare access. Another stakeholder reflected that missing an appointment could lead to fines or refusal of further appointments. The primary care delivery of the Covid vaccination programme was supported by outreach. According to one stakeholder, initially there was resistance to vaccination within the Gypsy and Traveller community. This was addressed through prioritising education and communication between healthcare professionals and community leaders, which led to improved vaccine uptake. Whilst outreach offers the benefit of improving healthcare access, it is associated with a lack of privacy. This may become problematic particularly where services are not trusted by the community or where individuals do not want other community members to know which services they have engaged with.

Social media was noted by stakeholders to be influential regarding health seeking behaviours, particularly its potential to negatively affect vaccination rates. Whilst this appeared to be initially overcome through the outreach model employed for the Covid vaccination programme, any adverse reactions experienced by community members would reinstate their apprehension.

## Section Five: Accommodation

### 5.1 Homes and accommodation provision

#### Background

Under Planning Policy for Traveller Sites (PPTS) 2015, Local Authorities have a responsibility to identify a five-year supply of accommodation (i.e. sites) for Gypsies and Travellers, these must be specific and deliverable. In order to do this, they must conduct a Gypsy Traveller Accommodation Needs Assessment and plan provision based on the findings. They must then identify the land and allocate it for Gypsy Traveller use under the local development plan. The planning inspector interrogates a local development plan and asks for evidence that this had happened.

The chronic national shortage of Gypsy and Traveller sites is widely recognised (Cromarty et al, 2019). Gypsies and Travellers are more likely to experience housing deprivation than any other ethnic group (Friends, Families and Travellers, 2022c) due to structural causes.

A clear and detailed briefing of the legislative requirements for Local Authorities can be found on Pp43-57 of the Gypsy and Traveller accommodation assessment for Wakefield. Find it here: [2018 GTAA Update \(wakefield.gov.uk\)](#)

#### Profile Wakefield District accommodation:

1 Permanent Heath Common Traveller Site

12 Transit pitches for two vehicles and a caravan

15 Private yards

51 Gypsy and Traveller households living in houses / bungalows (approximate number)

0 Negotiated Stopping policy

6 Roadside encampments per month on average\*

\*Enforcement figures between Mid-March/April 2014 and Mid-Sept/Oct 2018

Bullock (Pp38-39, 2018) Find it here: [2018 GTAA Update \(wakefield.gov.uk\)](#)

The following information was helpfully provided by Wakefield Council Planning and Transportation Department:

There are 15 private sites and one Local Authority site. There is a total of 75 pitches - 37 on private sites and 38 on the Local Authority site, Heath Common Traveller Site.

There is the potential to increase the number of pitches available on private sites by 23. A new Council site is proposed at Heath for 23 new permanent pitches, as well as a proposal to convert 3 of

the permanent pitches at the existing Heath site to provide 6 pitches to be used for short-term temporary accommodation.

There is a projected shortfall of 12 pitches by the year 2035/36.

## **5.2 Traveller sites**

### **Background**

Throughout the country there are Traveller sites offering permanent pitches to renters. Sites can be provided by Local Authorities, private landlords and housing associations. Wakefield has one site, the Heath Common site, which is Local Authority owned and managed.

Local Authority Traveller sites, including Heath Common, typically provide a plot (also known as a slab) which is a designated area of concrete on which one or more caravans or chalets can be situated. Due to resident opposition and frequently overt racism, sites are often located in undesirable areas and segregated from settled communities.

Writer and journalist, Katharine Quarmby, researched the areas in which permanent Traveller sites were located and their proximity to unhealthy, undesirable and unsafe facilities.

“Of the 242 authorised sites that were mapped, 36% were within 50 metres of one or more: A road, motorway, railway line, refuse/recycling, sewage or an industrial estate, canal or river; more than half (51%) were within 100 metres (less than the length of Wembley football pitch), 72% within 300 metres and 79% within 500 metres.” Quarmby, 2021.

The full article covering this research can be found here:

[‘Systemic Racism within a Rigged System’: New Investigation Reveals how Travellers Sites are Routinely Placed in Risky Locations – Byline Times](#)

### **Heath Common Traveller Site**

#### **Background**

Heath Common Traveller Site has been in existence since 1970. Electricity pylons run through the site, which is near busy roads. Housing has recently been built closer to the site so there is a greater residential feel than previously. Though local resident reception of the site remains hostile and is heightened again at reports of Council talks about a neighbouring site.

Guo et al (2022) at the University of Sheffield produced a report: 'Environmental Hazards and Amenity Accessibility of West Yorkshire's Designated Gypsy Roma & Traveller (GRT) Sites', in which they noted that Heath Common Traveller Site is:

Within 2-3km

- 5 supermarkets
- Pharmacy
- GP practice
- 3 schools

Within 1km

- Park and green space
- Almost all of the site is within area coverage of high flood risk.
- Bus stops
- Challenging pedestrian access entering and exiting the site, particularly dangerous for children.

Since the completion of this research, plans to introduce a large scale battery energy storage system (BESS) in close proximity to Heath Common were announced. A planning application was submitted whilst this report was being written.

Amenity accessibility of the site is extremely poor. Local infrastructure is inadequate due to distance (schools, GP practices and shops are located a minimum of 2km away in relation to the site's service area) and the challenge in reaching such places safely on foot. This can encourage dropping out of school and poor attendance, and increased occurrence of health issues. An adjacent site would increase the need for better amenity access.

The Heath Common site does have the benefit of an adequately sized site office with a small community / meeting room, a kitchen, disabled bathroom, bathroom with washing facilities and grounds that offer potential for use by the community, though at present they are run down and in need of cosmetic update. Nevertheless, the facilities on offer at the site office are not commonly found on Traveller sites and we know they have been used by travelling families requiring extra facilities during times of need (normally serious / terminal illness) and the meeting room has made provision for coffee mornings and craft groups possible in the past.

A community space on a site has the potential to be a significant asset in improving health outcomes as it can facilitate outreach services, private appointments and community activities.

## **Issues reported on Health Common Traveller Site by residents via community and stakeholder interviews**

- Repairs and renovations not addressed.
- Disability adaptations not done / difficult with current facilities.
- Lack of privacy.
- Rubbish.
- Drainage.
- Lack of social space and separate space for men and women.
- Lack of proximity to the local school.
- Taxis avoid entering the site.
- High rents.
- Bullying and disruptive behaviour.
- Groups visiting, drinking, drug taking and aggressive behaviour.
- Fear of reporting due to repercussions.

Wakefield Council manages Heath Common, and while the Corporate Landlord directorate set energy costs and receive the rental income on behalf of the Council, day to day running and maintenance is managed by Licencing and Enforcement Services (linked to the management of roadside encampments). The Corporate Landlord directorate have very limited community engagement which presents some challenges as five of the above 12 points relate to their area of responsibility. For example, it is not clear how the rental income is linked to site and environmental maintenance, and the role of the Council as a landlord to a vulnerable group of tenants is unclear to stakeholders and community members.

