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Consultation on the health needs of Gypsies and Travellers in Leeds

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1. Background

Research literature suggests that Gypsies and Travellers experience significant and persistent inequalities in health and access to health services (Cook et al. 2013, Burchardt et al. 2018, Peters et al. 2009). This includes lower than average life expectancy (Cook et al. 2013, Smart et al. 2003), increased likelihood of living with chronic ill health (Parry et al. 2007), and high rates of maternal and infant mortality (Parry et al. 2007, Aspinall 2014). The health status of Gypsy and Traveller Communities has been found to compare unfavourably with even the most socio-economically disadvantaged sections of society, and with other ethnic minority groups (Peters et al. 2009). However, a failure to include Gypsy and Traveller Communities within routine systems for monitoring health (Aspinall 2014) has created continued barriers to assessing the health needs and service requirements of these groups.

Leeds Joint Health and Wellbeing Strategy (2016-2021) sets out a commitment to ensuring that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest'. In order to inform the commissioning of services towards this aim, Leeds City Council have undertaken a Health Needs Assessment (HNA) to update and review understanding of the health needs of Gypsies and Travellers living in the area, and identify priorities for future service provision. The draft needs assessment report by Leeds City Council states that the methods adopted for the assessment were limited by the degree of trust established between community members and the researcher. Building upon established relationships of trust between Leeds GATE and local Traveller Community members, this research sought to maximise the representation of Gypsy and Traveller voices within the needs assessment, using qualitative methods. The work intends to complement insights from work to date by providing an opportunity to triangulate data on the health needs of Gypsies and Travellers in Leeds.

The research addressed the following research questions:

- What are the health needs and priorities of Gypsies and Traveller Communities in Leeds?
- Which models of service provision do Gypsies and Travellers view as suitable in addressing these needs?

2. Methodology

2.1. Research design

A qualitative approach was adopted for the research in order to gain an in-depth understanding of Gypsy and Traveller perspectives on health needs and service requirements. This methodology was best suited to the exploratory aims of the study, which focused on identifying community driven health priorities. Ethical approval for the study was received from Northumbria University Research Ethics Committee.

2.2. Sampling and recruitment

A maximum variation approach to sampling (Patton 1990) was adopted in order to access the range of experiences of community members. A total of 19 Traveller Community members participated in the study (focus group n=10; individual interviews n=9). As shown in Table 1, the study sample included variation in regard to participants' ethnicity, gender and type of accommodation (e.g. council sites, housing, roadside, private site). Participants' ages ranged from around 16 to 60. All community members were currently residing in Leeds, with the exception of one participant, who had lived in Leeds recently and was asked to reflect on their experiences during this time.

Table 1: Sample of Traveller Community members involved in the research

Participant	Interview/FG	Accommodation	Ethnicity (e.g. Romany Gypsy or Irish Traveller)
1	Interview	House	Gypsy
2	Focus group	House	Gypsy
3	Focus group	Site	Gypsy
4	Focus group	Site	Irish Traveller
5	Focus group	Site	Irish Traveller
6	Focus group	House	Irish Traveller
7	Focus group	Site	Gypsy
8	Focus group	House	Irish Traveller
9	Focus group	Roadside	Irish Traveller
10	Focus group	Roadside	Irish Traveller
11	Focus group	House	Gypsy
12	Interview	Private site	Gypsy
13	Interview	Roadside	Gypsy
14	Interview	Private site	Gypsy
15	Interview	Roadside	Gypsy
16	Interview	Roadside	Irish Traveller
17	Interview	House	Irish Traveller
18	Interview	House	Irish Traveller
19	Interview	Site	Irish Traveller

As experiences of discrimination can lead Traveller Community members to be cautious about identifying themselves to an unknown researcher (Brown and Scullion, 2010), participants were recruited by community workers at Leeds GATE. Participants in the research received a £20 shopping voucher by way of remunerating them for their time. The research was conducted in January 2019.

2.3. Data collection

Data for the study was generated through a focus group and individual interviews, the methods of which are discussed in depth below.

2.3.1. Focus group discussion

A focus group was held with 10 Gypsy and Traveller women. This method was both practical, allowing access to the perspectives of a large number of participants within the short timescale of the work, and well suited to the research aims. The conversational and interactive nature of a focus group enables attention to both individual opinions and to areas of group consensus (Cyr 2016), in this case regarding health priorities. As focus groups allow participants to respond to each other's views, this method helps to generate new ideas and is therefore well suited to needs assessment (Leung 2009). In order to ensure cultural sensitivity, and following the advice of staff at the community members organisation, the focus group included Gypsy and Traveller women only. The focus group was held at Leeds GATE and facilitated by the researcher. Lasting approximately 2 hours in total the discussion was structured in three parts:

- a) A brief introduction on the process of health needs assessment, the meaning of public health and the purpose of the session
- b) An open discussion about the health issues which are important to community members, and the preferred forms of service provision to address them (see Box 1)
- c) Discussion to triangulate council identified priorities for Gypsy and Traveller health with the views of community members themselves

2.3.2. Qualitative interviews

Semi-structured interviews (Box 1) were undertaken with 6 men and 3 women from the Traveller Community. This enabled participants freedom to identify health issues which were important to them, while also giving scope for the researcher to follow up with prompts around the health needs identified within the council report. Interviews lasted around 20 minutes on average and were conducted by the researcher either in person at GATE, or over the telephone, depending on participant preference.

