

**YOUR KINGSTON
YOUR HEALTH**



JSNA **JOINT
STRATEGIC
NEEDS
ASSESSMENT**

Gypsy and Roma Travellers

JSNA Needs Assessment

October 2016

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PUBLIC HEALTH
KINGSTON
Healthier living, happier lives

NHS
Kingston
Clinical Commissioning Group



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ACKNOWLEDGEMENTS

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OVERVIEW

Gypsies and Travellers are a small but significant group, consequently, the presence of these communities is largely invisible and their needs often go unsupported.

Nationally, it is [estimated](#) that there are between 200,000 and 300,000 Gypsies and Travellers in the UK, two-thirds of which are settled in brick and mortar. In Kingston there are a number of English Gypsies and Irish Travellers residing in the borough. The number identified in the census (33 people) is highly likely to be inaccurate.

The Department of Education annual school census is one of the most accurate of the few national data collection sources on Gypsy, Roma and Traveller populations. In Kingston, 0.1% of its school children are Gypsy Roma, lower than both London at 0.14% and England at 0.3% ([2015/16 data](#)).

In terms of health, Gypsies and Travellers are amongst the most deprived in England; they continue to suffer from [poor health and lower life expectancy](#). They have some of the worst health outcomes of any ethnic minority group in the UK, with studies showing that they have significantly lower life expectancy than the general population. Other health issues that are more prevalent in the Gypsy and Traveller communities [include](#):

1. 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
2. Low child immunisation rates and commensurate elevated rates of measles, whooping cough, and other infections in comparison to the general population.
3. Mental health: Gypsies and Travellers are nearly three times more likely to be anxious than average and just over twice as likely to be depressed.
4. Generic health status: poorer general health and higher rates of limiting long-term illness (even after controlling for socioeconomic status) and higher rates of respiratory and chest symptoms (even after smoking status had been taken into account).
5. Low level use of services particularly by men eg of use of GP, national screening programmes, sexual health, and dental services.
6. Diabetes: A higher prevalence of diabetes has been reported in the Gypsy / Irish Traveller population

The reasons for such poor health outcomes are numerous and include high levels of illiteracy; lack of good quality health supporting accommodation; lack of knowledge of mainstream services; and a mistrust of authority. Procedures for registering and accessing primary care services is a significant barrier, as well as a lack of cultural awareness and cultural competency amongst health staff which can cause misunderstanding and tension, and can deter some from seeking health care until there is an emergency.

These factors can also be compounded by a sense of fatalism and low expectations about health and health services – ill health is seen as normal, an inevitable consequence of adverse social circumstances.

With the legal duty in the Health and Social Care Act 2012 to have due regard to the need to reduce inequalities in access to services and health outcomes, there is a strong imperative effectively to include the needs of Gypsy Traveller communities in JSNAs in order to commission services to meet the needs of these communities and improve health outcomes. JSNAs are key documents in identifying health inequalities. However, there is a great deal of variation in both the quality and level of inclusiveness of these documents nationally. Kingston's highest priority is to improve qualitative and quantitative monitoring and research to inform primary research on local needs.

INTRODUCTION

Romany Gypsy and Irish Travellers are legally recognised as ethnic groups and are all protected under the Race Relations Act (2000), the Housing Act (2004), the Human Rights Act (1998), and there is the legal duty in the Health Social Care Act (2012) to have due regard to the need to reduce inequalities in access to services and health outcomes. Under Section 110 of the Localism Act local authorities have a duty to cooperate, which under section 4 of the Town and Country Planning Regulations 2012 includes clinical commissioning groups and/or Health and Wellbeing Boards. The duty to cooperate and its inclusion of health services are vitally important in addressing Gypsy and Traveller health and accommodation issues. Consequently, there is a strong imperative effectively to include the needs of Gypsy Traveller communities in JSNAs in order to commission services to meet the needs of these communities and improve health outcomes.

The definition of individual Gypsy, Traveller and Roma communities and community members is complex because they are not one homogeneous group and the perceived identities of Gypsies, Travellers and Roma are affected by myths and stereotypes and historical interaction between communities.

The collective term Gypsy, Roma and Traveller is being used to describe a wide variety of cultural and ethnic groups. Some of the groups are described by their legal ethnic status. Others define themselves as a group without the legal implications of ethnicity. Ethnically defined groups include:

- Gypsies (English or Welsh Gypsies, together described as Romany Gypsies)
- Scottish Gypsy Travellers
- Irish Travellers
- Roma – the term 'Roma' accurately distinguishes between European Roma and UK Romany Gypsies. Roma often migrate to the UK to find work, to enjoy equal opportunities and a good education for their children and to escape racism and discrimination. Roma migration to Britain was renewed after the fall of communism in 1989. It is important to remember that many families were refugees fleeing from crisis for example from the former Yugoslavia and pogroms in Romania. They come from sedentary communities. The Roma are not a homogeneous group, they have a great diversity of language, tradition, culture and religion dependent on their country of origin. They have established significant communities in the north of England, East Midlands, Kent and north and east London, however, some Roma are transient. They share many of the factors and barriers experienced by migrants.

Non-ethnically defined groups include:

- showmen
- circus people
- new age travellers
- bargees.

1.0 HEALTH

1.1 Health Policy

[Healthy Lives, Healthy People: Our Strategy for Public Health England \(2011\)](#) draws attention to the significantly poorer life expectancy in England of Gypsies and Travellers when compared to other ethnic groups, even after adjustment for socioeconomic status. The [Joint Parliamentary Human Rights Committee](#) has described the Gypsy, Roma and Traveller community as the hardest to reach. The 2005 report states, 'evidence attests to the multiple discrimination faced by Gypsies and Travellers and their exceptional level of social exclusion'. Poor levels of health even compared with other marginalised groups; high rates of infant mortality, and difficulties in accessing healthcare were cited in the evidence. Poor school attendance, low educational attainment and high levels of illiteracy were also particularly acute problems for Gypsy and Traveller children'. [Gypsy and Traveller families are often invisible](#) to services even the majority were local people living in the local areas they were born and brought up. They are also often viewed by both councils and settled residents as not being part of local communities and consequently not entitled to many of the basic services that facilitate good health outcomes.

The [Ministerial Working Group \(MWG\) progress report on tackling inequalities experienced by Gypsies and Travellers](#), echoes the conclusions of the Marmot review, stating that to 'improve health outcomes for Gypsies and Travellers, we need to adopt a more integrated approach, focused on the life course and the wider determinants of health' and to 'continue to promote improved health outcomes travellers through the planning system.' To support this commitment the Government highlights the measures relating to health and the environment in its planning guidance Planning policy for traveller sites. Crucial to the implementation of health policy in the planning process at the local level are the Joint Strategic Needs Assessments (JSNA) and Gypsy Traveller Accommodation Assessments (GTAA) which inform Local Planning Authorities (LPA) and Health and Wellbeing Boards (HWB). The [National Inclusion Health Board \(IHB\)](#) has published guidance on conducting inclusive JSNAs, Joint Health and Wellbeing Strategy and commissioning for Gypsies, Travellers and Roma. Unfortunately all too often Gypsies and Travellers (especially those residing on unauthorised sites) are not recognised as having rights of residency by the local authority in which they reside or by neighbouring authorities. This can result in Gypsy and Traveller health and accommodation needs/rights being neglected by a number of service providers.

Other health policies which recognise the need for a more integrated approach includes the NHS Constitution (principle 5) which makes specific reference to the health service working across organisational boundaries to address the wider social determinants of patients and communities health.

1.2 Sources of Data and Information

Gypsies, and Roma Travellers communities are largely invisible due to not being included in local data systems. Consequently, there is a national and local lack of data on differences in health needs between different Gypsy Traveller communities.

There is currently [no recording](#) of Gypsy or Irish Travellers' in the following areas:

- Use of hospital services (in the Hospital Episode Statistics or HES Datasets)
- Maternal morbidity and mortality: The UK Obstetric Surveillance System (UKOSS)
- Sources in birth outcomes: Birth registrations do not include ethnic group. NHS Birth Notification records are ethnically coded, and linked birth registrations/NHS birth notifications/death registrations for babies who died before 1st birthday (providing information on live births, stillbirths, neonatal deaths, infant mortality, pre-term births, and small for gestational age babies) are, consequently, linked to such coding.
- Childhood immunisations: Information on childhood immunisation coverage at ages 1, 2 and 5 is collected through the Cover of Vaccination Evaluated Rapidly (COVER) data collection from Child Health Information Systems (CHISs)
- Infectious diseases: the main source of information on infectious diseases is the disease notification system.
- Community Care Services The main routine data source on community care services is the Referrals, Assessments and Packages of Care collection.
- Children in need. The main routine data collection is Children Looked After. The codes 'Gypsy/Roma' and 'Traveller of Irish Heritage' were added to the Children Looked After statistics for the first time in 2009. Traveller of Irish Heritage: 2009 (20); 2010 (30); Gypsy/Roma: 2009 (30); 2010 (50). The number of children who started to be looked after during 2009 and 2010 were, respectively, Traveller of Irish Heritage: 20, 20; Gypsy/Roma: 30, 60.
- Child Death Review Process/Child Death Overview Panels. It may be possible to address the lack of data on birth outcomes (notably, infant mortality) for Gypsies / Irish Travellers through the Child Death Review Process/Child Death Overview Panels.