Traveller sites are regulated by the Caravan Sites Act 1968 which is the legislation that sets out responsibilities of Local Authorities in relation to the provision of Gypsy and Traveller sites. This legislation is old and light in comparison to the regulatory frameworks and legislation that supports other social housing tenants. It offers few protections to residents and doesn't specify minimum standards. Residents are provided with license agreements as opposed to tenancy agreements.

### **Wakefield findings – community interviews**

Numerous participants reported that accommodation faults were not addressed, and repairs were often delayed. This included the caravan disability adaptations requested by one resident, who expressed safety concerns about the limited disabled access of their accommodation.

More generally, concerns raised about Heath Common included a lack of privacy, disruptive behaviour, drug use and bullying. In addition, a need for better site management, including the management of waste, was highlighted. The pavements and roads were reported as requiring repairs. One participant described a lack of social communal space, however the cultural importance of providing separate spaces for men and women was also emphasised. Another participant reflected that it would be helpful if Heath Common was located closer to a school, particularly as taxis avoid entering the site. Overall, rental rates were thought to be high. The volume of vehicles on Heath Common was also described as dangerous, particularly for children.

**Positive reflections about Heath Common** included that the site allowed families to be together, settle and for children to go to school.

Numerous participants spoke about the way in which improvements to the accommodation and facilities provided on Heath Common would positively influence their health and wellbeing.

*"A small seating area for people to sit on at the top of the road when waiting for taxis, maybe with a shelter for when raining." – interviewee*

#### **Wakefield findings – stakeholder interviews**

One stakeholder reported that living on Heath Common is seen as a poverty trap due to the high costs associated with site living. They reported that housing costs (plot rental, static costs) can reach up to £900 a month on Heath Common, with additional high water bills and rising energy costs. With benefit payments only covering so much, residents are struggling to afford the shortfall.

It was also reported that despite speed bumps being in place on Heath Common, traffic still moves quickly.

One stakeholder reported that community members are reluctant to report details of challenges on site. They reflected that previously the presence of a Police Community Support Officer (PCSO) enabled better communication between the police and residents on Heath Common, but according to Leeds GATE advocacy staff there no longer appears to be a proactive police presence. The stakeholder also stated that there were reported issues with drugs amongst some young men in the community, whereby visitors to the site park up, consume drink and drugs, leave their debris, and drive off.

### **Fuel poverty on Heath Common Traveller Site**

A sample of 12 individuals representing 12 different plots were surveyed during May 2022. Families living on each plot ranged in size from 1-5 adults/children.

Cost of gas (bottles) and electric ranged from £216 to £693 per month (weekly estimates averaged for 12 months) with seven families spending more than £400 per month.

Of the 12 individuals, six said they had not changed how they used their gas and electric. The six individuals who had said that they had reduced their energy usage, including on essential purposes such as heating and cooking. One resident stated that “due to worry I am really trying to stop using most things in my home”.

### **Sheds**

#### **Background**

On Traveller sites there will typically be a utility block, usually containing at least a bathroom and small kitchen with facilities to plumb in a washing machine. These are commonly known as ‘sheds’. This is the case with the plots on Heath Common.

#### **Wakefield findings – community interviews**

Participants described the sheds on Heath Common as small with difficult toilet access and suffering from issues including mould, damp and leaking toilets. Participants were concerned about their negative impact on health and were generally avoiding their use.

*“The sheds make me feel down. I won’t take my daughter in there for a bath as I worry about the damp. Have to fill the baby bath and carry it back to my static.” – interviewee*

#### **Survey of Heath Common residents by Leeds GATE**

Of 12 individuals surveyed in May 2022 - 10 people said their shed was not in a good condition. One person said it was in a good condition.

10 of 12 said their shed had damp.

The most common comment about the sheds was that the kitchen and bathroom are not large enough. Sheds need to be bigger particularly due to large families. Heaters in sheds need modernising and also cost a lot to run. Several people said a new build of the sheds is needed.

### **Further information from Leeds GATE**

Sheds do not meet modern standards as exemplified on sites elsewhere in the country. One site in Leeds has had its sheds modernised to include a day room and adequate kitchen and bathroom facilities, and adaptations have also been made through the disabled facilities grant scheme to provide larger sheds with bedrooms. Given the ongoing fuel crisis that will disproportionately affect those living on sites, and the poor health of this population, it is imperative that there is a plan and budget in place for updating or re-building of the sheds. Those with long term conditions are most affected – finding it difficult or impossible to wash or use the toilet in the shed (Travellers do not use toilets in their caravan or chalet if this is deemed unclean). Day rooms give people the option of social space (often used by families and friends so they can spend time together) or as a bedroom (often for older and/or people with disabilities).

### **Wakefield findings –stakeholder interviews**

Stakeholders were asked to identify any factors around living conditions that they felt impacted on the health of the Gypsy and Traveller community in Wakefield. The sheds on Heath Common were identified as being damp and cold, with reports of residents avoiding their use and describing their poor condition as negatively affecting their physical and mental health. Another stakeholder reflected that whilst the sheds were successful when first built, there now isn't the money, or perhaps the will, to upgrade them, and (noted) the influence that different Governments can have on the Gypsy and Traveller agenda.

### **Resources**

[Gypsy and Traveller Site Design Guide](#) Leeds City Council (2020)

## **5.3 Private yards**

### **Background**

Private yards are areas of land owned by a Gypsy or Traveller on which to put caravans / chalets and amenity blocks (sheds). They are usually designed similarly to a permanent site with designated pitches, though they are much more sizable and often have large areas of communal space, including green space. Some may choose to keep horses on this land. Yards are inhabited as groups of extended families.

Wakefield has approximately 15 private yards across the district (Cited in: [ex.wdc15-ha9-wdlp-hearing-agenda-matter-6-gt-sites-data-table.pdf \(wakefield.gov.uk\)](#)). A proportion of community interviewees live on yards.

Yards offer the opportunity for some level of housing security and are an investment for the family. There are a smaller number of people living on the land compared to permanent sites, more space and better facilities, which makes for more harmonious living. Unlike a permanent site, families have control over the condition of their homes and facilities, they are living within a community often with good access to GPs, food, schools etc, but are enclosed enough to offer some level of safety. Taking all of the above factors into consideration it could be concluded that yards offer a healthy living environment whilst meeting the cultural needs of Gypsies and Travellers.

## **5.4 Bricks and mortar housing**

### **Research**

Around three-quarters of Gypsies and Travellers in England and Wales live in bricks and mortar accommodation (Matthews, 2008).

Friends, Families and Travellers (2022c) reported that those Gypsies and Travellers who reluctantly resort to living in housing (in the absence of site provision) experience excessively high levels of anxiety and depression and that they are frequently victims of racist abuse, threats and discrimination and experience cultural trauma.

### **Wakefield findings – community interviews**

One participant who had not lived in bricks and mortar for their whole life reported in the community interviews that they felt trapped and isolated in a house setting. The importance of feeling safe at home and keeping children safe were also highlighted.

## **5.5 Nomadism – living roadside**

### **Background**

Interviewing roadside families fell outside of the scope of this health needs assessment because of the resources available to carry out the work. As such, stakeholder comments referencing roadside families were excluded from the analysis. Interviewing roadside families is an exercise that should be carried out in the near future to capture the health needs of all Gypsies and Travellers in Wakefield District and as such is included in the recommendations section of this document.