2.4. Data analysis

With participants' permission, the focus group and interviews were audio-recorded in order to ensure that their views were represented accurately. Given the time constraints of the project, it was not possible to transcribe interviews verbatim, and a listening analysis of the data was instead undertaken. This involved listening carefully to individual interview and focus group recordings, and noting all health needs and service requirements, which were mentioned by participants. Illustrative quotes for the issues participants highlighted were transcribed verbatim. A thematic analysis was then undertaken (Braun and Clarke, 2006), whereby the researcher looked across the data set as a whole to identify overarching themes. Given the shared purpose of the focus group and individual interviews, the findings from each strand of data collection are considered here under common headings.

Box 1: Topic guide for focus group discussion

1. What health issues/needs are important to you and your families?
2. What currently stops Traveller Communities in Leeds from being healthy/what do you need in order to be more healthy? Prompt around different determinants of health
3. How might health needs/priorities differ...
 - Depending on whether people are in houses/on local authority sites/private sites/roadside
 - For men and women?
4. What are your future hopes for the health of Gypsies and Travellers in the area?
5. What will help to make this happen?
 - What is going on in the area which is good for Gypsy and Traveller Community health/is working for the community?
 - What would help this to continue/grow?
 - Based on your own experiences...
 - What are the ways of delivering health services and information which work best for Traveller Communities? E.g. specialist outreach nurse, community health worker sessions, health trainers, changing appointment times to be more flexible etc.
 - Are there any ways of delivering health services to Traveller Communities that you feel should be avoided?

Discuss and invite feedback on the health issues identified by the council

3. Findings

Themes emerging from the data have been grouped and presented according to the overarching categories of the Dahlgren and Whitehead (1991) model of the social determinants of health. Although presented separately here for reasons of clarity, influences on Traveller Community health were actually multiple and interactive. The ways in which these factors were perceived to impact on the physical and mental health of Traveller Communities is woven throughout the presentation of findings. In particular, participants suggested that rates of mental health issues were much higher among Traveller Communities than other groups, as a result of the daily stresses and pressures they experienced. Where highlighted by participants, models of service provision which show promise in addressing these determinants are also discussed throughout.

3.1. General socio-economic and environmental conditions

3.1.1. Accommodation

All participants highlighted features of their homes or accommodation which were impacting negatively on their health.

Insecurity of accommodation

The need for greater security in accommodation was often described explicitly as the most important need of Gypsy and Traveller families in Leeds, or was the issue raised first when Traveller Community members were asked openly about their health priorities. A shortage of Traveller sites meant that many Traveller Communities were living on roadside:

“They’ve made a few sites but they haven’t made enough” (Participant 19)

“we’re getting moved around cause there’s no temporary sites, there’s no permanent sites” (Participant 14)

Difficulty obtaining planning permission for purchased land also contributed to this situation, and one participant highlighted long waiting lists and difficulty attaining a council home as responsible for homelessness among Traveller Communities. When living on roadside, a lack of ‘stability’ due to frequent eviction was identified as directly affecting mental health and wellbeing. For example, participants described significant stress, anxiety and problems sleeping, which were in turn influential over physical health:

“Because they’re [roadside Travellers] always on the road you see and erm, they’re always working and they’re always, it’s a non-stop. By the time they get home they could be shifting an, when they’re shifting they could be shifting 100 mile or something. Time they get there it’s gonna be tiring and draining, by the time the get up the next morning and sort the horses out at 5 o clock in the morning they getting 2 or 3 hours sleep... There’s a lot of mental health and things like that there and

stress and all things like there and it's not really very good for digestive system. Get some stress all every day of the week in your system (Participant 15)

The difficulty finding somewhere to stop was also suggested to create challenges in ensuring a sense of stability for children, leading to significant and sometimes enduring mental health issues:

“you've got nothing at home, the children is crying 'Mammy mammy ma- and off we go, god knows what time you're pulling in and the children's starving” (FG)

“The kids are getting stressed...and then they're on about mental health, this is what does it to the children when they get adults. It sticks in their head cause they...they know that they've been dragged from here to here...and they get stressed from school. They don't know which school they're gonna be in the next day” (FG)

A lack of access to basic facilities such as toilets, water or showers, when living on roadside was identified as a further need. One participant described a reliance on a local leisure centre for these facilities, but relayed examples of being refused entry or being forced to pay for these services once their identity as a Traveller became clear. A lack of permanent address when living on roadside was also continuing to create challenges in accessing health services and education:

“If you're sick you can't really go anywhere cause you can't leave your trailer behind on the field. Whatever it is you just bear it out” (Participant 17)

Participants described how secure accommodation would enable Gypsies and Travellers to have continuity in care, with primary and maternity care mentioned in particular. Practical challenges were also identified around the receipt of mail when living on roadside. Use of a care of address was highlighted as a workable solution to this issue, though this too posed some challenges in regard to timeliness of information about health care appointments.