Main sources of data of Gypsies, Roma, and Travellers are:

1. the 2011 Census which recorded data on those who identified themselves as Gypsies and Travellers for the first time. [2011 Census data](#) is based on a total population of 58,000 Gypsies and Irish Travellers for England and Wales. However, it is recognised that Gypsies and Travellers are often reluctant to disclose their ethnicity for fear of discrimination. Furthermore, it is noteworthy that the Census 2011 only included 'White: Gypsy or Irish Traveller' as a category, with the 'Roma' category being omitted. This will result in an under-reporting in the total number of the population, with previous figures from the [Council of Europe](#) estimating the population in the region of 150,000 - 300. Estimates have increased since 2006 and recent mapping suggests 300,000 (including the Gypsy and Traveller population) to one million¹). In 2010 the Department of Health, through their [Pacesetters Programme](#), estimated that there were about 300,000 Gypsies, Roma and Travellers living in the UK. Considering the evidence of a census undercount, it follows that the data does not consist of a broad and definitive sample, and most likely excludes many Gypsies and Travellers experiencing higher rates of exclusion and social isolation, particularly those living on unauthorised sites and in housing, groups who are particularly vulnerable to poor health. Nonetheless, the Census data still provides

a large and important sample to be utilized and contrasted with other datasets. The [census \(2011\)](#) revealed that in England and Wales:

- 58,000 people identified themselves as Gypsy or Irish Traveller in the 2011 Census (0.1 per cent of the usual resident population of England and Wales).
 - People identifying as Gypsy or Irish Traveller had a higher proportion of residents under the age of 20 at 39 per cent. This compares to 24 per cent of the overall England and Wales population who were under 20.
 - Gypsy or Irish Travellers had the highest proportion with no qualifications¹ for any ethnic group (60 per cent) – almost three times higher than for England and Wales as a whole (23 per cent).
 - Gypsy or Irish Traveller was the ethnic group with the lowest proportion of respondents who were economically active at 47 per cent, compared to 63 per cent for England and Wales as a whole.
 - Gypsy or Irish Traveller had the highest proportion of self-employed out of the ethnic groups at 26 per cent compared to 14 per cent for England and Wales.
 - Just under half of Gypsy or Irish Traveller households had dependent children (45 per cent) – above the average for the whole of England and Wales (29 per cent).
 - Gypsy or Irish Travellers were more than twice as likely to live in social housing than the overall population of England and Wales (41 per cent compared to 16 per cent) and less likely to own their accommodation outright (21 per cent compared to 26 per cent).
 - Gypsy or Irish Travellers had the lowest proportion of any ethnic group rating their general health as 'good' or 'very good' at 70 per cent compared to 81 per cent overall of the overall population of England and Wales.
 - Gypsies and Irish Travellers are significantly less likely to have 'very good health' or 'good health', are over twice as likely to experience 'bad health' and are over three and half times more likely to experience 'very bad health' when compared to the population as a whole.
 - Gypsy or Irish Traveller ethnic group was among the highest providers of unpaid care in England and Wales at 11 per cent (10 per cent for England and Wales as a whole) and provided the highest proportion of people providing 50 hours or more of unpaid care at 4 per cent (compared to 2 per cent for England and Wales as a whole).
2. The second and most accurate data system that include Gypsy and Roma information is the [Department of Education annual school census](#) has collected key data on pupils nationally since 2002. This is one of the most accurate sources of data about the Gypsy, Roma and Traveller population. This data shows the population numbers and proportion of pupils from different ethnic backgrounds including Gypsy, Roma and white Traveller of Irish heritage. However, we know that this data is incomplete as many parents and children are reluctant to identify themselves for fear of bullying and prejudice which they experience in their everyday lives. The two groups are defined as follows:
- Gypsy/Roma – This category includes pupils who identify themselves as Gypsies and/or Romanies, and/or Travellers, and/or Traditional Travellers, and/or

- Romanichals, and/or Romanichal Gypsies and/or Welsh Gypsies/Kaale, and/or Scottish Travellers/Gypsies, and/or Roma. It includes all children of a Gypsy/Roma ethnic background, irrespective of whether they are nomadic, semi nomadic or living in static accommodation.
- Traveller of Irish Heritage – A range of terminology is also used in relation to Travellers with an Irish heritage. These are either ascribed and or self-ascribed and include: Minceir, Travellers, Travelling People, and Travellers of Irish heritage. Travellers of Irish heritage speak their own language known as Gammon, sometimes referred to as ‘Cant’ and which is a language with many Romani loan-words, but not thought to be a dialect of Romani itself. The [School Census does not include](#) categories for Fairground (Showman’s) children; the children travelling with circuses; or the children of New Travellers or those dwelling on the waterways.
3. The third source of Gypsy and Traveller data is from the Department for Communities and Local Government which conducts a biannual count of Gypsy and Traveller caravans in January and July. Overall, the [January 2015 count](#) indicated that the total number of traveller caravans in England in January 2015 was 20,123, which was 604 more than in January 2014 and that 87 per cent of traveller caravans in England were on [authorised](#) land and that 13 per cent were on [unauthorised](#) land. As these data count caravans rather than people they can only be used to provide estimates of the Gypsy Traveller population living in caravans on council sites, private sites, caravans on Gypsies’ own land (with or without planning permission) and unauthorised sites ([tolerated](#) or [not tolerated](#)). Furthermore, two-thirds of this population live in ‘bricks and mortar’ accommodation, rather than traditional caravans.

1.3 Health Gaps and Issues

There is also a lack of data on differences in health needs between different Gypsy Traveller communities. Whilst ‘Gypsy/Traveller’ was included in the census for the first time in 2011 this category is not currently included in the NHS data dictionary. This omission is a key barrier to accessing accurate data on the needs of these communities and levels of access to health services. The adoption of the 2011 Census ethnic category classification in the NHS Data Dictionary would propagate the 2011 classification across all current NHS ethnicity data collections. This would have a transformative effect on the capture of Gypsies/Irish Travellers in routine data collection, including in those areas where there is strong evidence that Gypsies/Travellers are strongly disadvantaged. Information Services Division (ISD) Scotland has adopted the 2011 classification in the Scotland Data Dictionary. A review in [2004](#) and in [2009](#) highlighted that Gypsies and Travellers are the most disadvantaged ethnic group in the UK experiencing significant inequalities in their health outcomes, particularly around life expectancy, infant mortality and maternal mortality. A [survey \(2013\)](#) and mapping exercise of primary care trusts in England demonstrated that

there are a considerable number of areas where knowledge of population numbers is poor, service provision is not based on need and the uptake of immunisation is low or not known. There are a range of contributing factors to the poor health outcomes and the difficulties in accessing services for members of this community. Low levels of literacy, together with stigma, poor access to health information and some widespread health-beliefs increase the likelihood that they will not seek treatment, or will underestimate the seriousness of the condition²).

The [health issues](#) include:

1. Use of services:

Apart from a lack of suitable accommodation, the other [main reported health-related difficulty](#) for this group is GP registration. GP registration rates are [16 times lower](#) among Gypsy Travellers than among their comparators to be registered with a GP. This is often related to lack of proof of identity and of a permanent address, poor literacy / poor use of English (for Slovak and other migrants), anticipation of discrimination from GP practices, as many are turned down as problematic users, lack of cultural awareness, including racism, perceived judgemental behaviours, or inability to 'explain things properly' often contributes to the [poor patient experience](#) . The nomadic lifestyle complicates access to appropriate care: registration can be difficult, information is not being shared, and patients can often not articulate their needs. Hence, they often travel long distances to see a professional they trust. A [review of studies](#) found GP registration rates varying from 50-91%. [Research](#) indicates that Gypsy and Travellers were also less likely to visit the practice nurse, a counsellor, chiropodist, dentist, optician or alternative medical workers, or to contact NHS Direct or visit walk-in centres than their counterparts. Given the problems accessing GP services, there is some evidence of significantly higher rates of use of Accident and Emergency services.

With regards to health beliefs and attitudes to health services, [evidence](#) show that there was a cultural pride in self-reliance, a tolerance of chronic ill health, with a deep-rooted fear of cancer or other diagnosis perceived as terminal and hence avoidance of screening. Illness was often seen as inevitable and medical treatment seen as unlikely to make a difference. There was more trust in family carers rather than in professional care.

- 2. Generic health status:** Gypsies and Travellers have poorer general health and higher rates of limiting long-term illness, after controlling for socioeconomic status, higher rates of cough or bronchitis, and higher rates of chest pain and asthma. [42 per cent of English Gypsies are affected by a long-term condition, as opposed to 18 per cent of the general population](#). Several studies have reported large gaps in life expectancy (men and women losing an average of at least 10 and 12 years, respectively), although life expectancy can be variable. [Health expectancy deteriorates rapidly after age 50](#). The Gypsy and Traveller population were [found](#) to have significantly poorer health status and significantly more self-reported symptoms of ill-health than any other UK resident, English speaking ethnic minorities and economically disadvantaged white UK residents.

The Gypsy and Traveller population had [higher levels of self-reported chest pain, respiratory problems](#) including asthma and bronchitis.

The proportion of the Gypsy and Traveller population that were smokers was considerably higher (57%) than the matched comparators (21.5%). The mean national smoking prevalence rate was 24% at the time of the [study publication](#).

Findings from [Gypsy Traveller Accommodation Assessments \(GTAA's\)](#) however, are beginning to present a more complex picture, with indications that, among Gypsies and Travellers with access to secure local authority or private sites and who have been able to access adequate medical care, life expectancy may be more closely aligned to that of the surrounding sedentary population. The Dorset GTAA³ found that 10 per cent of Irish Travellers aged over 60 and 22 per cent of Romany (English) Gypsies were of retirement age or above, all of whom were resident in housing or on authorised sites – indicating that linkages exist between secure accommodation and life expectancy. The lower life expectancy in Irish Traveller populations may result from poorer health status and an increased tendency to reside on unauthorised sites or in housing.

This is corroborated by more recent [research](#) where private sites are strongly correlated with healthier sites: Even where their planning status was precarious, residents at private sites (generally with long-term residents and on-going neighbourhood contact in school and community settings) were more likely to report good or fair health compared to those at local authority or unauthorised tolerated/roadside sites. Those at private sites with planning permission were most likely to report good or very good health as well as higher levels of satisfaction with their surroundings.

- 3. Mental health:** Gypsies and Travellers are nearly three times more likely to be anxious than average and just over twice as likely to be depressed. The [All-Ireland Traveller Health Study \(2010\)](#) found that the male suicide rate was 6.6 times the rate in the general population. The female rate was 4.9 times higher but not statistically significant. Another [study](#) found that suicide rates amongst Irish male Travellers were 3 times higher than in the general population. No UK data has been identified: A [UK wide study](#) recommended: '...that urgent research is undertaken into the prevalence of suicide and self-harm amongst Gypsy, Traveller...communities in Britain'. Mental health and was strongly associated with accommodation insecurity in [more recent research](#): 39% of the sample reported suffering from anxiety or depression. The majority of these respondents were either living in conditions where they felt deeply insecure as a result of their planning status, threat of eviction and/or poor site conditions; or were living in 'bricks and mortar' accommodation which they had accepted reluctantly in the absence of a pitch on a Traveller site.
- 4. Excessive alcohol consumption and substance misuse, including commercial drugs** are additional reported factors that reflect the underlying problem of social exclusion. Poor general health and poor access to health services are risk factors for problematic drug and alcohol misuse. Several drug and health agencies reported concern being expressed from within the Gypsy community, particularly from women. However, their knowledge and awareness about drugs was considered to be low⁴.