### **Roadside families in Wakefield District– a snapshot**

There is some locally available data on the number of roadside encampments in Wakefield, provided here to give some basic context.

Between April 2014 to September 2018 there were 93 (annual average) / 6 (weekly average) encampments reported in Wakefield. In total, 309 incidences of unauthorised encampments were recorded.

Over this period:

- The number of caravans on unauthorised encampments has ranged between 1 and 70. The median number of caravans on an encampment has been 6, and mode (most frequently reported) has been 2 caravans.
- The number of days of encampment has tended to be low, with a median of 4 days and a mode (most frequently reported) of 1 day, but there have been incidences of longer encampments in excess of 20 days.

This information has been drawn directly from: Pp38-39 [2018 GTAA Update \(wakefield.gov.uk\)](#)

Leeds GATE reports that life on the roadsides can be tough, without access to rubbish collection, sanitation, running water, mains gas or electricity. Frequent evictions can have an impact on people's ability to access basic services such as GPs and schools, whilst also increasing exposure to trauma and negatively impacting mental health. However, there are also benefits to nomadic life, such as improved mental wellbeing through being connected to Gypsy and Traveller heritage and culture, feelings of freedom and belonging, and the ability to find work.

Leeds GATE believes in the right to a nomadic lifestyle and works to facilitate this through positive partnerships with Local Authorities. Negotiated Stopping (NS) is one such example of working with Gypsies and Travellers, Local Authorities and settled communities to achieve a positive outcome for all.

## **Resources**

See [Negotiated Stopping](#) for an introduction and supporting information.

London Gypsies and Travellers have also published a useful report on the practicalities of scoping and implementing negotiated stopping in practice.

[The Potential for a Negotiated Stopping Approach in London](#) London Gypsies and Travellers (2018)

## **Police, Crime, Sentencing and Courts Act**

During the period of producing this health needs assessment the Police, Crime, Sentencing and Courts Act came into force (28 June 2022).

## Resources

Contact Leeds GATE directly for further information about the Police Act.

Introductory background reading can be found by following the links below.

[Police repeat calls for more sites, rejecting Home Office proposals to criminalise trespass - Friends, Families and Travellers \(gypsy-traveller.org\)](#) Friends, Families & Travellers (2020b)

[Police Act: What you need know - Friends, Families and Travellers \(gypsy-traveller.org\)](#) Friends Families & Travellers (2022d)

## 5.6 Transit sites

### Background

Transit sites provide land with amenities, managed by a Local Authority or privately, which Travellers can use as a temporary stopping place (normally up to 28 days but could be as long as three months).

This land is normally separate to permanent site provision but is sometimes incorporated into permanent sites.

Transit sites receive a mixed reception from Gypsies and Travellers and organisations representing them because they are sometimes used as ‘dummy sites’ by Local Authorities – giving an illusion of a stopping place, but one that isn’t actually inhabitable. Sometimes the opposite happens and they become permanent stopping places by default due to there being too little permanent provision, but without sufficient amenities for long-term stays.

If a transit site is well placed, well managed and is of good quality with good amenities then it can be a positive part of a mixed accommodation offer for Gypsies and Travellers, with a recent consultation by Leeds GATE showing members were in favour of transit sites, as pitches are in overall short supply. Problems can occur if transit pitches are placed within a permanent site and if there is an ‘open policy’ for usage.

It is the view of Gypsy and Traveller organisations that transit sites should not seek to replace roadside stopping as they restrict nomadism and should therefore be used in conjunction with negotiated stopping, however the motivation of Local Authorities is usually to reduce the number of unauthorised encampments through transit provision.

### Transit provision in Wakefield

Wakefield Council had recently opened its first transit site at the time of writing. This site provides 12 pitches (for one caravan and two vehicles) during the spring and summer months (as the site is not hard standing).

There are also plans to add transit pitches to the Heath Common Traveller Site.

Wakefield Council and Gypsies and Travellers (both visitors and permanent residents) should review transit provision together as a commitment to joint decision making and to make any changes that will ensure such provision is successful.

### **Resources**

Head here for guidance on transit sites for Local Authorities:

Department for Communities and Local Government (pp45-48, 2008) [Designing Gypsy and Traveller Sites Good Practice Guide](#)

## Section Six: Wider determinants of health and wellbeing

The research undertaken for this health needs assessment found wider determinants are having a significant impact on health and wellbeing outcomes for Gypsies and Travellers in Wakefield. Quality of permanent site provision, poverty, racism and education were all important factors.

### 6.1 Employment

#### Research

Gypsy and Traveller people have the lowest rate of economic activity of any ethnic group (Office for National Statistics, 2011). Drawing on the UK Government publication: Gypsy, Roma and Irish Traveller ethnicity summary (2022) OHID Inclusion Health Team (p22, 2022) stated that:

For Gypsy or Irish Traveller people, aged 16 and over and in employment, the largest group work in elementary occupations (22%) including occupations such as farm workers, process plant workers, cleaners, or service staff. The second occupational group is skilled trades (19%), which can include farmers, electrical and building trades. Gypsy or Irish Traveller groups have the highest percentage of elementary and skilled trade workers out of all ethnic groups, and the smallest percentage of people in the highest occupational group - managerial, administrative, professional.

The data reflects that the gender gap in employment rates for Gypsy or Irish Traveller groups aged 16 and over is nearly twice as large as for all ethnic groups combined. Gypsy or Irish Traveller women are approximately 1.5 times as likely as Gypsy or Irish Traveller men to be out of work and not looking for work.

The most common reason for Gypsy or Irish Traveller people being economically inactive is looking after the home or family (27%). This is higher than the average figure for England and Wales (11%). Though it should also be noted that the second most common reason is being long term sick or disabled (26%), almost as common as family caring responsibilities as a reason for economic inactivity (the difference is only 1%), and the highest percentage for this category across all ethnic groups.

#### Wakefield findings – community interviews

One participant linked a lack of employment opportunities to being a cause of poor health within the Gypsy and Traveller community.

*"Missed opportunities in life and not having chance to get jobs, like never see Travellers with jobs like a GP, police etc." – interviewee*

### **Wakefield findings – stakeholder interviews**

One stakeholder explained that it is common that Gypsy and Traveller young people leave school on completion of primary school at which point girls will take on the role of running the home and assume caring responsibilities alongside their mothers.

For young men, there is often an aspiration and pressure to continue to do the traditional work of their fathers, however it is becoming increasingly difficult to do so, as there is more competition and qualifications are often required.

### **Conclusions**

Few interviewees focused their attention on employment (though there was not a specific question about employment and participants may not have associated work with health and wellbeing), yet the national evidence base clearly shows it to be a major issue. We could deduce from this that it is a challenging issue, taboo and/or not the main problem. Based on the experience of Leeds GATE the employment and unemployment profile for Gypsies and Travellers could be attributable to a combination of racism, low educational attainment, mental health and culture and tradition.