Conditions on permanent sites

Even where settled on a permanent site, Traveller Community members described conditions of living which were affecting their health. Rent charges on the local authority site were acknowledged as high, given the amount of facilities provided. Participants also identified an inequality in the upkeep of Traveller sites compared with council homes and described the burden of stress caused by expensive repairs:

“it's the stress, yeah” ... “if you had to pay for that it's a lot of money...some poor people haven't got that money” – “it makes, I have to take depression tablets” (FG)

Although living on a permanent site meant that Traveller Communities have a secure address, this did not necessarily remove barriers in accessing services. Community members described how an address that contains reference to, or is known as a Traveller site can create difficulties getting access to taxis and other services, with this also impacting on mental health.

One participant also expressed their frustration at the restrictions imposed with regard to bringing a static home on site and with variation in the rules imposed on different sites.

When articulating what makes a good site, community members indicated a preference for smaller sites which accommodate one family:

“cause a lot of Travellers don’t really get on very well together...so with, with a plot of land they should only put six caravans into it” (Participant 16)

The new site at Kidacre was also viewed as a positive example in its proximity to nearby services.

Effect of housing on health

Differences in opinion were evident in regard to the impact of living in housing on Gypsy and Traveller health. While a house was seen as bringing more physical comfort by some, others suggested that living in a house versus a trailer made little difference to health.

Disagreement was also evident across participants in regard to the degree of isolation experienced by Travellers living in housing. However, many participants described the mental health impact of a loss of cultural tradition when moving into housing, and the importance of retaining their Gypsy and Traveller heritage:

“that’s my life, in the caravan, you know so we’re entitled to that isn’t we”
(Participant 19)

Affordable warmth

Most participants suggested that gas and electricity were not affordable, and identified subjective indicators of fuel poverty. Issues were identified around damp and drafty mobile homes which are causing problems with children’s chests for example. One person in housing described spending £60 a week on gas and still being cold. Another suggested that she has switched from receiving a 3 monthly energy bill to a meter as she couldn’t keep up with the bills. Some suggested that energy costs were far higher on Traveller sites than in housing, despite the smaller space heated, and attributed this to the higher costs of pre-payment meters, or energy companies charging an industrial rate:

“the sites are very dear as well cause they give you them...the card meter but on every other site they do... you can’t keep up to them, you know with the electric, especially in the winter time” (Participant 19)

Investigation by GATE found that Traveller Community members living on sites are not on an industrial tariff however, and further exploration is therefore needed into the reasons for such high energy bills.

Community members reported challenges in engaging with energy companies to resolve any problems since support is increasingly provided online and not accessible where people are unable to read or write. This resulted in a delay in accessing heating, and contributed further to stress.

3.1.2. Education

Literacy

Participants pointed to the importance of illiteracy as an influence on people's health. The ability to read and write enabled people to research and interpret health information, facilitated access to health services, and made navigating life easier in general:

“now you can just research anything, you can go on your computer, but for somebody that can't read and they don't know who to talk to, about what subject they need, it can be a bit, it can be a lot harder” (Participant 18)

Participants described their embarrassment when disclosing illiteracy due to the attitudes and behaviours of health staff, who reacted with surprise ('what dya mean you can't read and write?'), or by shouting at community members as if they were hard of hearing while others were present. Where once illiteracy was accepted, these reactions were suggested as becoming more common, and attaining literacy skills was felt to be increasingly important in a digital age. Cards developed by Leeds GATE, which discreetly communicate a need for support with reading and writing, were hugely valued by community members, helping to counteract the embarrassment they had often experienced previously:

“You don't have to explain that I can't read and write it just says it all on there...cause it can be embarrassing. And the way people looks at you” (FG)

Participants saw potential in applying this idea for other purposes, including the communication of rights to a care of address, and specifying the requirement of GPs to consider their responsibilities under the Public Sector Equality Duty (2011).

School

Access to formal schooling was also viewed as important by participants, and shifts in expectations surrounding educational qualifications and employment were identified:

“with our Travelling Community people we never had schooling, we were reared that way but now the younger race is not reared that way, the younger race wants to be educated, the younger races wants to be, say doctors and nurses or psychiatrists or solicitors, they want to have it as well” (Participant 16)

However, gaining access to education was still an issue, particularly for those living on roadside. Participants described children being refused entry to a school, or agreeing to take on only some children from the same family, thereby creating challenges in transporting children to different schools on time:

“And each Travelling person four or five children and they'll say they'll take in two...well they can't split them cause how are they going to get to the rest of the schools in time... a lot of Travelling women can't drive” (Participant 16)

Bullying towards Traveller children in schools created a further barrier to educational attainment, and participants described examples of children being excluded from school for minor behaviours.