5. **Poor birth outcomes and maternal health:** Most Gypsies, Roma and Travellers are opposed to sex education and dissemination of information about contraception. It is not unusual for Roma students to “marry” in the eyes of their community soon after they reach puberty. There can be complex child protection issues. It is not always clear whether the issue is religious, cultural or patriarchal, and whether the rights of the child are protected by the deeply held views of the parents. All the Gypsy, Roma and Traveller communities oppose premarital relationships and expect their children to marry and start a family whilst they are in their teens; by that stage, young women are expected to have the knowledge and skills to keep a home and start a family, and young men are expected to be able to earn a living and keep them.

There is an [excess prevalence of miscarriages](#) (29% compared with 16% in a matched comparison group), stillbirths, neonatal deaths, and infant mortality in Gypsy and Traveller communities compared with any other ethnic minority in Britain. The infant mortality rate in the All Ireland Traveller Health Study was 3.6 times higher in the Irish Traveller population than in the general population. Higher rates of maternal death during pregnancy and shortly after childbirth have been found in the traditional Travelling community than in the general population by some of the [earlier reports](#) of the Confidential Enquiry into Maternal Deaths. There was an excess prevalence of miscarriages, stillbirths, neonatal deaths and premature death of older offspring with 17.6% of the Gypsy and Traveller population of women that participated in the survey experienced the death of a child in comparison to just 0.9% of matched comparisons and 14% of Gypsy and Traveller women had experienced a miscarriage compared to 6% of matched comparisons.

The [Kent JSNA Needs Assessment](#) indicated that health visitors did not come up to their site very frequently; those interviewees who did have contact with health visitors had very positive experiences. Furthermore, Health professionals’ expectations of low acknowledgement of post-natal depression, contrasted with community members identifying this themselves. Health professionals indicated that some community members opt out of using maternity services at all.

6. **Diabetes:** A higher prevalence of diabetes has been [reported](#) in the Gypsy / Irish Traveller population. Type 2 diabetes was 3 times higher in a sample of Slovak Gypsies compared with a comparison group of non-Gypsies. Doctor diagnosed diabetes was twice as high in the Irish Traveller population than in the general population in the All Ireland Traveller Health Study. More cases were also found² than in their comparators.

7. **Low child immunisation rates** and commensurate elevated rates of measles, whooping cough, and other infections in comparison to the general population. A [number of studies](#) have reported low immunisation rates for Gypsy and Traveller children and an excess burden of measles infection.

In 2006 and again in 2010 there were a number of outbreaks (clusters) of measles within Gypsy and Traveller communities across the UK. The [Director of Immunisation has noted](#): ‘It is difficult to monitor uptake of the MMR vaccine within the Gypsy and Traveller community but it is our understanding that levels of immunisation are low’.

Large Gypsy and Traveller events during the summer may have exacerbated the outbreak. In 2012 there were several smaller outbreaks in the Traveller community and also some cases of pertussis (whooping cough). In a [study](#) measles amongst Gypsies and Travellers in the Thames Valley, where Gypsy / Traveller ethnicity was specifically ascertained, 142 cases of laboratory confirmed measles were reported over 4 years (2006-9), with a median age of 6.5 years, 90 (63%) of which were Gypsies/Travellers: this represented an excess risk of more than 100-fold in these Gypsy/Traveller communities. 55% of the Gypsy / Traveller cases were amongst children aged under five. Of the 55 confirmed cases in the Gypsy/Traveller community eligible for vaccination, 27 (49%) had had one MMR vaccination. The [Kent JSNA Needs Assessment](#) highlighted mixed uptake of childhood immunisation evidenced through community member interviews and health professional's experiences. Barriers to uptake include not being able to provide an address for paperwork. Health workers described this as a 'time bomb'.

2.0 Inequalities impacting on Health

2.1 Accommodation

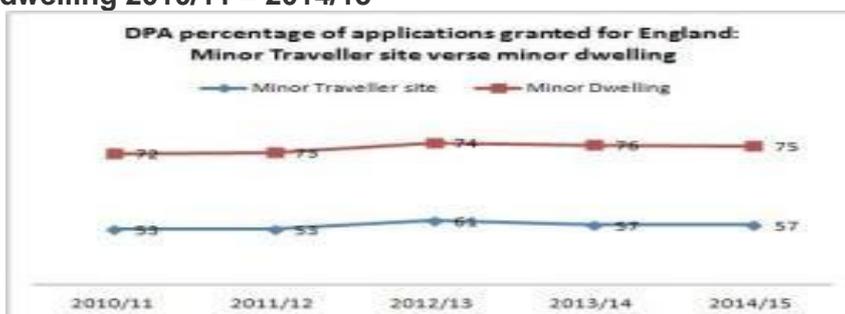
2.1.1 Housing policy and Planning

There is an under-provision of sites nationally and the disproportionate refusal of planning permission for Gypsy Traveller applicants. Key Factors⁶ in assessing planning appeal cases that determine the inspectors' decision are the evidence of unmet need for the site, 'Green Belt' protection (described as an evocative term as it can be erroneously associated with verdant countryside), and health, education, and other personal circumstances).

Gypsies and Travellers have been encouraged to purchase their own land - however it has been suggested that over 90 per cent of planning applications are refused to Gypsies, as opposed to 20 per cent of non-traveller application⁷.

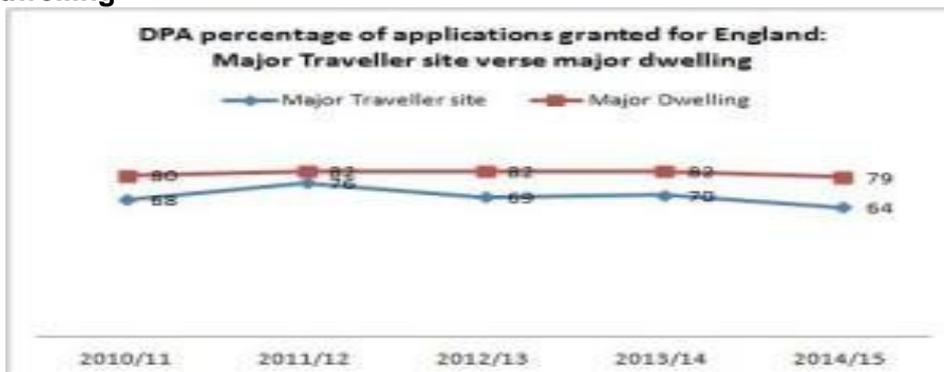
[Figures 1 and 2](#) illustrate that between 2010-2015 major Traveller site applications were on average 11.6% less likely to be granted when compared to applications for major Dwellings. For the same period minor Traveller site applications were on average 17.8% less likely to be granted permission when compared with applications for minor Dwellings.

Figure 1 Percentage of Applications granted for England: Minor Traveller Site verse minor dwelling 2010/11 – 2014/15



Source: Planning Application Statistics, PHE <https://www.gov.uk/government/collections/planning-applications-statistics>

Figure 2 Percentage of Applications granted for England: Major Traveller Site verse major dwelling



Source: Planning Application Statistics, PHE <https://www.gov.uk/government/collections/planning-applications-statistics>

Following the Housing Act 2004, governmental guidance has indicated a commitment to taking steps to resolve some of the long standing accommodation issues for members of the Gypsy and Traveller communities. This legislation has an overarching aim of ensuring that members of the Gypsy and Traveller communities have equal access to decent and appropriate accommodation options akin to each and every other member of society. As a result, a number of [Gypsy and Traveller Accommodation Assessments \(GTAA's\)](#) were undertaken across the UK, as local authorities responded to these [new obligations and requirements](#).

In 2015, the [Government's planning policies and requirements for gypsy and traveller sites](#) is set out in the [Planning policy for traveller sites](#) document, which should be read in conjunction with the [National Planning Policy Framework](#) and which must be taken into consideration in preparing local plans and taking planning decisions. It encourages local authorities to formulate their own evidence base for gypsy and traveller needs and to provide their own targets relating to pitches required. If planning authorities are unable to demonstrate a five-year supply of deliverable traveller sites, this in turn may make it more difficult for them to justify reasons for refusing planning applications for temporary [pitches](#) at appeal.

Further the document has redefined, for the purposes of planning policy, the definition of "gypsies and travellers" and "travelling showpeople" to exclude those who no longer travel permanently. This has meant that Local Plans do not have to set pitch and plot targets or allocate land for those members of these communities who no longer travel permanently and as a consequence, many local authorities have sought to or are seeking to refresh their GTAA's to take into account the changes to the definitions.

In the view of a majority of the London Assembly Housing Committee, the research and written evidence submitted to our investigation suggested that there is a clear shortfall in the provision of Gypsy and Traveller sites in London. Since the repeal of the statutory duty in 1994 that compelled boroughs to provide Gypsy and Traveller pitches, few new sites have been built and many have been closed, resulting in reduced site provision in London. Omission of pitch targets in The London Plan further exacerbated the decrease in site provision. Consequently, [two of the actions recommended](#) to the Mayor of London were to increase Gypsy and Traveller site provision in London and that the GLA should work with the boroughs to commission a London wide update of the Gypsy and Travellers Accommodation

Needs Assessment (GTANA). This would provide the strategic overview necessary to determine the number of new sites London really needs and could support their fairer distribution.

2.1.2 Insecure / unauthorised and poor quality housing impacting on Health

- [Van Cleemput \(2007\)](#), referred to a range of specific housing-related factors are known to adversely affect health and wellbeing, as outlined in the 2005 NICE review of housing and public health:
 - Agents that affect the quality of the indoor environment, including housing design or layout
 - Factors that relate more to the broader social and behavioural environment such as overcrowding, sleep deprivation, neighbourhood quality
 - Factors that relate to the broader macro-policy environment such as housing allocation, lack of housing⁸.

In seeking to address these factors NICE formed the [Spatial Planning and Health Group \(SPAHG\)](#) which in 2011 reported in more depth on issues which impact on physical and mental health:

- The location, density and mix of land uses
- Street layout and connectivity
- Access to public services, employment, local fresh food and other services
- Safety and security
- Open and green space
- Affordable and energy efficient housing
- Air quality and noise
- Extreme weather events and a changing climate
- Community interaction
- Transport.

Whilst the [NICE review](#) recognises the complex relationship between housing, the environment and health, the specific housing related factors it and SPAHG highlight are supported further by research from the World Health Organisation (WHO) who recognise that housing conditions are clearly linked to health status. The [WHO](#) state that there is a growing bank of evidence of the potential harmful effect that unsatisfactory housing can have on the health of occupiers, going on to acknowledge that housing should be considered in a wider context: 'WHO recognizes that housing comprises four inter-related elements – the house (or dwelling), the home (the social, cultural and economic structure created by the household), the neighbourhood (or immediate housing environment), and the community (the population and services within the neighbourhood).'