## **6.2 Income**

### **Wakefield findings – community interviews**

Several participants described negative health and wellbeing impacts of financial hardship. High living costs associated with the Heath Common site were causing stress for participants and left those on low income struggling to afford basic necessities such as food and prescription charges. As a result, participants described being unable to access their required medications, and engaging in a poor diet. For those in debt, the financial burden of high living costs was even more pronounced.

*"Rents causes stress to me and my family. Paying for the plot and the static costs more than living in a house but yet we don't get as much help to repair things." – interviewee*

*"Cost of food is a lot so you end up eating fast food as you have high bills on the site" – interviewee*

## **6.3 Carers and caring**

### **Background**

Unfortunately, there was no national research found that explored the caring responsibilities of Gypsies and Travellers, though the interviews for this health needs assessment found it to be a significant theme. Leeds GATE reports (anecdotally) that Gypsies and Travellers look after their families and are

less likely to access, or be able to access, mainstream provision that may help them with care, whether this be direct practical support or information.

### **Wakefield findings – community interviews**

Carer status was a significant theme throughout the community member interviews. Parental responsibilities were common, with some participants facing the added challenge of caring for someone with additional needs, such as an elderly relative, disabled child, or a child with poor mental health. One participant identified the stress of caring responsibility as having a negative impact on health. A need for those working with the Gypsy and Traveller community to listen and have respect for the established carer networks within families was emphasised by one participant.

*"A lot of Travellers are carers which puts more stress on you. We want to look after our family as much as possible." – interviewee*

One participant stated that *(paid) carers stopped helping their relative who is disabled, which was particularly difficult for them, as all of the family has poor health (quote re-phrased for anonymity).*

## **6.4 Young people**

### **Research**

OHID Inclusion Health Team (p29, 2022) report that: "The Gypsy or Irish Traveller ethnic group had a younger age profile than the national average in England and Wales in 2011, with people aged under 18 making up over a third (36%) of the Gypsy or Irish Traveller population, higher than the national average of 21%".

### **Wakefield findings – stakeholder interviews**

One stakeholder highlighted a lack of education regarding child wellbeing among young families in the Gypsy and Traveller community. According to another stakeholder, child health and wellbeing issues felt to affect the community included speech delay and reduced opportunities for play and learning development. A lack of supervised play was reported to result in fewer opportunities for the development of motor skills. If children then chose to, for example, play football independently on the Heath Common site, this raised additional safety risks such as traffic. It was also reported that there is a reluctance within the community for Gypsy and Traveller children to attend nursery, despite community members receiving universal credit being eligible for a two-year nursery place. Suggested reasons included that parents would prefer for their children to be at home, apprehension around mixing with other cultures and a fear of experiencing racism. Through not attending nursery, Gypsy and

Traveller children were described as having reduced opportunities to interact with other children, develop their speech, concentration skills, understanding of boundaries and listening skills, which could result in an immediate need for additional support upon starting school. A lack of integration with other cultures was felt to risk negatively affecting child development. In addition, without nursery, parental access to support was felt to be reduced, for example support with benefits, mental health or facilitating access to clothing for those in financial hardship. Another stakeholder reported that in terms of physical or mental health issues, children from the Gypsy and Traveller community attending primary school education do not appear to be in poorer health than other groups of children in school.

## **6.5 Education**

### **Research**

There is a relative wealth of national research on the educational experiences and attainment of Gypsies and Travellers.

The OHID Inclusion Health Team (p22, 2022) reported that:

“Education evidence from many countries confirms that there is a strong correlation between educational attainment, life expectancy and self-reported health, within and across generations. School is also an important setting for forming or changing health behaviours”.

Headline education statistics include:

1. 60% of Gypsy and Traveller people have no formal qualifications (OHID, p22, 2022)
2. In 2018, only 19% of pupils from Irish Traveller backgrounds and 13% from Gypsy and Roma backgrounds attained GCSEs in English and Maths at grade 4/C or above, compared to 64% of pupils nationally (Cromarty, 2019).
3. Gypsy, Traveller, Roma (GTR) children are more likely to be absent from formal education, to have ceased attendance by the age of 16 and to be excluded from school than non GTR children (The Traveller Movement, 2019).
4. Only 3-4% of the Gypsy, Roma and Traveller population aged 18-30 years accessed higher education compared with 43% of 18–30 year olds in the general population (Mulcahy et al. 2017).

In 2022 the research of Greenfields et al, working in partnership with Leeds GATE, focussed on the educational experiences of Gypsies and Travellers in West Yorkshire. They highlighted common themes which are listed below and represent both what is needed to support the community into education in greater numbers, and the barriers that they are currently faced with.

#### 1. Perceptions of career and further education options

“I want to go to university, college thing, go and be a makeup artist or something” (Romany Gypsy girl).

Though there are still few Gypsy and Traveller young people who express an interest in university, attitudes are slowly shifting among some. Where young Gypsies and Travellers had given consideration to future career options, they focused on those that required practical skills rather than academically focused subjects which were valued less. Career choices also tended to be gendered with young women choosing roles such as hair and beauty and young men choosing building trades.

#### 2. Encouragement from family and mentors

“I've got a very supportive mother, she wants me to educate myself, she wants me to go far in life” (Irish Traveller boy, 17, currently in Further Education).

Encouragement, acceptance and involvement of family members were particularly important factors for Gypsy and Traveller young people exploring university options. Families should be involved in campus tours and information sessions. This is much more important than it is for the settled community.

#### 3. Experiences of bullying and racism in educational settings

“When I went to school, they said that I was very intelligent and all that, but then, like, when I started getting bullied and all the racism started then I just left and now I don't go back to school and I'm not going to go back...you feel like you're not wanted in any school so you just don't go back.”

(Irish Traveller girl, 13).

Experiences of racism often results in Gypsy and Traveller young people leaving mainstream education completely, which in turn reduces their access to further and higher education.

#### 4. Loss of trust

“Even if they said, “I can give you a place now and we won't let you get picked on,” I would say no. They're not trustworthy” (Irish Traveller Girl, 13).

Potential students and their families were wary of staying in education due to past experiences of bullying, racism and/or exclusion and a lack of trust that educational providers would keep them safe.

#### 5. Creating safe and welcoming educational spaces

“Because we’ll all understand each other a bit more and we’re all the same, so we know stuff other people so say if we went into a normal university and to be honest, I don’t really know much and you kind of get a bit embarrassed if you were getting asked questions and stuff if you didn’t know anything about it, whereas if you are with Travelling people you wouldn’t be bothered. Like, your own kind of people” (Irish Traveller girl, 13).

Young people knew that realistically they are likely to be the only Gypsy or Traveller person in the class and felt more vulnerable to shaming experiences.

#### 6. Emphasis on earning and entrepreneurial interests

“Like, I sell eyelashes, makeup, clothes and, like, all other stuff [online]. So, I make, like, business cards and stuff” (Irish Traveller girl, 13).

Education for non-economic reasons was not typically valued. Staying in secondary school, accessing further and higher education typically needed to be for the purposes of attaining a better paid job and more job security.