One participant described the need for greater recognition of, and support for home schooling where this decision was taken by Traveller Community families:

“in the Travelling belief, we go to school until year 6. Then at the ag- when we’re into year 6 we get took out for home tutor, right. Number one, Leeds GATE does home tutor... and they said, when we are getting home tutored by somebody else we are not doing anything right. Cause that’s the way they’re putting things down. We’re doing everything wrong, in their eyes... and it’s just we do not get enough support” (Participant 12)

3.1.3. Income, employment and adult learning

In response to the question about what stops Traveller Community members from being healthy, one Traveller Community explicitly described insufficient income:

“not getting enough money [stops people from being healthy]... we’re not getting enough money and we need to live. See I’m only a single parent so I need to get... We don’t have enough money to buy food or anythink....cause if we don’t have enough money to buy food we don’t eat proper food do we” (FG)

No participants in the research felt that Gypsy and Traveller Communities had equality of opportunity in regards to employment and training. This was partly due to illiteracy, but also prejudice and discrimination. Participants recounted instances of Gypsy and Traveller men and women being refused access to training or work when their ethnicity was known, and of difficulty obtaining contracts when self-employed:

“As you know, some Travelling men do tarmac, some Travelling men do trees. Erm, some of the outsiders don’t trust us, they’re not able to get work. If they do get work they’re getting accused of stealing something... blamed of overcharging” (Participant 12)

Examples were also given of community members having to hide their ethnicity from their employers, with this in turn impacting on their self-esteem:

“I know dozens and dozens of, of men who have certain, do certain jobs and they have to pretend that they’re not Gypsies...it’s not a very good confidence boost. Which you shouldn’t have to do it. Nobody else denies what they are” (Participant 14)

One participant felt that a desire to conform with expectations regarding usual types of employment undertaken in the community could prevent Gypsy and Traveller men from exploring alternative employment options:

“they hold their self back, it’s like er they’ll think well if I done whatever it wa- like went out of me community and, and did something different than what me Dad does, or my brothers do it’s like, they might see me like ah why you try’n to be different kind of thing” (Participant 18)

However, this participant also suggested that this view was changing. Indeed, participation in training was viewed as important by many Traveller Community members, particularly for

younger generations, as opportunities to engage in more traditional trades were becoming limited:

“cause how we work is coming to an end innit...if you haven’t got degrees or anything you don’t get the best of nothing do you?” (Participant 17)

Traveller Communities are often suggested to adhere to traditional gender stereotypes. While one Traveller Community woman stated a preference not to engage in paid employment given her level of responsibilities in the home, this was not true of all participants. There were examples of Traveller women who were engaged in training and employment, and participants suggested that many Gypsy and Traveller women would be keen to enter employment where opportunities were provided:

“They don’t give Travelling women the opportunity do they..there’d be a lot more Travelling women worked if they helped them to get into jobs” (FG)

Both men and women described the pressure to earn an income experienced by Gypsy and Traveller men. This was sometimes viewed as no different to the experiences of men within the settled community:

“same as in a housing estate basically, if the next man at the side of you is doing really well and you’re not doing really well and you’re stressed out kind of thing, well what am I doing wrong, I need to try and earn sommat and obviously it doesn’t, in hindsight it doesn’t work like that, but in your m- in your head it does so it’s it’s the st- it’s it’s everyday stress basically” (Participant 14)

However, Traveller Community members who are both self-employed and living on roadside, experienced additional barriers to earning which exacerbated the stress they experienced. Being moved around frequently left fewer days to search for and undertake work, and a lack of address often prevents access to welfare support:

“when you haven’t got a job to go into every day...you have to do it for yourself. And if you don’t get it, you get no money” (FG)

“but then you see the ones what are at roadside as well, part of that stress is half the time they haven’t got time to go and try and earn any money because they’re getting moved on” ... “where other people’ve been there and we’ve been moved three times in one week so you you’re a day moving around trying to find somewhere else, so then they’ve got a day in a sense in that week where they’ve got to try and earn some money to keep the family, for a week or more, so it’s it’s the, and half the time they can’t claim dole or anything because they’ve no address” (Participant 14)

Changes to the laws around trading scrap metal have added to the difficulty finding sufficient work for Traveller Communities:

“you could go and look for scrap, it wasn’t so hard, like you had something to turn to but now it’s much more difficult” (FG)

3.1.4. Access to health services

Access to health services varied across participants. While Traveller Community members living in housing experienced fewer barriers in access to health services, this was more difficult for those living on sites or roadside. Participants described particular challenges in registering with dentists and also commented on long waiting times for GP appointments. This difficulty in accessing health care entitlements, was suggested as giving rise to significant stress:

“When you trying to get on with a GP, you can’t get on with a GP, then you wanna go to a dentist, you can’t get on with the dentist, you know, so it’s it’s a lot, you know it’s a lot, a lot of pressure on Travelling people because they haven’t got no facilities and no rights” (Participant 16)

Walk in centres were viewed as helpful in getting access to services. However one community member gave an example of someone being refused access to the walk in centre as they didn’t have a permanent address. It was also clear that Traveller Community members would prefer not to resort to walk in centres or A&E unless needed, and would rather access health services through the usual gateway of primary care. Women in the focus groups described how an inability to receive mail acted as a barrier to accessing health checks.