- Racism and discrimination within housing and homelessness services and local neighbourhoods. [Accommodation insecurity increases racial discrimination](#): 63% of respondents indicated that they had experienced some form of harassment or racism as a result of their ethnicity. Those living in the most vulnerable circumstances (tolerated and not tolerated unauthorised sites, on the roadside) were the most likely

to experience discrimination and racially motivated crime. Interviewees described a variety of negative health impacts as a result of this (anxiety, depression, as well as more direct physical complications resulting from forced frequent movement and limited access to services which exacerbated existing conditions such as diabetes, kidney complications). The availability of culturally appropriate accommodation in the form of authorised, appropriately equipped site plots is extremely limited, hence many recur to illegal or non-fit for purpose arrangements, or reluctantly move into stable housing. There is a [cycle of inappropriate housing](#) resulting in neighbourhood tension which in turn causes forced movement which inevitably exacerbates existing health conditions as well as leading to new problems.

- The decision of a Gypsy or Traveller household to give up their mobile lifestyle may come about because of the dwindling availability of appropriate sites and stopping places or, through necessity, often because of support needs relating to health or education. No definitive figures exist, but the Commission for Racial Equality (CRE)⁵ has estimated that between 270,000 and 360,000 Gypsies and Irish Travellers live in conventional housing, around three times the number of those with a traditional nomadic lifestyle. The presence of these communities is largely invisible and their needs often go unsupported as health outcomes among Travellers living in brick and mortar are considerably [worse than those of nomads](#). In bricks-and-mortar housing Gypsies and Irish Traveller households can experience a sense of isolation and claustrophobia. This can undermine engagement with services and with the local community, deepening misunderstanding and distrust between neighbours.
- [The poor quality of some sites, including pollution and poor sanitation has a direct impact on health outcomes](#). Busy roads and noise pollution were the most prominent environmental health and safety issues raised on all sites surveyed, particular in the context of child/pedestrian safety. Whilst this finding cannot claim to be a national trend (and is most likely a consequence of focused sampling), previous [research](#) by the Office of the Deputy Prime Minister found that 26% of local authority sites surveyed were located beside motorways or major roads. These figures are of concern considering [two studies](#) established that long-term exposure to high levels of transport noise in community settings leads to elevated blood pressure and medication for hypertension and a small increased risk of cardiovascular disease.
- 'Due to a shortage of sites, some 20,000–25,000 Gypsies and Travellers in the UK do not have a legal place to stop. Gypsies and Travellers on unauthorised sites are homeless and often trapped in cycles of eviction. Gypsies and Travellers on unauthorised sites have the poorest access to health care and often have higher health needs than other Gypsy Travellers. Unauthorised sites are likely to be situated in an unhealthy environment on the road-side or on contaminated land. Traveller Movement have conducted a [study](#) into the impact of insecure accommodation on health including 30 in depth interviews, supported by DH's Inclusion Health board.

- [Fuel poverty](#)

For Gypsies and Travellers on site accommodation or travelling, thermally inefficient trailers with little insulation combined with the expense of Calor gas can cause fuel poverty. Housed Gypsies and Travellers frequently reside in areas of deprivation in poor quality housing with poor insulation that can lead to fuel poverty. There is little research into fuel poverty in Gypsy Traveller communities. Data collected as part of a fuel poverty project conducted by [London Gypsy Traveller Unit Report](#) found that “every household spent more than 10% of their income on heating and was therefore in some degree of fuel poverty. The survey also showed a high incidence of health problems especially respiratory problems on the site and that most households had difficulty keeping warm.

2.2 Access to Statutory Services

- Distrust of and discrimination by statutory services eg Education, Health, Social Care, and the Criminal Justice System (leading to under-reporting of crime and increased risk of obtaining Anti-social Behaviour Disorders). Although Gypsies and Travellers are thought more often to be the victims than the perpetrators of crimes, their under-reporting of crime makes this difficult to investigate thoroughly.
- Accessing services due for example to lack of knowledge and experience of how and where to obtain benefits or register for statutory services
- There is a lack of access to culturally appropriate support services for people in the most vulnerable situations, such as women experiencing domestic violence.

2.2.1 Education

[Research](#) indicates lower health literacy among people with lower education level. Reduced health literacy affects capacity for illness prevention and health promotion and ability to access and benefit from health care and treatment: there is a significant relationship between womens’ inadequate health literacy and lower breast and cervical cancer screening rates in the general population, for example⁹.

The issue of improving educational outcomes for Gypsy, Roma and Traveller pupils has also been a [focus of research and policy](#) for some time and is particularly serious for secondary age pupils.

- Low levels of literacy amongst Gypsies and Travellers can prevent them from accessing support or managing their health and housing effectively. Failure by mainstream services to recognise poor literacy can undermine attempts at communicating and disseminating information, thus further increasing the risk of isolation and tenancy failure.
- The [National Federation of Gypsy Liaison Groups and Anglia Ruskin University report \(2014\)](#) highlights that nearly 9 out of every 10 children and young people from a Gypsy, Roma or Traveller background have suffered racial abuse and nearly two thirds have also been bullied or physically attacked. As a result many are scared to attend school.

- National data for Romany Gypsies, Irish/ Welsh/ Scottish Travellers. [Cemlyn et al \(2010\)](#) and [Healing a divided Britain: the need for a comprehensive race equality strategy \(2016\)](#) highlighted that:
 - Participation in secondary education is extremely low: discrimination and abusive behaviour on the part of school staff and other students are frequently cited as reasons for children and young people leaving education at an early age.
 - Gypsy and Traveller children's achievement remains sharply below that of all other groups and this inequality is increasing
 - There is a lack of access to pre-school, out-of-school and leisure services for children and young people
 - Children's educational achievements are worse, and declining still further (contrary to the national trend). Furthermore absenteeism rates are higher than any other ethnic minority group (See Table 1). Absence data was only available for England. It covers state-funded primary, secondary and special schools. In contrast to the table above, the Irish, Traveller of Irish Heritage, Gypsy / Roma, Any Other White Background and Any Other Ethnic Group categories are all included in the BME group.

Table 1: Absence Data - Gypsy / Roma, Traveller of Irish Heritage and BME groups, England (2014/2015)

Group	Percentage of sessions missed	
	Overall Absence	Unauthorised Absence
Gypsy / Roma	13.3	6.0
Traveller of Irish Heritage	19.2	8.0
BME	4.4	1.2

Source: School Census

2.3 Employment

- There is a strong culture of self-reliance and often a preference for [self-employment](#) in Gypsy Traveller communities. However there is a lack of specialist support for self-employment at Job Centres and this is further complicated if people have low-literacy levels and/or do not have the computer skills to search for work online. Unemployment may have a disproportionate impact on Traveller men who traditionally take pride in providing for their families.'
- Analysis by the Office for National Statistics (2014) revealed that Gypsies and Irish Travellers were the ethnic groups with the lowest proportion of respondents who were economically active (47%, compared to 63% for England and Wales as a whole). Only half of those who were economically active were employed (51% compared to 75% for the total of England and Wales). This report refers to troubling evidence of Roma being exploited in low paid waged employment or within the

informal economy. It also notes a lack of targeted and bespoke business and employment support by the Department for Work and Pensions. The Scrap Metal Dealers Act has been the cause of serious concern for many Gypsy and Traveller communities and it is felt that the increased bureaucracy will have a detrimental impact on families within the traditional 'Traveller Economy'. The Office for National Statistics (2014) revealed that 20% of The Gypsy and Irish Traveller category were unemployed (compared to 7% for the whole of England and Wales). There is no data on Roma unemployment.

- Policy initiatives and political systems that are designed to promote inclusion and equality frequently exclude Gypsies and Travellers. This includes political structures and community development and community cohesion programmes.
- The [National Federation of Gypsy Liaison Groups and Anglia Ruskin University report \(2014\)](#) highlights that traditional occupations such as scrap metal dealing are being made more difficult or disappearing altogether due to Government policies.

2.4 A Community of Carers

A 2016 report by the traveller movement for the [National Inclusion Health Board](#) found that 42% of respondents were involved in helping to care for immediate household members or wider family on site or in the immediate vicinity who had severe long-term conditions or were disabled. This is significantly above the rate found in mainstream populations as reported in the census finding (ONS 2014) and reflects cultural values common to Gypsies and Travellers and significant cost-savings to local authority and health services who would otherwise need to engage with delivering care to vulnerable individuals.

References from Introduction

- ¹ Mapping Survey: Patterns of settlement and current situation of new Roma communities in England, European Dialogue August 2009
- ² Van Cleemput P Abstract of thesis: Gypsies and Travellers accessing primary health care: Interactions with health staff and requirements for 'culturally safe' services. *Journal of Research in Nursing* (2009) 14 (4) 365-369 Van Cleemput, 2009.
- ³ Home, R. & Greenfields, M. (2006) Cambridge Sub-Regional needs assessment of Gypsy and Traveller Accommodation. Chelmsford: Anglia Ruskin University.
- ⁴ Drugscope. (2004) Drug Education Prevention Information Service. Briefing Paper Review of drug education materials for children/young people with special needs– Travellers. London: Drugscope/DH.
- ⁵ Commission for Racial Equality (CRE), (Common Ground: Equality, good race relations and sites for Gypsies and Irish Travellers, 2006, section 1.2
- ⁶ Gypsies and Travellers: Empowerment and Inclusion in British Society. Ed J Richardson and A. Ryder 2012 Policy Press University of Bristol
- ⁷ Cemlyn, S., Greenfields, M., Burnett, S., Matthews, Z., and Whitwell, C. (2009) Inequalities experienced by Gypsy and Traveller communities: A review. Research Report 12. Manchester: Equality and Human Rights Commission
- ⁸ National Institute for Health and Clinical Excellence (2005) 'Housing and public health: a review of reviews of interventions for improving health' states that agents that affect the quality of the indoor environment such as indoor pollutants (eg asbestos, carbon monoxide, radon, lead, moulds and volatile organic chemicals) - Cold and damp, housing design or layout (which in turn can affect accessibility and usability of housing), infestation, hazardous internal structures or fixtures, noise - Factors that relate more to the broader social and behavioural environment such as overcrowding, sleep deprivation, neighbourhood quality, infrastructure deprivation (ie lack of availability and accessibility of health services, parks, stores selling healthy foods at affordable prices), neighbourhood safety, and social cohesion - Factors that relate to the broader macro-policy environment such as housing allocation, lack of housing (homelessness, whether without a home or housed in temporary accommodation), housing tenure, housing investment, and urban planning
- ⁹ Oldach BR, Katz ML. Health literacy and cancer screening: a systematic review. *Patient Educ Couns.* 2014; 94(2):149–57.