#### 7. Gender expectations

“The boys don’t really need college, because they just get vans and they do all the trees and cutting down trees and stuff like that, whereas girls, we just have to stay at home and cook, mind children and clean” (Irish Traveller girl, 13).

Some young people felt that their futures were already chosen for them, and they would follow the traditional path of their parents and grandparents' generations. This was not necessarily viewed negatively or to be different to other cultures.

#### 8. Role models

“I can't name one person I know that's been to university. I can't name a single one” (Irish Traveller boy, 17, studying in college for a trade).

Role models were thought to be important and young people reflected that there were few, if any, people they knew of that had a degree.

## Go Higher West Yorkshire and Leeds GATE

There is a growing movement of educational providers, community organisations and Gypsies and Travellers (specifically West Yorkshire wide) that is seeking to bring about the structural changes needed to see demonstrable change in the educational experiences of Gypsy and Traveller young people. There is currently little to no representation from Wakefield.

Clear, evidence-based and Gypsy and Traveller led actions for change are set out in a Charter for higher education providers and schools.

[GTRSB Higher Education Pledge](#)

[GTRSB Schools Pledge](#)

## Wakefield findings – community interviews

Participant opinions regarding education were variable; some children attended school whilst others were home-schooled, particularly if their family were travelling. For the participants who home-schooled their children, a lack of support and difficulty in finding a tutor were reported.

*"I choose to school her at home but it is hard to find a tutor that will come down and that I would trust."*

– *interviewee*

*"I home schooled my child for some time. Home schooling is ridiculous though. They have no concept of what you are doing, you only get visited once a year and then they put a report in." – interviewee (quote edited to maintain anonymity)*

Two participants highlighted that incomplete schooling or failing school exams were not necessarily barriers to accessing opportunities in higher education.

*"I didn't go to high school but things have modernised now. You don't always need the schooling like English and maths to get on the courses and once you are on the course you don't need to pass those bits, even if you fail the school stuff you can still pass the course." – interviewee*

## Wakefield findings – stakeholder interviews

Whilst some Gypsy and Traveller children attend primary school, one stakeholder reported that overall, attendance has declined since outreach support on Heath Common was reduced, with most children now achieving a maximum education level of year 4/5. Within a primary school education setting, relationship building, prioritising good communication between education providers and community members, and addressing barriers to learning, for example through loaning of digital services, were

identified as approaches that work well with the local Gypsy and Traveller community. It was reported that where children do not usually go on to attend high school, this can act as a barrier to accessing higher education opportunities in later life, due to a lack of basic maths and literacy skills. It was also reported by one stakeholder that Gypsy and Traveller parents are reluctant for their children to participate in health education at school.

## **6.6 Literacy**

### **Research**

Up to 45% of Gypsy and Traveller adults have low or no literacy (Friends, Families & Travellers, 2020a). Scadding and Sweeney (2018) report that one in five Gypsy and Traveller participants (in their study) had never used the internet, compared to one in ten members of the general population. Furthermore, over half of Gypsy and Traveller participants said that they did not feel confident using digital technology by themselves and only 38% of Gypsy and Traveller people (33% if housed) had a household internet connection, compared to 86% of the general population.

### **Wakefield findings – community interviews**

Several participants shared that they, or a relative or friend, were unable to read. This acted as a barrier to navigating and accessing health and wider care services, engaging with health service correspondence, and independently managing finances. One participant reflected that whilst the Health Common warden does assist residents with reading letters, this can cause embarrassment where letters contain confidential health information.

*"I can read so it isn't difficult for me to use services. I can go online and do all of that. If it was my mother-in-law though she would find it very hard. She can't read or write and she wouldn't get her prescriptions."*

**– interviewee**

*"Not all Travellers can read and write. They need it though, even when they are fine with money. So, they can understand bills and finances and stuff. Need to so they can pave a road for their own kids."*

**interviewee**

Participants also described a lack of digital literacy within the Gypsy and Traveller community, which limited access to online health information resources and made navigating health service online booking systems a challenge.

## **Wakefield findings – stakeholder interviews**

One stakeholder reported that a lack of literacy skills means that Gypsy and Traveller community members often require help with day-to-day activities such as reading the post, or when navigating issues such as driving points/bans or milk tokens. When combined with limited digital literacy, reduced literacy also acts as a barrier to accessing health services, with many of today's services tailored towards online use.

## **6.7 Racism and hate crime**

### **Research**

OHID Inclusion Health Team (2022) reported the following research in their report: Gypsy, Roma and Traveller groups: An introduction to history and culture, health and disparities.

Racism and discrimination lead to poor mental health, including psychological distress and decreased life satisfaction, and poor physical health including cardiovascular disease. Racism drives disparities in access to power, resources and opportunities which are necessary for good health (OHID Inclusion Health Team, 2022).

- Gypsy, Roma and Traveller ethnic groups have a long history of experiencing racism and discrimination, and continue to face everyday discrimination and hatred across all aspects of their lives, occurring in their engagement with public and private services (Greenfields and Rogers, 2020).
- 44% of the British public report having a negative opinion about Gypsy, Roma and Traveller people, which is much higher than the proportion who have a negative opinion of immigrants (27%), Muslims (22%), transgender people (16%) or gay, lesbian or bisexual people (9%) (Abrams et al, 2018).
- Gypsy, Roma and Traveller people face widespread prejudice and race hate, including from and within education and health services, racial bullying and victimisation within school, online racial hatred and incitement of racial hatred within the media (Abrams et al, 2018).
- The most common forms of hate speech/crime experienced by Gypsy, Roma and Traveller people are exclusion and discrimination from and within services, reinforcement of negative stereotypes, social media abuse and media incitement to racial hatred (Greenfields and Rogers, 2020).

## Wakefield findings – community interviews

Many Gypsies and Travellers spoke about racism, and it is clear that it can permeate all aspects of their lives.

*"Racism is something that I have had all my life, I try to put a different voice on to hide that I am a Gypsy."* – **interviewee**

Within their local communities, participants reported being followed in shops, overhearing discriminatory comments by fellow parents in the school grounds, being refused entry to a pub and being turned away when attempting to use public transport. Within an education setting, children had reportedly faced discriminatory behaviour from teaching staff, and been bullied by fellow pupils because of their ethnicity.

*"I took my son out because he was bullied at school. He was getting called pikey all the time and then that was leading him to get into fights. We spoke to the school about the racism but they said it wasn't racism because we are all white."* – **interviewee**

Racism had also been experienced within healthcare settings and during contact with the authorities.

*"There is racism when you do go to the Doctor. I was speaking to the Doctor on the phone and it was all fine, then I went to see them in person and they treated me differently when they could see my face, when they knew I was a Traveller. They don't act professional."* – **interviewee**

*"If the authorities won't help then you can't trust anyone what is the point. The authorities are as racist as anyone. We are the last formal race where it is accepted to say things you wouldn't get away with saying to other races. You think to yourself – am I really that bad? Then you have to remind yourself – it's not me, its them."* – **interviewee**

Racism had a negative impact on participant mental health, whilst fear of judgment reportedly acted as a barrier to participants accessing support in education and healthcare.