Participants suggested that greater sensitivity to cultural and literacy needs were required within health services. This included the ability for women Travellers to access a female doctor, the need for greater understanding of what it means to be a roadside Traveller, and recognition that larger families may mean more relatives visit Traveller Community members in hospital. An example of good practice was highlighted where GP surgeries ensure they communicate with patients by phone where they known to be unable to read or write. The model of a specialist outreach nurse was also viewed positively by community members, with this suggested to overcome some of the nerves Traveller Community members experience in accessing services as a result of experiencing prejudice.

One Traveller Community member discussed the quality of healthcare received while in prison. This participant commented positively on the provision of vaccinations in prison and how quickly health care was received. Health care needs were felt to have been managed well during transition out of prison and back to community health services, with continuation of medication ensured, and the sharing of patient notes agreed prior to release.

3.1.5. Policing

There was little evidence that Traveller Community members had trust in, or felt protected by the police, with participants describing the fear they gave rise to among the community:

“they could knock on your door one day for no simple reason, scare the children”
(FG)

Participants reported a lack of support when approaching the police for assistance and where Traveller Community members are illiterate, this inequality in power was exacerbated:

“you get no support from the police love...especially when you can't read or write or owt like you know, they've got you then...they tell you things an they're writing down all the time, how do you know what they're writing down there about you, having you sign things what you don't know what you're signing” (Participant 19)

Gypsies and Travellers described being spoken to 'like you're dirt' by police officers, and shared examples of police brutality, including the use of tasers and CS gas in the presence of children.

3.2. Social and Community networks

3.2.1. Community cohesion

Traveller Community members expressed a desire for more interaction with the settled community. Some had established friendships with those outside of the Traveller Community and felt well connected and accepted:

“I live in a quiet area me....just a nice house, live there, quiet it is, just quiet. I get on with everybody around there and that. Can go, there's a park near there and that can go out to the park, there's a gym down the road, I'm like, I've got all the resources I need” (Participant 1)

“I have loads of non-Travelling friends...I get along with anybody. You speak nice to me and be nice to me, I will speak nice to you and be nice to you” (Participant 12)

Others suggested that they were not included within local communities, or that relationships were threatened where any problems caused by Travellers stopping temporarily were generalised to all Traveller Communities in the area. One participant described how, when first moving into housing, he struggled with getting to know a different set of people, getting used to 'different kind of conversations' and described this as a 'scary prospect' due to a 'fear of the unknown'. Participants suggested that opportunities to interact with people outside of the Traveller Community would help to demonstrate that “we are all the same and we are not different”.

3.2.2. Social Isolation

There was agreement that Traveller Community members living on site can experience significant social isolation. This was felt to be particularly so among Traveller Community women who do not drive. However, one Traveller man also suggested that when he was growing up, staying on small family plots away from the rest of society led to a lack of confidence in communicating with those from outside of the community, culminating in the experience of social anxiety:

“we used to, go to isolated places and just stay on our own all the time, it was just family, so when, so when you did kind of go out into the world kind of thing and then you met people that, that lived in houses and stuff you didn’t really, you were a bit scared, it’s like how do I communicate with these people... If they tried to walk up to you and talk to you you’d just... walk away you know what I mean... it impacts on like erm social kind of way of going on, you know you you can get to the point where it can lead to like social anxieties and stuff like that where, cause er that’s what happened to me” (Participant 18)

Residents on Cottingly Springs site were described as significantly isolated since they are located far from local services and amenities. The position of the site on a busy road gave rise to concerns around the safety of children when walking to reach shops, and the site is noted to be poorly served by bus services and taxis:

“on Cottingly Springs the older people there can’t even get to a shop there. Must be a mile or two miles to the nearest shop...there’s no convenience there. Sometimes there’s a bus stop outside, sometimes the bus won’t stop, it just drives straight past” (Participant 19)

Again, an inequity was described between Traveller sites and council estates, with the latter often containing shops, wash houses, parks, community centres. As described above, the site at Kidacre was identified as a positive example of a Traveller site, due to its location and proximity to available services.

Two participants suggested the possibility of offering activities for men, such as a woodworking course or sports sessions, which would provide opportunities to socialise:

but like a little hobby kind of thing, a get together kind of thing, even like a maybe like a, somick where they could just meet and go to meet each other and like er in town even ...” (Participant 18)

Participants felt that younger men would be most likely to participate in group activities:

“I don’t think the men’d go but the kids’d go” (Participant 19)

Community members described a lack of activities on site for children and teenagers when compared with council estates. Participants suggested that a space on site, with access to Wi-Fi, would be beneficial in enabling teenagers to socialise safely:

“They put us out on the back road, right, then you’ve got all these teenagers just growing up into teenagers. There’s nowhere for them to sit, there’s nowhere for them to to, as a little group sit and chat, little boys and girls, cause that’s what you need around th- so if they get into, if they do like whatever, go out sit near the footpath and chat out there, oh it’s a hazard to the motors going past” (FG)

“Even if there was a little shed that they could sit in. If you only had to put a pound in a week to keep the Wi-Fi going between them all. Then they don’t get into trouble” (FG)

3.2.3. Discrimination

Traveller Community members encountered continuous prejudice discrimination during the course of their everyday lives. This treatment could discourage, or directly prevent Traveller Communities from accessing services which support wellbeing, as well as affecting mental health and generating a sense of insecurity:

“We go and pick our kids up from school you’re getting looked at like you’re shit...like you’re rubbish basically...maybe you can go off for a day’s shopping, pictures, bring the children swimming, still you’re getting looked down at. We can bring our children off maybe to a funfair, a swimming baths, a pictures. We get looked at and followed all the way round...how insecure does that make us feel” (Participant 12)

One participant described challenges in upholding her religious beliefs as a lack of permanent address meant that she was unable to fulfil church requirements to get her children Christened. A tendency to judge the entire population of Travellers by the behaviour of a few individuals was cited as core to much of the prejudice faced. Participants suggested that these attitudes were held by the general public, as well as council and health service employees:

“so straightaway they’re ready for that confrontation. Where it, where they’re awkward with you straight away where I think that’s what councils need to realise is, we’re all individuals” (Participant 14)

“Letting them get to know each Traveller individually rather than judging everybody by one” (FG)

Participants suggested the need for basic principles of kindness and manners among staff as cost-free changes which could make health services more welcoming. The training sessions for service providers delivered by GATE were felt to be useful, but participants suggested these could be delivered over a longer time-frame. One participant communicated an interest in attending Universities to speak about equality with students training in health and social care.

3.3. Individual and lifestyle factors

3.3.1. Physical activity and diet

The majority of participants (both men and women) felt that Traveller Community men tend to lead active lifestyles, due both to their tendency to be employed in occupations which involved manual labour, as well as their conscious effort to maintain their physical fitness by attending the gym:

“We all like train and like hit the gym and that do you know what I mean? So like we try stay healthy” (Participant 1)

One Traveller man commented on the stress-relieving benefits of exercise, describing this as preferable to alternative ways of coping with stress such as the use of alcohol:

“part of the thing is wi well mental health among Travellers and stuff is, you an go to a pub, drink like, drowned your sorrows but that problem’s still there the next day because you’re not getting, you’ve nowhere to go with that problem” (Participant 14)

Women were also described as leading active lifestyles, since they are ‘always on the go’, ‘never sit down’, and ‘always outside’. However, precisely because of their daily responsibilities, women were suggested as less often undertaking more focused exercise:

“its cause sometimes with girls, they might have to stay at home and look after little children and stuff, even at a young age... So they might not get the privilege of being able to, to get that much time on they own like to, to go to the gym or somick (Participant 18)

Indeed, one participant recognised the difference between daily activities and more deliberate exercise:

“If you go out all day and you clean all day... that’s not the same exercise as going running. And it’s not the same exercise as going on a running machine or go for a walk, cause your bodies used to it, you’re doing the same thing everyday” (FG)

There was some consensus that Traveller Community members try to eat healthily and that traditionally, Travellers would have had a healthy diet consisting of proper home cooked meals such as stews. Participants perceived a shift in the diets of Traveller Communities, with consumption of convenience foods such as chicken nuggets, pizzas and takeaways becoming more prevalent. School meals were seen as partly responsible for reinforcing children’s appetite for these foods. Overall, however, Traveller Communities communicated an awareness of the need to eat healthily. Participants suggested that there was no reason they couldn’t cook and prepare food in the trailer, but rather that they tended to cook in sheds since this was more convenient.

3.3.2. Alcohol, tobacco and drugs

Only one participant explicitly identified alcohol as a particular problem among Traveller Communities (men specifically), explaining this by boredom and the patterning of behaviour:

“Less drinking, cause er sometimes there’s a lot of Gypsy men do a lot of drinking you see... I think its boredom to tell you the truth when they come home at night time and er go to the pubs and they’re set in a routine and that routine is an everyday thing sometimes (Participant 15)

For the most part, participants rejected the idea that alcohol represents a specific problem among Traveller Communities, or that the use of alcohol was more prevalent than in the settled community:

“it’s like any community...some people do drink, some don’t” (FG)

“I don’t really think it’s important cause it’s just in, that’s in every like culture and community I see people all over drunk and like it’s not just all Travellers that do that drink and do drugs, everybody does it like every culture do you know what I mean?
(Participant 1)

Participants suggested that alcohol use may be more evident on special occasions such as weddings, christenings, Appleby fair or Christmas, but even at these events the use of alcohol was controlled, particularly in the presence of children.

Some disagreement was evident between participants in regard to the prevalence of tobacco use within the community. Smoking was seen as a more recent health issue among Gypsies and Travellers. One focus group participant questioned the health impact of smoking and shared stories of those who had lived long, healthy lives despite smoking. This person also perceived e-cigarettes to be more harmful to health than smoking.