LOCAL PICTURE

As outlined in the Introduction, there is a significant paucity of complete data in existing systems as well as a lack of data systems collecting data regarding the Gypsy and Traveller communities nationally, regionally and particularly at local level. Data on the Roma population is particularly lacking. It is not possible to identify number of people from Gypsy Roma Traveller (GRT) populations who reside within 'bricks and mortar'. The hate crime release from gov.uk does not identify GRT as a group, going no further than "white". In Kingston, the neighbourhood with the highest percentage of gypsy or Irish traveller is South of the borough.

Office for National Statistics (ONS) data

According to [ONS 2011 Census](#), there are 95 people identifying as "White: Gypsy or Irish Traveller" in RBK. Roma is not an option that can be selected. The 2011 census does not fully breakdown accommodation type in a way that allows specific identification of mobile/temporary accommodation such as may be found on a GRT site. Instead, they are linked in "Flat, Maisonette or apartment or mobile/temporary accommodation". 46 of the 95 identified said they lived in this type of accommodation.

On Census day, Kingston had 62 households containing 108 residents living in caravans or other mobile or temporary structures. This includes only usual residents in the UK in unshared dwellings (self-contained space for a single household). No accommodation type breakdown is available from shared dwellings. The "Long- term health problem or disability" question from the census does identify "White: Gypsy or Irish Traveller" however this data is not available on a Local Authority basis.

School Census Data

The Spring 2016 School Census provides the most accurate data and stated that in Kingston, there were 36 children whose ethnicity was reported as Irish Traveller (7) or White Gypsy/Roma (29).

Of Kingston's school children, 0.12% (29 pupils) are Gypsy Roma, lower than both London at 0.14% and England at 0.29%. The majority of children (27) are in primary schools whilst there are no identified Irish Traveller or White Gypsy/Roma children in Special Schools.

While the proportion of pupils from Gypsy/Roma and Traveller of Irish Heritage ethnic groups attending primary school in Kingston is similar to that in London, pupils from these ethnic groups attending secondary school in Kingston is significantly lower than both London and England.

Bearing in mind previous low self-ascription rates for ethnicity, it is important to point out that a more accurate figure for Gypsy, Roma and Traveller pupils enrolled in Kingston schools would be higher than that stated above.

Table 1: Percentage of pupils in Gypsy/Roma or Traveller of Irish Heritage ethnic groups in the school population (2016)

School Type	Gypsy/Roma			Traveller of Irish Heritage		
	Kingston	London	England	Kingston	London	England
Primary state schools	0.18%	0.16%	0.36%	0.05%	0.12%	0.10%
Secondary State Schools	0.02%	0.11%	0.22%	0%	0.06%	0.04%
Special Schools	0%	0.28%	0.33%	0%	0.24%	0.11%

Source: DfE Schools, pupils and their characteristics: January 2016

<https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2016>

It is not possible to access local data on attainment or absence from school for Irish Traveller or White Gypsy/Roma. However, absence data is available nationally. It covers state-funded primary, secondary and special schools.

In Kingston, there is an overrepresentation of GRT among those leaving mainstream education to be electively home educated with 8 (15%) Gypsy Roma Traveller children out of a total of 55 children from the general population from Year 6 (age 10 and 11) upwards having left mainstream education and instead receiving 'elective home education' (EHC) (as of 13/09/16).

Achieving for Children's records indicate that there are seven GRT children attending mainstream state secondary schools. This highlights the underestimation of this population in the PNS records (Table 1) where only three (0.02%) GRT children attending state secondary schools.

Table 2: Absence Data Gypsy / Roma, Traveller of Irish Heritage and BME groups, England (2014/15)

Group	Pupil Enrolment 2013/14	Percentage of sessions missed		
		Overall Absence	Authorised Absence	Unauthorised Absence
Gypsy / Roma	21,150	13.3	7.3	6.0
Traveller of Irish Heritage	5,440	19.2	11.1	8.0
BME	1,813,240	4.4	3.2	1.2
White British	4,658,345	4.5	3.5	1.0
All Ethnicities	6,554,005	4.5	3.5	1.1

Source: School Census <https://www.gov.uk/government/collections/statistics-pupil-absence>

Housing

Caravan count: Planning/ **Unauthorised** encampments

The traveller caravan count has taken place twice a year since January 1979. Since 2011, each January count has included a count of caravans occupied by travelling showpeople in

each local authority in England. As these data count caravans rather than people they can only be used to provide estimates of the Gypsy Traveller population living in caravans on council sites, private sites, caravans on Gypsies' own land (with or without planning permission) and unauthorised sites ([tolerated](#) or [not tolerated](#)). National totals from each count of the main categories of [authorised](#) and [unauthorised](#) sites are given below.

The [Count of Traveller Caravans, January 2016 England](#) highlighted that:

- The total number of traveller caravans in England in January 2016 was 21,306, which was 1,183 more than in January 2015.
- 7,046 caravans were on authorised socially rented sites, an increase of 179 since the January 2015 count.
- The number of caravans on authorised privately funded sites was 11,454, which was 869 more than in January 2015.
- The number of caravans on unauthorised developments, on land owned by travellers, was 2,130, which was 237 above the number in January 2015.
- The number of caravans on unauthorised encampments, on land not owned by travellers, was 676. This was 102 caravans less than in January 2015.
- Overall, the January 2016 count indicated that 87 per cent of traveller caravans in England were on authorised land and that 13 per cent were on unauthorised land.

Caravans on authorised private sites have formed a growing proportion of the total number of caravans over the last ten years, rising from 39% in January 2007 to 51% in the latest count. The proportion of caravans on all authorised sites has risen from 79% in January 2007 to 87% in January 2016.

In Kingston, there is one official (Swallow Park in Tolworth) and at least one private site (Clayton Road) within the borough.

Tables 3 and 4 illustrate the level of authorised and private accommodation in Kingston. Authorised and private housing are positively associated with positive health outcomes (see [Introduction](#)).

Figure 3 highlights that the disproportionately higher numbers of socially rented caravans in July is magnified since 2013. This might be due to travellers (or more likely travelling showpeople) travelling into Kingston for work during the summer months for work.

Kingston has given no permanent planning permission since 2011. Since July 2013, there have been no Caravans on sites on land not owned by Travellers. 2016 saw the first January with '[not tolerated](#)' Caravans on unauthorised (without planning permission) sites on Travellers' own land.

Table 3: January 2014 to January 2016 Caravan Count, Authorised Sites (with planning permission) Kingston*

Year	Month	Socially Rented Caravans	Temporary Planning Permission	Private Caravans	
				Permanent Planning Permission	All Private Caravans
2011	January	30	5	0	5
	July	34	5	0	5
2012	January	30	5	0	5
	July	34	5	0	5
2013	January	18	5	0	5
	July	128	0	0	0
2014	January	18	3	0	3
	July	128	0	0	0
2015	January	18	3	0	3
	July	128	0	0	0
2016	January	13	2	0	2

Source: <https://www.gov.uk/government/collections/traveller-caravan-count>

* Some figures include imputation. This is due to one of the following reasons:

- i) Local Authority non-response
- ii) Incomplete returns
- iii) Unable to carry out count due to not being able to access site

Table 4: January 2014 to January 2016 Caravan Count, Unauthorised Sites (without planning permission) Kingston*

Year	Month	Number of Caravans on Sites on Travellers' own land		Number of Caravans on Sites on land not owned by Travellers	
		"Tolerated"	"Not tolerated"	"Tolerated"	"Not tolerated"
2011	January	0	0	0	0
	July	0	0	34	0
2012	January	0	0	34	5
	July	0	0	34	5
2013	January	0	0	34	5
	July	0	40	0	0
2014	January	0	0	0	0
	July	0	40	0	0
2015	Jan	0	0	0	0
	July	0	40	0	0
2016	January	0	14	0	0

Source: <https://www.gov.uk/government/collections/traveller-caravan-count>

* Some figures include imputation. This is due to one of the following reasons:

- i) Local Authority non-response
- ii) Incomplete returns
- iii) Unable to carry out count due to not being able to access site

Figure 5 illustrates that since 2011, there has been a stable number of caravans in Kingston which plateaus in the July months since 2013.

Table 5: Total Number of caravans in Kingston January 2011 to January 2016

Jan 2011	July 2011	Jan 2012	July 2012	Jan 2013	July 2013	Jan 2014	July 2014	Jan 2015	July 2015	Jan 2016
35	78	74	78	62	168	21	168	21	168	29

Source: <https://www.gov.uk/government/statistics/traveller-caravan-count-january-2016>

Table 6: Traveller and Travelling Showpeople Caravan Sites Provided by the Royal Borough of Kingston Council and Private Registered Providers in England, January 2016

Date Site Opened	Date of Last Site Changes	Total Number of Pitches	Residential	Transit*	Caravan Capacity
1986	2012	18	18	0	18

Source: <https://www.gov.uk/government/statistics/traveller-caravan-count-january-2016>

* Transit sites are designed to accommodate Gypsies and Travellers whilst they travel and tend to contain many of the same facilities as a residential site. They would typically have a maximum period of residence which can vary from a few weeks to a period of months. Kingston does not currently have any fixed transit sites.

Table 6 refers to Council sites (of which there is only Swallow Park) and Private Registered Providers. As of October 2016, Kingston has four sites in the borough where Travellers own land and are occupying their own site in the absence of planning permission. One of these has become lawful over time following a committee decision not to take enforcement action, one is currently subject to enforcement action, the other two are heading back into the planning system by way of fresh planning applications. In returning the statistics, Kingston defines these as 'unauthorised' for planning purposes.

Kingston has had fewer than five unauthorised encampments (unlawful incursion) in 2014 and 2015. The neighbouring boroughs of Merton, Sutton, Wandsworth, Elmbridge and Epsom and Ewell have had in excess of 30 each in the same time period.

It is difficult to assess health needs of the Travelling population during incursions as the priority is to move them on quickly.

WHAT WORKS

Similar to the national picture, it has been challenging to work with the Gypsy Traveller community in Kingston due to lack of trust and their unwillingness of the community to engage, this is inevitably a result of discrimination and lack of coordinated approaches to address their health and wellbeing.