*"I worry what people will think of me which stops me going places, like I want to learn how to read but would be too worried going to a centre or college. I would be embarrassed in front of them."* – **interviewee**

Participants suggested that the media portrayal of Gypsies and Travellers was responsible for driving racism, whereby viewers presume that these programmes reflect all members of the community.

*"I get racism every time I go out. I once turned my bag out in a shop as I was been followed in there and I was so annoyed. I know they thought I was going to steal something because I am a Gypsy. This makes*

*you feel upset and down as this is what people think of us, stuff like big gypsy wedding makes it worse. I don't know where they get this stuff from." – interviewee*

### **Wakefield findings – stakeholder interviews**

Stakeholders also referenced the discrimination that members of the Gypsy and Traveller community continue to face. Although one stakeholder reflected that they felt the discrimination faced today is not as bad as it has been historically, examples given included community members being followed in shops, being treated differently if known to be Gypsy and experiencing discrimination when accessing health services. Racism and discrimination were reported barriers to accessing services. One stakeholder described how community members feel they are culturally stuck and not accepted by all members of society. Negative social media reports were felt by one stakeholder to impact both individual mental health and how able community members felt to access health services. *"I think a lot do suffer in silence."* – interviewee.

## **6.8 Domestic violence**

### **Research**

Some research shows that domestic abuse is a significant health issue for the Gypsy and Traveller community. The House of Commons Women's and Equalities Committee report (2019) quoted a domestic abuse charity called One Voice 4 Travellers, who estimated such abuse was experienced by as many as 75% of Gypsy, Roma and Traveller women at some point in their lives. No evidence relating to male victims/survivors was found.

Experienced staff and members of the community are quoted by the House of Commons Women's and Equalities Committee (2019) as saying that many Gypsies and Travellers feel that marriage is for life and if a couple separates the woman can become ostracised by their family and wider community. However, they also report that there are generational changes, and younger Gypsy and Traveller women are more likely to leave if their husband is abusive. Leeds GATE also agrees with this in their experience and furthermore, they frequently see women being accepted back into the parental home.

The domestic abuse charity, First Light, identifies that Gypsy and Traveller women are unlikely to access domestic abuse services and support, citing the reasons for this as:

- Loss of community
- Fear of racism

- Concerns about living in a house
- Beliefs that it is impossible to escape violence as the partner will find the women and children
- Lack of knowledge of mainstream services and mistrust of authority
- Racism by or within some refuges
- Many refuges unable to take large families
- Some refuges won't take more than one Traveller woman

Source - [Gypsies and Travellers – First Light](#)

### Wakefield findings – community interviews

One participant referred to the negative health impact of domestic violence, but suggested things were improving within the Gypsy and Traveller community due to increased availability of support.

*"Domestic Violence used to be worse but I think it's better now as there is more help. It is hard for Travellers though as it can be seen as a bad thing to leave a husband. More support to show you can get through it would be good."* – **interviewee**

Leeds GATE feel it is likely that domestic violence was an underreported issue in these interviews.

### 6.9 Maternal health and bereavement

OHID Inclusion Health Team (2022) reported on national research which showed that:

- Gypsy, Roma and Traveller mothers are 20 times more likely to have experienced the death of a child than mothers in the general population (Equality and Human Rights Commission, 2009).
- Gypsy and Traveller women experience more miscarriages than other women outside the communities (Parry et al, 2009).
- Gypsy, Roma and Traveller communities have disproportionately high levels of infant mortality, child mortality and stillbirth (Rene Cassin, 2015).

National data clearly reflects stark levels of infant mortality, and therefore bereavement, and the resulting mental health challenges for Gypsy and Traveller women and their families. Generally, this was not raised during the community member interviews conducted for this health needs assessment, likely due to stigma and the personal nature of some of these experiences.

## Section Seven: Support and services

Stakeholders and community members were asked to comment on current and potential future provision for Gypsies and Travellers in Wakefield in relation to their health and wellbeing.

### 7.1 Community, support and services

#### Wakefield findings – community interviews

##### Community

It was reported that, generally, social support tended to be provided by close family members.

*"I haven't been going out because of Covid but I didn't go out anyway, not socially, I have me family around me so I am OK. I go for a walk." – interviewee*

The groups supported by Leeds GATE were seen as key in facilitating social opportunities.

*"There are lots of activities that would be good on site as many Travellers feel scared to mix with others so don't do anything other than stay home with children." – interviewee*

One participant highlighted that young women on the Heath Common site don't have many opportunities to socialise, and that there is a noticeable lack of confidence and social skills. Another participant reflected fondly on the social opportunities provided by Traveller Festivals such as Lee Gap, which enabled family gatherings and mixing of community members from different areas of the country.

##### Leeds GATE

Many reflected positively on the support provided by Leeds GATE to community members, particularly through Nicola Bowles, then Senior Advocate and Domestic Violence Lead at Leeds GATE (who has since left the organisation). Participants were grateful for their advocacy work around health, housing, education (including homework club) and bills, and acknowledged the importance of the level of trust established between Leeds GATE and the community. Many participants reflected that there were a lack of services to support the community, other than those provided by Leeds GATE.

*"The best ways are having people like you to come and work with us; we can trust what you are doing and you won't tell other people about it." – interviewee*

Groups facilitated by Leeds GATE on Heath Common were described as enjoyable and key for encouraging residents, both adults and children, to get out, mix, and socialise.

*"GATE helps me with anything I need. When they did groups, I was there all the time. It gets us out, we don't get out otherwise. We liked doing sewing, nails, learning to read. I would come to anything that GATE puts on."* – **interviewee**

*"GATE is different though. I have never seen so many people in one place doing things together."* – **interviewee**

Whilst most comments regarding Leeds GATE were positive, one participant expressed that they did not feel Leeds GATE had done enough or were present enough of the time.

#### Local Authority

Malcolm Hipwell, the longstanding Senior Traveller Liaison Manager for Wakefield Council, passed away in 2021. This loss was evident in interviews, with participants emphasising the importance of his past advocacy work. Having a trusted warden on site was described as important, and key for getting things done.

*"Nothing happens on the site other than you (GATE). The council don't respond to things. Was better when Malcolm was here. He was more involved with the Travellers."* – **interviewee**

One participant described a lack of trust in the Council, often reinforced by misinformation spread through social media.

### **Wakefield findings – stakeholder interviews**

#### Local Authority

In Wakefield Council, the Gypsy and Traveller service sits with Licencing and Enforcement Services, under the Communities Directorate. Whilst the Enforcement team are responsible for the day-to-day management of Heath Common, the site is owned by the Council's Corporate Landlord team.

This arrangement was described as disjointed by one stakeholder. It was proposed that it might offer benefit if the Gypsy and Traveller community were added to the agenda of a more senior staff member within the organisation. Suggestions included an officer in the Communities team, who could be well placed to provide an overview of need, or alternatively an elected member, citing the benefit of their local influence. The importance of services working together and being seen to promote things together was highlighted. More recently, links between Wakefield Council, Leeds GATE and operational colleagues have been created.