Views on whether or not drugs constituted an issue within the community were also mixed. Some community members described the use of cannabis as high among the younger generation of Travellers, while others did not recognise this as a problem. Cannabis appeared to be perceived as less harmful than other drugs, and there was no mention of other illicit drugs among the community. As with diet, and tobacco, there was a sense that this is a more recent problem, and community members identified cannabis as introduced to Traveller Communities through contact with the wider population in prisons:

“Where did Travellers ever hear tell of drugs or anything like that [before prison]”
(FG)

“It’s the young boys that come out of prison what brought that into the Travelling Community” (FG)

It is also important to note that many Gypsies and Travellers who took part described a conscious effort to be healthy, and reported avoiding risky lifestyle behaviours in order to maintain a healthy lifestyle. This includes one young Traveller man who had been subject to potentially negative behavioural influences in prison:

“I do everything right meself I don’t smoke I don’t, like I party and that, not not often though not often at all but I don’t smoke, I don’t take drugs so... I always go to the gym and I’m a fit person do you know what I mean” (Participant 1)

3.3.3. Traveller men’s health attitudes

Suggestions that Traveller Community men do not talk about health issues, and are less likely to engage with health services are common in the literature. Some support was found for the view that Traveller men are less likely to talk about health issues. This characteristic was not seen as unique to Gypsy and Traveller men however, but one which was common among the male population more generally. One participant described how this attitude was changing however, and gave examples of friends sharing concerns or asking for advice about health issues.

“twenty year ago, you wouldn’t of dared. You would have been that embarrassed to talk about stuff, but now there’s I know a lot of family and friends where, we’re that age where now, we do say things to each other, we don’t, I think, well I’ve got a brother in law who he started telling me one day he can’t go to the toilet and he hadn’t been for day- he didn’t know what to do, but really he should have gone to the doctors or gone to a chemist and he asked me. And it were like phhh...cause I were right shocked that he’d asked me, but in some way respects I was glad that he felt, he felt like he could ask me. (Participant 14)

This participant went on to describe the significance of the gym as a space that facilitated these conversations, albeit sometimes approached in a guarded way:

“And that’s the great thing about like going to the gyms and stuff is that you just come out with all kinds. You make it, you’ll, obviously you’re telling the next man about a problem that your mates got, which obviously isn’t your mate, it’s you who’s got the problem. And they’re telling you that their mate’s had it, knowing it’s them what’s had it. Which obviously everybody does that, don’t they that just isn’t us, it’s everybody in general” (Participant 14)

Men’s decisions around access to health services were also varied and complex. Some participants suggested that Traveller men were reluctant to seek health care, and women were described as more involved in activities at GATE, due in part to the fact that Traveller men ‘tend to push the women forward’. A reluctance to access help was sometimes attributed to embarrassment and a desire not to show weakness. However, this was not the only rationale operating, and these decisions were also influenced by broader structural factors, including prejudice and the need to prioritise finding work:

“Traveller men, they’ve never been to a doctor love unless they get very poorly, and they’ve got to go... cause they’re out ...looking for their living all the time...door knocking an that, doing bits of jobs and whatever they can do” (Participant 19)

Furthermore, some described how their attitudes towards accessing care had changed over time, or suggested explicitly that avoiding seeking help was not a trait that was unique to Traveller Communities:

“I don’t think just cause people are Travellers they think ‘ah no we don’t wanna go’ cause it happens with everyone. I know loads of people that just think ah I’m not going or cause they can’t be bothered, or they just don’t wanna get, look weak or anything like that’ (Participant 1)

3.3.4. Immunisation

Many of the women in the focus group were aware of the vaccines available and described having had their children immunised. While favourable attitudes were articulated towards Meningitis and HPV vaccines, people expressed more uncertainty about the Measles, Mumps, and Rubella (MMR) vaccinations. One person described how her child had received only two of the vaccines as the second vaccine caused a lump on the baby’s leg and another

described her fear of the MMR, but went on to say that she nevertheless felt children should have it.

“I’m a bit frightened by them MMR meself, but I think you should” (FG)

One participant suggested that children were still contracting viruses despite having received the vaccination. Interestingly, another participant indicated that a reluctance to have children vaccinated has grown among the community in recent years, despite the link between the MMR and autism now being disproven. This was attributed to known instances of the vaccine harming children, but also media coverage of vaccination. Indeed, remarks made by Donald Trump connecting the MMR with autism have triggered a resurgence in media discussion of this issue, which may be contributing to this scenario.

“My children had them over the years...a lot of the girls won’t have them done now cause you hear so many things on the television” (FG)

Ultimately, decisions about whether or not to take up immunisation were noted as dependent on the preferences of individuals:

“I think it’ll depend on the individual Traveller because I know Traveller people who do let their children have vaccines. Mine’s had every one...the baby ones, mine’s had them all” (FG)

3.3.5. Health awareness and information

It is clear from the above discussion of lifestyles that many participants were concerned to ensure they adopted a healthy lifestyle. Some community members were very proficient in locating health information and advice:

“I kinda, I know how to eat healthy and what to eat cause erm I do a bit of, cause erm I can read and stuff, and I, I research what’s good for you, and I used to have a mate that was like a nutritious person...and I got a few tips off her” Describes eating a lot of oats and fish, fruit and vegetables (Participant 19)

“Yeah, just go on the internet or sommat or you can find information from anywhere like you can get information from a doctors, online, a gym, anything know what I mean. Tells you on food and that what’s healthy and that” (Participant 1)