A number of approaches and strategies have been shown to have a positive impact on this population group. The common factor is that engagement and trust needs to be ongoing and long term to ensure a broader engagement into services is realised with this community.

- Joint commissioning and pooled budgets across local authority and CCG areas should be used to target Gypsy Traveller communities. Strategy development should aim to improve outcomes and life chances for GRT communities and promote and enable community cohesion in Kingston by adopting a more integrated approach, focused on the life course and the wider determinants of health.
- Ethnic monitoring of all services needs to be updated to include 'Gypsy/Traveller' and (unlike the Census), to include Roma as a category in line with 2011 census. Clarify GP duties of care with reference to registering Gypsy, Traveller and Roma patients, especially for those who have no fixed abode. NHS entitlement is based on residency in the UK, rather than nationality, and a lack of permanent postal address should not be a barrier to accessing permanent GP registration. On a local level this might involve identifying which specialist Personal Medical Services (PMS) contracted practices provide primary care services for any of the four vulnerable groups and investigate the scope for the central reporting of data. There is a need for better data collection and ethnic monitoring. Local authorities, the NHS and other public bodies should review their ethnic monitoring systems to include Romany Gypsy and Irish Traveller as separate categories and use the resulting data for better planning and commissioning. Work should be undertaken to encourage Gypsies and Travellers to complete the 2011 census. This would have to involve joint working with HSCIC, NHS England, and the CQC.
- The Pacesetters programme where Gypsy and Roma Travellers are involved in designing new models of inclusive health practice through dialogue with the NHS and project design and personalisation of services.
- National Inclusion Health Board (NIHB) provides guidance for commissioners for those involved in preparing JSNA and JHWS to reduce health inequalities for disadvantaged people provide the following recommendations:
 - Dedicate time to establish trust and credibility within the community. The best way to engage their views and involve them is to speak directly to Gypsies, Travellers and Roma.
 - Make efforts to reach the most vulnerable and invisible within these communities, such as those without a secure site or postal address. This

should include people living on the roadside, on unauthorised encampments, transit sites and permanent authorised sites (both private and local authority owned).

- Men and elderly people and those living in bricks and mortar accommodation should be included from these communities as they are often omitted from discussions.
 - Consider ways of facilitating discussions and supporting people to attend 'official' meetings.
 - Once appropriate engagement has been embedded with Gypsy, Traveller and Roma communities it will then be possible to work through the suggested check-list covering population, wider social and economic determinants, lifestyles and health promotion, health and wellbeing status, service utilisation, and priorities for action.
- The [Inclusion Health board and the Royal College of General Practitioners guidance](#) outlines the following commissioning considerations:
 - Information sharing between different agencies is a key factor in improving access for Gypsies and Travellers, especially given their high mobility and complex needs.
 - Community engagement is important for professionals to establish a relationship with the wider network of people, and makes sure that a trusted relationship is gradually set up. This will also contribute to the design of a service that meets the community's perceived need and develop a sense of ownership:
 - Outreach: helps to establish a connection to local communities, in order to build the initial relationship and raise awareness among travellers on the range of services available.
 - Mobile units and clinics: whilst bringing services directly to sites might be a way to establish some rapport, it does not ultimately help fostering integration in mainstream services. Community building and health education are positive alternatives.
 - Patient access: due to the high mobility of these patients, accessible records and interoperability of care records software will be of great benefit to the continuity of care. Peer-education: is a valuable means to get access to strong communities, gaining the trust of community leaders and role models can be very beneficial to reach out to the wider group, and gradually challenge some health beliefs and behaviours.
 - Cultural awareness training: as Gypsies and Travellers are often targeted by traditional forms of racism, the cultural competence of all frontline staff, including receptionists, is crucial to accommodate their specific needs.
 - The [Friends Families and Travellers \(2015\) review](#) recommends:
 - Promoting and investing in collaborative partnership work between communities, civil society groups, local public health and commissioning bodies using advocacy, co-production and asset based approaches to reducing health inequity 'at the margins'.

- Health and Wellbeing Boards should have a named Inclusion Health lead responsible and accountable for coordinating action to improve the health of marginalised communities, including Gypsy/Traveller people, in the work of the Board.
- pro-active engagement with Gypsy Traveller communities is needed to establish trust and credibility. CCGs need to recognise the role of patient participation in reducing health inequalities when allocating funds and a commitment to sufficiently resourcing engagement is necessary. The longevity and sustainability of targeted projects is key to ensuring relationships are maintained. While the role of trusted organisations can be critical to reaching communities, representation from Gypsy Traveller organisations cannot replace genuine engagement with Gypsy Traveller community members themselves.
- [Leeds GATE](#) conducted a community health needs assessment using community interviewers. The Community Health Needs Assessment was intended to influence the Leeds JSNA and the Health and Wellbeing Strategy and has been included as an example of best practice in updated [NICE guidelines about community engagement](#).
- The [Cambridge JSNA](#) identified that primary research might focus on:
 - Early intervention/prevention and promotion of immunisations and screening.
 - Mental health specialist support services.
 - Male health specialist support services.
 - More support around complex health needs.
 - Investigation into infant and maternal mortality and prevalence of disabilities in the Gypsy and Traveller population; further work is needed to help understand this.
 - Raising awareness of the Gypsy and Traveller community with professionals.
 - Training health champions from the Gypsy and Traveller community.
 - Public health and other service information and communications need to be provided in an accessible format to the Gypsy and Traveller population and the content appropriate.
- The [2014/15 Kent JSNA on Gypsies, Roma, and traveller populations](#) highlighted the:
 - [primary care framework](#) developed in the Market Harborough area (Leicestershire) in 2009. The aim of the framework was to ensure that Gypsy and Traveller communities can access the same high quality, mainstream primary care services as the rest of the population. Health Visitors¹ have always had a wider public health role to influence policies that may adversely affect health. [Dedicated posts have featured positively](#) and prominently particularly with regard to advocacy in raising awareness of health provisions and facilitating access to health services).
 - the following suggestions for improving health literacy and access to services:
 - Additional health trainers or community workers who have an understanding of the language and cultural issues should be considered

for areas where there is a relatively high proportion of Gypsy, Roma and Traveller populations.

- Immunisation education through health visitors or community nurses alongside health trainers/community workers would encourage more parents to immunise their children and reduce risk of outbreaks of certain communicable diseases.
 - Work with and involve the community more around changing health beliefs and how they access health services.
 - Services that aim to change lifestyle behaviour such as the Stop Smoking Service and drugs and alcohol services should actively ensure that there is appropriate outreach offered to Gypsy, Roma and Traveller communities.
 - Provision of training that improves the knowledge of staff around the cultural needs of Gypsy, Roma and Traveller communities, particularly those that are delivering primary health care services.
 - Knowledge and awareness of how to access health services like GP, family planning, national screening programmes and dentists appear to be particularly low amongst the Roma community.
 - Greater access to dental services is an issue for the Gypsy, Roma and Traveller populations.
 - Ensure there is provision of guidance to all GP practices across the county, making clear that that they do not need to insist on three forms of identification in order to see Gypsy, Roma and Travellers.
- The report [The National Federation of Gypsy Liaison Groups and Anglia Ruskin University report \(2014\)](#) review progress on the European Commission's Framework for [Roma Integration Strategies NRIS \(2011\)](#) from the perspectives of Gypsies, Roma, Travellers living in the UK. Again the themes mirrored those outlined in the Introduction and Recommendations section. A national strategy and specific policies are recommended to address the inequalities in discrimination, accommodation, education, employment, and healthcare and there is an urgent need to develop monitoring mechanisms, so that policy makers are working from evidence.
 - [Perspectives on ageing in Gypsy families, Joseph Rowntree Foundation \(2012\)](#) share some of the experiences of Gypsy elders and a recognition of the strength of Gypsy culture and a celebration of how Gypsy families support and care for their elders. Three common themes were:
 - The heart of Gypsy life being family. Most Gypsies continue to live in extended family groups and maintain traditional gender roles.
 - The fact that Gypsy families have always had very strict moral codes and this continues into the present day. Young people take on adult responsibilities at the age of 16.
 - Successive governments failing to deliver adequate sites for Gypsies and Travellers. The current legal system makes it nearly impossible for many of them to maintain traditional nomadic lives.

- **Promotion of GRT history month²**

One means of overcoming negative and racist stereotypes particularly in the context of school has been through providing insights into history, language, and culture. The health sector has a key wider role to play than solely concerned with health provision.

References

¹ Jones A. (2009) Swale Family Planning & Sexual Health Survey 2009. Canterbury Gypsy Support Unit, The Youth Division and Swale Gypsy and Traveller Association

² Gypsies and Travellers: Empowerment and Inclusion in British Society. Ed J Richardson and A. Ryder 2012 Policy Press University of Bristol.

CURRENT SERVICES

Current provision in Kingston includes:

- Housing Officer who visits on site regularly to address housing repairs
- Income Recovery Officer to support residents with rent and council tax arrears
- Traveller Education post - Joint Post across Richmond and Kingston Achieving for Children – successfully supporting families on sites with any education issues.
- In previous years RBK employed a Community Development worker for marginalised groups which addressed a full range of issues and engaged with this population group. This post no longer exists.
- Surrey Gypsy Traveller Forum - contact details - john.hockley@surreycc.gov.uk
- [London Gypsy Traveller Forum](#)

Partnership working and referrals between agencies

Due to the lack of integrated interventions for this target group, services have been very patchy. Therefore, partnership working and improving referrals have played an important role in improving positive outcomes for this group. Support from Kingston Carers Network was accessed by one family following a referral from the RBK Community Development Worker. This led to a successful grant for new white goods and a successful application of benefit entitlements (due to lack of awareness of their entitlements). Other referrals included Warm homes which led to a successful grant to replace leaking radiators. Other agency referrals included Welcare and Families Apart, Housing department and Parking Services.

The Community Development Worker (CDW) played a crucial link between the group and Council services. In many cases, Council Officers do not have the capacity to go on site to support residents. The role also plays a neutral supporting role as a liaison. For example, the CDW was able to liaise between planning and a family to support them with completing a complex planning application. Planning were not able to support the family due to a conflict of interest.

Kingston Carer's Network (KCN) has had one referral from the community. This could be a mixture of reluctance from the community to access support and may also be a lack of awareness of the support available. This reinforces the need for a link worker/ Community development worker to support access to information by the community. Low levels of literacy amongst the adult population is a barrier to accessing information, which is often available only in written format.