The importance of providing outreach and being visible on site to overcome resident hesitancy was emphasised. As mentioned in the community interviews, Malcolm Hipwell, Senior Traveller Liaison Manager, sadly passed away in 2021. He had worked with the Wakefield Gypsy and Traveller community for 22 years, had a vast amount of experience, and was well known to community members. His passing was described as a great loss.

#### Historical services and gaps in current services

Stakeholders referenced numerous services that had historically supported the Wakefield Gypsy and Traveller community but had since been withdrawn or disbanded.

Stakeholders highlighted two previous staff roles in particular; a Gypsy, Roma and Traveller Attendance Officer and a Health Improvement Practitioner role. The Attendance Officer had acted as a Welfare Officer, attending Heath Common almost daily to assist with any welfare or educational needs. The Health Improvement Practitioner role provided health advocacy support for the Gypsy and Traveller community in Wakefield, and the post-holder created close links with the community, through spending time on site, getting to know local residents and demonstrating cultural understanding. With time, these roles also facilitated the creation of links with members of the Wakefield Gypsy and Traveller community living in houses and on roadside. Other supporting staff roles mentioned by stakeholders included a member of staff from education who had worked on the Heath Common site previously. It was also reported that there was previously a dentist on the Heath Common site, however there were reported issues with vandalization.

Historically, group classes were organised and provided regularly on Heath Common. Arranged by the Attendance Officer and Health Improvement Practitioner, classes covered a range of topics such as beauty and health, aimed primarily at women on site. These classes not only encouraged residents to experience a change of scenery, but also offered an opportunity for informal literacy support. For children, there was an offer of after school clubs, art clubs, holiday sessions and reading sessions. Provision of these classes had also reportedly supported parental mental health. In addition, the team would arrange for professionals from sectors such as health or the Fire Service to attend Heath Common. These events would provide children on site with education and entertainment, as well as offering insight into different future work opportunities. One stakeholder reported that a first aid training course had previously been offered on site which was well received, however would need to be targeted appropriately in the future as they felt that the cultural health beliefs of older Gypsy and Traveller community members could become restrictive. For young people on site, support was also offered around the driving theory test, which facilitated good pass rates. Young people were engaged

due to the benefits being able to drive offered them, for example accessing work or having the freedom to visit other families in the area, and again these classes had the added benefit of developing literacy skills and providing an opportunity for people to socialise.

A further gap in services identified during the stakeholder interviews was the lack of a designated midwife for the Heath Common site. Currently, community members will each speak to a different midwife. This inconsistency in midwifery support means rapport with the community is not established and contributes to a lack of understanding of Gypsy and Traveller culture.

## 7.2 Suggested improvements and barriers

### Wakefield findings – community interviews

Several themes emerged when participants were asked to suggest changes that would improve their health and wellbeing.

Numerous participants spoke about the way in which improvements to the accommodation and facilities provided on Heath Common would positively influence their health and wellbeing. The sheds were identified as needing an update, with improved privacy and the suggested addition of social seating areas - preferably separate areas for men and women.

*"Having the sheds updated and facilities would make the biggest difference. There is a lack of areas where people can properly sit and talk, no privacy and lack of space in caravans. Separate spaces for men and women always needed. Having a proper space in the updated sheds where you can put separate seating would be a big improvement."* – **interviewee**

Additional suggested areas for improvement on Heath Common included the management of waste, site security and the need for a play area, although this wasn't universally supported.

*"A play area would be good and a barrier to the site where you have to swipe a card to get in. Would stop people coming on and dumping rubbish, a child was run over on here years ago."* – **interviewee**

It was reported that taxis refuse to enter the Heath Common site. One participant suggested that erecting a small seating area to facilitate waiting for transport could be helpful.

*"A small seating area for people to sit on at the top of the road when waiting for taxis, maybe with a shelter for when raining."* – **interviewee**

Improvements in the site management of Heath Common were also requested, including more support with reading letters, and better communication around complaints and repairs.

One participant reflected that generally more sites and stopping places were required, and that providing designated stopping places could help to reduce conflict with the settled community.

Many participants expressed that they would like more organised activities to be available on site, such as those organised by Leeds GATE. Historically, there were a greater number of activities available for children, informed by what community members requested and coordinated by the Health Improvement Practitioner. Suggestions included a children's group or play session, a support group for carers, a women's group, and group sessions to support mental health, particularly for young girls and men within the community. One participant suggested that for men, a mixed group including individuals from the settled community could be beneficial, to try and facilitate conversations around mental health. It was highlighted that young people need something to do, particularly during the holidays. Group activities were felt to improve morale and offer an opportunity to socialise. It was mentioned that the site office was previously used for group activities but is currently unoccupied.

*"Groups for kids would be really good idea. A playgroup or nursery type thing would be nice to see kids playing together somewhere safe. Can be dangerous on site with cars/vans everywhere." – interviewee*

Whilst participants expressed gratitude for the support provided on site by Leeds GATE, increased advocacy presence was requested.

*"Would really help to have an advocate that works more, is around more. A general advocate that can fill in forms, is there for you to go to, ask questions and get support when you need it." – interviewee*

Support in accessing benefits was also requested, with one participant reflecting the challenges of navigating the benefits system with limited literacy and internet skills. Another participant requested more information on healthy eating, emphasising that fast food is often consumed as it is a cheaper option, but education around what to eat could help to change this behaviour.

Additional support with children's education including home-schooling, the provision of reading classes, and education around employment opportunities were suggested.

*"Groups for children and asking them what they would like. More things to show opportunities like training and jobs. More education, I'm too old but for the younger ones. There will be fewer manual jobs out there which is what a lot of traveller men do." – interviewee*

Improving access to healthcare services through arranging transportation to help people attend appointments, providing outreach on site, as well as increasing the provision of face-to-face primary care appointments were highlighted as ways to improve the health of community members.

*"Having someone to talk to on the site would help like counselling with person trusted. Not a traveller as we worry others will know what is personal." – interviewee*

One participant suggested that improving health visitor access in the local community would be beneficial, such as through group baby weighing sessions, which would have the added benefit of facilitating conversations around any additional health concerns.

One participant suggested a mental health support phonenumber could be beneficial.

*"I think we need a service where you can call a hotline, like the Samaritans has. Where you can take the number anywhere you go and you know it is there for you day and night." – interviewee*

The main barriers to improving the health and wellbeing of the Gypsy and Traveller community mentioned by participants were trust, including a lack of trust of those in authority, and tradition, particularly with regards to health beliefs and gender roles.

*"The issue is building trust. We don't trust just anyone and we are superstitious. We are really good at reading between the lines. We will accept help but we want to know why you want to help – what are you getting out of it." – interviewee*

Participants emphasised that changes should be made by working with the community to understand their needs.

### **Wakefield findings – stakeholder interviews**

Stakeholders were asked if they felt equipped to support Gypsies and Travellers in Wakefield and if not, what was needed to support the community.

Suggestions included:

#### Heath Common

- Improved use of the existing office space and community room on site
  - Creation of a regular schedule – e.g. drop-in session for advocacy one day, health outreach another day.
  - Would facilitate more socialising opportunities for residents and bring people together.
  - Bridge the gap to engagement with other services.
  - Could be used to provide health services e.g. health checks.
- Sessions for children on site e.g. provided by the library
  - Story time, singing, practicing writing – particularly important where children are not attending nursery.