Social media was felt by some to be a potentially useful source of information, with some individuals using this already to source advice on diet, exercise and locate sporting activities. This was also felt to be beneficial in its ability to deliver advice in a private manner:

if they haven’t got their own social media accounts they’ll be on their wives or whatever” ... “If I seen something that had men on the front saying mental health or men’s problems you’d have a look just for the sake of having a look because nobody knows you’re having a look, and nobody knows you have had a look... it’s privacy innit.... And if it gives you information on summat what if, say if I’m not worried

about it but I know me friends worried about it, you can pass that information on”
(Participant 14)

However, not all community members have the literacy levels required to access information through social media and were this to be used, information would need to be provided in an alternative format to text. In general, Traveller Communities articulated a need for greater awareness of potential health problems and, in particular, information on which services to access for health issues. Women were seen as having a higher awareness of how to check themselves for health problems than Traveller men, in part because men don't often visit usual spaces for delivering health promotion messages:

“like a normal person ‘ll see it maybe even in their work or places they go, where we don't get in them places. Cause half the time like 90% of us will work for ourselves or things like that (Participant 14)

One participant suggested that a course which raises awareness of health issues would be useful:

“making people more aware of stuff, maybe erm some kind of course where you can make people more aware about health issues and, and stuff like that you know”
(Participant 18)

Another described the importance of creating opportunities to open up discussion about health and suggested a need for health messages to filter into people's heads in order to build a sense of awareness:

“its getting them the, it's getting it into people's heads really to say right you need to check this out...I think, if something's said and it gets put into somebody's head, then at that moment in time, they might just dismiss it, but then if, for instance if they said oh you're all gonna suffer with bad knees, you think 'ah, bad knees', but then a month later you think well I have got a bad knee and that were mentioned so I could go back there and ask well what do I do with that. Obviously I'm not referring to a bad knee in a sense, it's other problems innit that... It's awareness, there's no awareness to problems health wise, mental wise, anything wise really” (Participant 14)

This participant felt that health information leaflets which can be accessed in the entrance to Leeds GATE to be beneficial:

“I think a good like thing'd be leaflets say in Leeds GATE where, like say if my wife goes down there and there's leaflets solely about men. They're still gonna look at, and they're still gonna think, well I'll just take that, and I'll, and I'll, she'd bring it home and give it to me and say 'oh that were down at Leeds GATE today'. Even though I'd be like 'oh no I don't want that' but I'd still have a look at it” (Participant 14)

Indeed, GATE itself was viewed as hugely important for Traveller Communities, with one participant suggesting that without access to this support, Traveller Communities would be

'lost' or 'helpless'. While the gym clearly functioned as an important space for the promotion of Traveller men's health, as only a select number of Travellers attend each gym, this was not felt to be the most effective venue for delivering health information.

3.4. Conclusion

3.4.1. Strengths and Limitations

This report presents the results of a rapid consultation on the health needs of Gypsies and Travellers in Leeds. Despite the short timescale of the research, we were successful in recruiting a well-balanced sample of Gypsies and Travellers to the study, giving insight into experiences of male and female Gypsies and Travellers, in varied types of accommodation. This report does not claim to provide generalisable insights into the needs of Gypsies and Travellers in Leeds overall. Rather, its strengths lie in the provision of an in-depth understanding of the health issues that community members themselves view as important to their families and the broader community. As participants were reflecting broadly on their health needs, rather than the service provided by GATE, their recruitment through the organisation was not judged to affect study findings.

3.4.2. Key messages

- 1) Participants expressed differences in opinion around the extent to which lifestyle behaviours (e.g. diet, physical activity, immunisation, alcohol, tobacco and drugs) were considered problems among Traveller Communities. Community members described health choices as dependent on the individual attitudes of Traveller Community members and often rejected suggestions that problems such as drug and alcohol were particular to Traveller Communities. The findings suggest a need for caution in generalising lifestyle behaviours to Gypsy and Traveller Communities as a whole. This is particularly so in the case of behaviours such as alcohol and drugs which are stigmatised in society as a whole.
- 2) Traveller Community members indicated an explicit concern that health and other practitioners adhered to stereotypes or assumptions which prevented them from seeing Gypsies and Travellers as individuals. Participants identified a need for education targeted at professionals that challenges these views. Campaigns such as 'We are so many things' (London Gypsies and Travellers, 2017) start to question the tendency to see Traveller Communities through the lens of their ethnicity alone. Future work could explore the forms of education and training which best convey this message to practitioners.
- 3) Some support was found for previous suggestions that Traveller Community men are less likely to talk about health or engage with health services. However, findings also indicated that this was beginning to change, and highlighted some notable avenues through which Traveller Community men were engaging with health. In some cases, structural factors were cited as underpinning decisions not to access health services, rather than embarrassment or a desire not to appear as weak.

- 4) The work underscores the importance of work to address the structural influences on Traveller Community health rather than focus on lifestyle behaviours alone. Access to secure, safe and affordable accommodation was a major concern of participants, and a pre-requisite for many other health determinants. Until site provision is addressed, the health inequalities experienced by Traveller Communities will be difficult to reverse. Likewise, addressing inequity in education, employment and training opportunities is much needed in order to improve health and quality of life for Traveller Communities.

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