Issues identified were no different from a non-traveller family: young carers not being identified and signposted for support, families not being told about funding they can access for children with disabilities, difficulties dealing with benefits.

Young carers/carers often remain hidden and can be very isolated. The KCN professional identified that there appears to be good support within the extended family so it may be the case that carers/ young carers are well supported within their own community.

Housing

The Kingston Resident Services Officer makes periodic site visits and residents are encouraged to also report repair issues as soon as they occur direct to the Council's Customer Contact Centre as the contact centre staff can raise a repair job for them straight away (as they do for all Kingston residents).

In 2011, there was intention to create additional pitches in order to reduce overcrowding at Swallow Park and may help reduce the incidence of unauthorised encampments. Following the Swallow Park site refurbishment in 2012, the existing 15 pitches was increased to 18. The issue about not being able to automatically give their pitch (plot) to their children is a significant concern for our Swallow Park residents and the Licence Agreement states that: "If you die whilst occupying the caravan/mobile home as your only or main residence, your widow, widower or surviving civil partner living with you at any time will be entitled to succeed to the Licence as long as the Council have been notified and that person named as part of the household".

In practice a brand new Licence agreement would need to be drawn up though as you cannot in law succeed to someone else's Licence agreement.

In 2015, in one of the periodic circular letters to Swallow Park residents, they were informed that if they had any adult children living with them (and there are quite a few that do) who would like to have their own pitch at Swallow Park (if any were to become available, ie so also including even the one they might be living on if their parent/s were to pass away) that they needed to be registered on the Council's Housing Register in order to make any bids for council properties or Swallow Park pitches.

The current allocations policy highlights how priority is given to current Swallow Park residents who already live on the site, and in practice over the past 18 months (prior to October 2016) three new Licensees have been signed up who had all previously been resident at Swallow Park, (two of the previous licensees had passed away, and the third Licensee had terminated their license).

There is a generic Housing Officer, who visits on site regularly to address housing repairs. Due to RBK financial cuts, the dedicated Floating Officer role for the GRT community ended in 2009. The Housing support service is available if the GRT community fall into their remit of a vulnerable adult.

The Resettlement Support team offer practical support when moving home and work closely with vulnerable people to help them maintain and sustain their accommodation. Vulnerability can arise through a number of circumstances, for example a result of mental health and/ or substance misuse issues. The team work with those at risk of losing their home or who have lost accommodation, often through rent arrears, with the goal of resettlement into permanent

accommodation. The team work closely with partners i.e. GPs; day centres and alcohol and drug services to support clients and develop appropriate care and support packages for clients (Kingston Housing Strategy, 2015-2020).

The Housing Options service gives advice on homelessness and housing need. They manage the requests for pitches at Swallow Park and the allocations team allocates households to the pitches as they come up. Members of the GRT community may approach the housing options team for assistance and this is given dependent on need.

Kingston Council fulfil legal obligations in relation to GRT community through its housing allocations policy which is subject to an Equalities Impact Assessment. They are guided by the allocation of pitches on the Swallow Park Gypsy and Traveller site is in accordance with the priority given to all applications to the Kingston Housing Register. However, additional priority for Swallow Park pitches will be given to close family members of existing Swallow Park licensees, who already live on site, to relieve overcrowding and to maintain family connections on the site.

Any Gypsy or Traveller who owns their own home and wishes to move into a Permanent Council or housing association home, may apply by completing an on- line Housing Register application. However, they will generally be treated as an Owner Occupier and their application placed in band D. Please see Section 21 "Owner Occupiers" for further details.

If a resident from Swallow Park is threatened with homelessness or needs housing advice, they can approach the general service offered by the Housing Options Service and the Specialist Duty Desk.

Planning

It has been acknowledged that there is a conflict between the Traveller community and the planning system for decades. Conflict arises when a member of the traveller community may have bought land for development purposes but has not obtained planning permission. This can be further exacerbated if the land is not suitable for development (i.e. Green belt).

Travellers will often cite the lack of available authorised sites as a defence of their actions. RBK has strived to supply adequate supply of land and effective enforcements have been difficult as the planning system and/or the Courts will factor in the lack of options for Travellers. This in turn increases the perception locally that Travellers are receiving preferential treatment from the planning system.

The Planning Department acknowledges that temporary planning permissions are not the answer in the long term, therefore positively planning for sites through the development of a Local Plan (not due until 2018) will be crucial if the need is identified through a Gypsy and Traveller Accommodation Needs Assessment (GTNA). In order to get planning permission for a Traveller site, people have to prove they live a nomadic life. In Kingston, there are no transit sites or stopping places. Greater enforcement powers have now been afforded to

councils. This has had an immediate impact on Gypsies and Travellers on unauthorised encampments/temporary sites and, applying for planning permission for private sites. There appears to be uncertainty around Council site provision.

Welfare and Benefits

Currently, there is an Income Recovery Officer, who support residents with rent and council tax arrears

ECET worked in partnership with Income Recovery Officer to successfully support 3 families with arrears, by either supporting them to write a letter of appeal when appropriate or by negotiating suitable repayment amounts. For one of the families the arrears arose due to low levels of literacy and not being able to understand the correspondence received. These were rescinded after explaining extenuating circumstances to Housing Benefits. There is continued partnership working between the Welfare Reform Team and ECET.

Education

The Education Advisor post which is covering the Traveller and Gypsy communities in Richmond, a neighbouring borough, was expanded to cover sites in Kingston. This was due to Achieving for Children, a Community Interest company, being set up in collaboration with Richmond to look after children in Richmond and Kingston. This has been invaluable for Kingston as the Gypsy and Traveller communities are able to benefit from that person's expertise. Because there was a CDW working closely with the GRT community, the Education Advisor was able to be introduced.

In Kingston, literacy needs were identified by the Equalities and Community Engagement Team (ECET) and former Community Development Worker (CDW), working with Gypsies and Travellers, specifically with Gypsy women living in the Chessington area, some of whom had not been in formal education since before the age of 10. These classes and other CDW work have led to these women and their family members taking up education, training and employment opportunities¹. For example two young people were assisted with completing application forms and liaising with enrolment, interview times and practicing for the interviews.

The CDW identified the Literacy project through regular visits to the Swallow Park close site and being asked on numerous occasions by the residents to support them with their correspondence. As a result of a successful funding application from the South of the Borough discretionary budget, a 5-week was pilot delivered at Tolworth Recreation Centre in March 2014 in partnership between ECET and Kingston Adult Education. In total, five women co-produced and attended the course. They identified the topics and length of the course. The participants enjoyed the course and some of the feedback was as follows:

'I can now write in sentences with capital letters and full stops'

'It has helped my confidence'

'People will start coming to us when they need things writing at this rate'

This initiative highlighted that older members of the community often have low level literacy skills and it is essential that service providers take this into account when issuing correspondence, especially if the correspondence needs to be responded to by a certain deadline.

The current Education Advisor (under the Ethnic Minority Achievement service - EMA) is a part time post within Achieving for Children and works with schools on issues regarding all ethnic minority achievement and includes the Gypsy Traveller community. The advisor works closely with Education Welfare Service on supporting families to address attendance issues. Attendance continues to be an issue for a number of Gypsy Traveller Community families across Kingston and Richmond. They also work closely with the Surrey Gypsy Traveller Outreach Worker when working with families who live in Surrey but whose children attend Kingston schools.

Health

- Health visiting and Immunisations:
The CDW reported back that the residents of Swallow Park were registered with GP and therefore are able to access immunisations and health visiting services.
- Health protection
Due to the low take up of smoking cessation services and the reluctance of the Gypsy Traveller community to engage with this service, the possibility of arranging a Stop smoking van on site has been explored. This was not taken forward due to the low footfall and longer time needed to establish trust within the community.
- The CDW reported that sensitive topics such as domestic violence and mental health have been challenging and creative ways need to be explored on how these areas could be addressed with this community.

Reference

¹Health and Wellbeing Board Update by Director of Public Health, 3rd February 2015.

COMMUNITY VOICE

The Swallow Park site provides 18 [pitches](#) where cars, trailers, static homes can be located. Eight Amenity blocks were constructed in 1983, with cavity wall construction with tiled pitched roofs and solid concrete floors. The amenity blocks provide utility wash rooms, bathrooms with toilet and wash hand basins. All connected to mains water and electricity. Equalities and Community Engagement Team (ECET) conducted a number of resident consultation meetings with the current occupants because this project involved the demolition of existing amenity blocks and also reconfiguration of the site and services.

CCG Consultation

Patient and Public Engagement and Equality Lead on Public consultation regarding changes to Gosbury Hill practice. Through a direct visit to Swallow Park, 4 forms were completed on site, 2 through telephone conversations and 2 forms were completed and submitted through post boxes.

'In October 2015 Kingston CCG visited the Swallow Park Traveller site as part of a consultation on an urgent care service. Residents shared strong views about convenience in accessing local health services with particular regard to proximity and opening times of primary and urgent care services in the borough.'

(Former CCG Engagement lead)

Energy efficient initiative

ECET worked in collaboration with [Thinking works](#) who visited residents and during home visits, offered residents tips on how to reduce their energy consumption (reduce water wastage and electricity consumption)

Adult Literacy class

5-week pilot run in March 2014 in partnership between Equalities and Community Engagement Team and Kingston Adult Education at Tolworth Recreation centre. Five women attended, very positive feedback. Topic and timings was chosen by the women on site. The classes were funded by a successful application for a South of the Borough Discretionary Budget.

The participants enjoyed the course and some of the feedback was as follows:

'I can now write in sentences with capital letters and fullstops'.

'It has helped my confidence' 'People will start coming to us when they need things writing at this rate'

This initiative highlighted that older members of the community often have low level literacy skills and it is essential that service providers take this into account when issuing correspondence, especially if the correspondence needs to be responded to by a certain deadline.

Local consultation with the GRT communities was a CCG Consultation in 2015 which involved a visit to the site by the Patient and Public Engagement and Equality Lead from Kingston CCG on public consultation regarding changes to a local GP practice. There were 11 responses the majority view was summarised in the following comment from the CCG engagement lead:

'In October 2015 Kingston CCG visited the [Swallow Park site] as part of a consultation on an urgent care service. Residents shared strong views about convenience in accessing local health services with particular regard to proximity and opening times of primary and urgent care services in the borough.'

Local issues

The number of local issues the residents were supported with over the last 3 years (2012 - 2015) highlights the need for a Community Development Worker (CDW)/ link worker to visit sites regularly. It is during visits on sites to build relationship that issues arise. It is important to have a consistent person in order to build those links and the trust of the residents. There is support available from services to community members but this is often not accessed due to lack of knowledge or not wanting to be an imposition on services.