### On-site support / outreach

- Increased regular advocacy presence on Heath Common
  - More consistency, perhaps a weekly advocacy slot, which would facilitate trusting relationships to be developed with the community.
  - Use of the office building on site was suggested.
- Health link worker
  - To support community members to access healthcare services and attend health appointments.
  - Needs to be embedded within the community and trusted.
  - Particularly important for residents with low literacy skills who require assistance reading health correspondence.
- Health / health worker outreach
  - Regular sessions to facilitate relationship building.
  - Use of appointment reminders to facilitate health appointment attendance.
  - Outreach model for the Covid vaccination programme was given as a successful example.

### Services

- Education of existing service providers to improve their cultural understanding
- Improved mental health support
- Primary care
  - Offer of support from primary care to help to educate the Gypsy and Traveller community.
- Local Authority
  - Elected member support/advocacy.
  - Services to be seen to be working together.

### Funding

- Facilitate increased advocacy presence on site.
- Provide more informal community-based activities for all ages using the Heath Common community room.

## Section Eight: Recommendations

This section currently comprises of draft recommendations written by the authors of this report based on the findings of the research.

### **1. Senior leadership of the health needs assessment recommendations.**

- Appoint appropriate senior leaders within Wakefield Council and Wakefield District Health and Care Partnership to provide leadership and accountability for this health needs assessment and oversee an action plan.
- Agree and set up mechanisms for the voices of Gypsies and Travellers to be heard through the actioning of this health needs assessment (HNA). This will include how progress will be reported to Gypsies and Travellers, how the HNA can be jointly owned with the community, and how Gypsies and Travellers can have a say in this and other wider engagement opportunities (e.g. Council strategies) now and in the future.
- Recognise that the delivery of these recommendations is the strategic and operational responsibility of different partners (e.g. Wakefield District Health and Care Partnership, statutory, third sector, private providers) and different directorates within these organisations. This should be discussed, agreed and clearly outlined in the process of developing an action plan.
- Agree that the delivery of these recommendations will require a plan for resourcing if it is to be successful. This will require a range of investment types (e.g. existing posts, existing contracts, external grant funding, time and skills from Gypsies and Travellers) across different partners (e.g. Wakefield District Health and Care Partnership, statutory, third sector, private providers).
- Agree to adopt an approach of proportionate universalism for health and other services and work to improve access to universal services whilst providing specialist or bridging services, where needed.

### **2. Improvements to the living conditions on the Heath Common Traveller Site.**

- Take action on existing known issues with the living conditions on Heath Common Traveller Site as identified in this health needs assessment.
- Ongoing resident engagement to be established and maintained.
- Initiatives that support the community to come together, improve health and wellbeing, and support each other to be introduced and maintained.

- A structured review of the physical environment and an ongoing maintenance schedule to be implemented.

- Increase outreach to the community on Heath Common Traveller Site from services that residents need most (public and private) alongside improving access to existing provision (e.g. schools, shops, health services).

### **3. Improve access to services for children and young people, and maternity services.**

- Ensure the needs and barriers faced by Gypsies and Travellers are identified and embedded in strategic and service action planning for children's and maternity services.

- Maintain and further develop relationships between maternity services, all of children's services, the community and third sector to identify areas for improvement and ways to increase access for children and young people and their families.

- Develop and embed training and cultural competency across the midwifery workforce and wider children's services.

- Ensure the voice and needs of the community are clearly recognised through ongoing engagement in all service developments.

### **4. Educational opportunities for 0-19 to be increased for Gypsies and Travellers.**

- Work with primary and secondary schools and further education colleges to improve access for Gypsies and Travellers who wish to remain in education, including the adoption of the Gypsy, Roma, Traveller, Boater, Showpeople pledge.

- Support Gypsy and Traveller young people who are home schooled and their families, to ensure the best possible educational outcomes.

- Engage with families to provide transitional support (primary to secondary education).

- Consider how recent and upcoming policy changes (e.g. relationships curriculum and elective home education monitoring) impact on the educational experience of Gypsies and Travellers.

- Identify ways of appropriately engaging with parents of 0-5s to ensure uptake of opportunities for early years development.

- Ensure digital access and the development of digital skills.

## **5. Address hate crime and discrimination and increase opportunities for the celebration of Gypsy and Traveller culture.**

- Deliver a programme of celebration and education for Gypsy and Traveller history month every June with a wide range of providers.
- Include Gypsy and Traveller culture and history in arts and culture programming in Wakefield.
- Actively reflect on service provision to reduce discrimination and remove barriers e.g. through leadership, policy and practice, and training.
- Investigate and take action on discrimination and racism when such incidents come to light.
- Support Gypsies and Travellers to recognise and report hate crime.

## **6. Improve the capacity across all systems (e.g. health and social care, police, housing etc.) to respond to the health and wellbeing needs of Gypsies and Travellers.**

- Increase cultural competency skills and provide training e.g. for leaders, councillors and front-line staff.
- Building of relationships and trust with Gypsies and Travellers to better understand their needs and assets, for the purposes of co-producing systems change.
- Consider Gypsies and Travellers in strategic decision making across boards and structures, community engagement, strategies and service change.
- Increase representation of Gypsies and Travellers in data collection and research.
- Ensure appropriate services, accessible communication and reasonable adjustments to overcome access barriers across primary care, secondary care and dentistry.

## **7. Improve mental health and wellbeing outcomes for Gypsies and Travellers.**

- Ensure the provision of appropriate community-based mental wellbeing support, peer support and advocacy.

- Recognise the importance of reducing the mental health needs and high suicide rate for Gypsies and Travellers in local strategies and action plans, ensuring that culturally appropriate actions are delivered.
- Increase uptake and monitor efficacy of primary care mental health support, both with GPs and associated services.
- Monitor access, uptake and efficacy of mental health services, including secondary care and crisis services, by Gypsies and Travellers, adapting the offer and/or approach to better meet their needs.

#### **8. Support Gypsies and Travellers facing structural housing barriers and high cost of living.**

- Continue to gather and share evidence around the specific cost of living issues faced by Gypsies and Travellers living in energy inefficient homes (e.g. caravans and chalets).
- Provision of holistic advocacy support from Leeds GATE and active engagement from mainstream partners.
- Ensure those living in mobile accommodation have equitable access to adaptations, financial support, utilities and services to those living in bricks and mortar.

#### **9. Engagement and support for roadside families.**

- Engagement work with roadside families to understand their needs.
- Provision of advocacy and community support to families.

#### **10. Carer support.**

- Work with Gypsies and Travellers who are carers to access all the financial and social support they are eligible for.
- Encourage an active partnership with Adult Social Care and partners (including domiciliary care and disability services for adults and children) to increase and maintain access to services.

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### **Additional Resources**

[The Office for National Statistics \(ONS\) produced a series of bulletins](#). There is an overview and links to briefings focused on: culture and identity, education and employment, health, home.