- **Support to access college** – practical support for two young people with completing the application form. With one of the young people whose mother is illiterate support was given with completing the application, liaising with the college regarding enrolment and interview times, practising for the interview and attending registration.
- **Support with housing benefits/ council tax arrears** – the Community Development worker worked in partnership with the Income Recovery Officer to successfully support three families with arrears, by either supporting them to write a letter of appeal when appropriate or by negotiating suitable repayment amounts. For one of the families the arrears arose due to low levels of literacy and not being able to understand the correspondence received. These were recinded after explaining extenuating circumstances to Housing Benefits.
- **Referral to other agencies** support from Kingston Carers Network was accessed by one family following a referral from the CDW – this led to a successful grant for new white goods, and successful application of suitable benefits, which the resident wasn't aware they were entitled to. Referral was also made to Warm home and a successful grant obtained to replace leaking radiators. Other agency referrals included Welcare/ Families Apart.
- **Support with liaising with other agencies**
There were many examples of the CDW liaising with various council services (housing, parking services for example) following receipt of correspondence, which was not clear to the residents due to low levels of literacy. Council services may also appear inaccessible and council officials may not have the capacity to go on site to support residents. It does also assist residents to have someone neutral supporting them, for example the CDW was able to liaise between planning and a family to

support them with completing a planning application, which was a complex task. Planning weren't able to support the family due to a conflict of interest.

- **Working in partnership** – In 2014, the Education Advisor post which was covering the Traveller and Gypsy communities in Richmond, a neighbouring borough, was expanded to cover sites in Kingston. This was due to Achieving for Children, a Community Interest company, being set up in collaboration with Richmond to look after children in Richmond and Kingston. This has been invaluable for Kingston as the Gypsy and Traveller communities are able to benefit from that person's expertise. Because there was a CDW working closely with the communities, the Education Advisor was able to be introduced

Gypsy Roma Traveller History Month

Since 2013, Kingston has celebrated Gypsy Roma Traveller History month. The Equalities and Community Engagement Team has arranged for performances of Crystal's Vardo to take place across the Borough over the last three years. The purpose of this was to address stereotypes and prejudices. Performances took place at The Rose theatre, at Southborough Academy in conjunction with Tolworth Junior and Ellingham (150 young people attended) and at Chessington college (100 young people attended). A free performance was also arranged at Council offices, which had low attendance.

In 2015, the 'Friends, Families and Travellers' theatre group visited a Secondary School and two Junior schools.

Other stakeholders

Kingston Carer's Network (KCN) has had one referral from the community. This could be a mixture of reluctance from the community to access support and may also be a lack of awareness of the support available. This reinforces the need for a link worker/ Community development worker to support access to information by the community. Low levels of literacy amongst the adult population is a barrier to accessing information, which is often available only in written format.

Issues identified were no different from a non-traveller family: young carers not being identified and signposted for support, families not being told about funding they can access for children with disabilities, difficulties dealing with benefits.

Young carers/carers often remain hidden and can be very isolated. The KCN professional identified that there appears to be good support within the extended family so it may be the case that carers/ young carers are well supported within their own community.

Support for personal care from dependants is not seen as appropriate, this being 'the travellers way' See [Introduction](#) and [Carers](#) chapter.

Points of view from the local community

'We'd love to still be travelling, it's in our hearts – if the work was there, there's a few of us would still be moving about, if there were places to go'.

'This isn't our way of life – it's difficult sometimes. There are always stories about Gypsies stealing washing from the line, stealing children' 'Why do they say that?'

An issue that is prevalent within the community is the fact that if someone has lived on site for a while on a specific plot and owns the chalet they live in, they are unable to pass the plot on to their adult children. The son/daughter has to go on the housing register and bid for a property on a specific site - this is different from someone who isn't on a site and owns their property, in that they are able to pass it on to their adult dependents in their will - the rights to the Licence agreement on a Traveller site cannot be transferred.

London Gypsy Traveller Forum

A member of Kingston ECET attended their meeting in September 2015 and these are some of the issues that came up as prevalent within the community:

- One member commented regarding drug and alcohol abuse 'we keep it to ourselves about our boys taking drugs.' She described how community members would go to A&E at crisis point as an immediate way to handle the situation but she finds it hard to access follow up support. Several suggestions were made such as a Traveller specific service or a drug worker coming regularly on site to raise awareness of services.
- Another issue which is prevalent is mental health, high incidences of anxiety and suicide rates.
- GP practices are not always accessible due to receptionists' prejudices and need to read and write to register.
- There used to be a pride about coming from this community, taking care of their family, working to provide for them. Now this has been taken away and they describe having to fight against prejudices.
- Some members mentioned the reluctance from health professionals to go on sites. And a suggestion was made about training someone from the community to become a link to services.

RECOMMENDATIONS

1. Given the health inequalities experienced by this population group, the Health and Wellbeing Board should consider prioritising GRT as an identified population group to focus efforts on in Kingston.
2. Achieve collaborative working across the Kingston Health and Social Care System as even though Gypsy Traveller populations are relatively small, they have high levels of health and social care need. Key focus is needed in the following areas:
 - Acknowledgement of the wider determinants of health and social wellbeing, in particular addressing accommodation issues.
 - Development of staff within Health and Social Care and primary care on cultural awareness issues.
 - Joint working between statutory organisations, voluntary organisations and the GRT community to address issues affecting the community.
 - Consideration of joint commissioning and pooled budgets should target this population.
3. Kingston Council, the Kingston Commissioning Service, and the CCG should prioritise data collection across the whole system to identify the Gypsy Roma Traveller communities.

Quantitative local level data is difficult to come by so insight from qualitative data and lived experience of Gypsies and Travellers accessing health services needs to be valued. [Ethnic monitoring of all services needs to be updated](#) to include 'Gypsy/Traveller' and (unlike the Census), to include 'Roma' as a category. See [What Works](#).
4. Kingston Council should establish mechanisms to obtain qualitative local data of Gypsy Roma Traveller community as outlined in the [National Inclusion Health Board \(NIHB\) guidance](#). See [What Works](#). Effective Community engagement would establish whether the GRT communities found dedicated or accessible mainstream services more acceptable.
5. Kingston Council, the Kingston Commissioning Service, and the CCG should improve health literacy and health services access using
 - The [Inclusion Health board and the Royal College of General Practitioners guidance](#)
 - The [Friends Families and Travellers \(2015\) review](#),
 - [Leeds GATE](#),
 - the [Cambridge JSNA](#),
 - [Recommendations for Commissioning from the Kent JSNA on GRT communities](#)

See [What Works](#) for more information.

6. Education

Achieving for Children should:

- Explore why Kingston has a substantially higher proportion of Irish traveller or White / Roma children leaving school in Year 6 and not entering secondary education compared with London and England.
- Continue emphasis on promoting good practice in education of Gypsy, Roma and Traveller pupils in schools and other educational settings (including Elective Home Education) so that Gypsy, Roma and Traveller pupils have equal access to education, have equal attendance and achievement compared with Kingston pupils as a whole.

7. Accommodation

- Local authorities should take immediate steps to improve the living environment on local authority Traveller sites so they meet the standards set out in the [Government guidance on 'Designing Gypsy and Traveller Sites'](#).
- Department for communities and local Government (DCLG) the Local Government Association and other relevant bodies such as London Councils should promote local authority use of Negotiated Stopping Places based on the model successfully piloted by [Leeds Gypsy and Traveller Exchange and Leeds City Council](#). Use of such options are both low-cost and effective in reducing tensions and ensuring access to services including much needed health provision.
- Local Planning Authorities (LPAs) should, as routine, engage Clinical Commissioning Groups or Health and Wellbeing Boards when reviewing planning applications for Traveller sites thus ensuring that provision conforms with Planning Policy for Traveller Sites (PPTS) and the National Planning Policy Framework (NPPF) requirements to promote healthy communities. A NPPF and health and wellbeing checklist is available from the [Town and Country Planning Association](#).
- Closer partnership working should be encouraged between local authorities, police forces and Crime and Policing Commissioners (such as are under consideration in Humberside following a ground-breaking multi-agency, local authority and GRT community meeting convened by the Office of the Police and Crime Commissioner for Humberside in October 2014) Such partnership working would ensure that all parties are supporting closer community cohesion, access to services including health and wellbeing provision, and reduction of intercommunity tensions through reducing unauthorised encampments and evictions, whilst complying with Equalities duties.
- Promote consistent site management practices across the borough.

- Both local authorities and central Government need to monitor temporary planning permissions. Such permissions on sites in 'unsuitable' locations simply defer difficult decisions, rather than providing a real answer for the long-term.
- Local authorities need more guidance and sharing of good practice on many topics related to site provision such as: engaging effectively with Gypsy and Traveller communities, establishing forums through which the concerns of the settled community can be heard, managing public consultations on highly contentious issues, finding suitable site locations and then making allocations in ways that mean that Gypsies and Travellers can still afford to buy land and develop sites. At present, the knowledge and confidence infrastructure seems inadequate.
- Local authorities should improve their monitoring of progress towards improving site provision for Gypsies and Travellers.
- Local Authority Housing and homelessness strategies should include Gypsies and Travellers.
- Questions to investigate level of needs regarding accommodation might include:
 - a. Do mainstream services enable access for Gypsies and Travellers in housing?
 - b. Do you communicate with these households in appropriate ways?
 - c. Can Gypsies and Travellers in conventional housing access floating support to sustain their tenancies?
 - d. Does your local authority consider the specific cultural needs of these communities when offering them conventional housing?
 - e. Is tenancy sustainment support offered to Gypsies and Travellers in conventional housing?
 - f. Have you taken steps to defuse negative portrayals of Gypsies and Travellers locally?
 - g. Are you fulfilling your legal obligations?
 - h. Are you fulfilling your race relations duty with regard to Gypsies and Irish Travellers?
 - i. Are these households included in your local authority's assessment of housing needs?
 - j. Are housed Gypsies and Travellers included in homelessness and housing strategies?

GLOSSARY

Authorised private sites – privately funded sites with planning permission

Authorised public sites – operated by local authorities and private registered providers of social housing, including housing associations, trusts and cooperatives;

CRE Commission for Racial Equality (CRE)

DCLG Department for Communities and Local Government

FFT (Families Friends and Travellers)

Green Belt - A designation for land around certain cities and large built up areas, which aims to keep this land permanently open or largely undeveloped.

'Gypsy Traveller' is an umbrella term for a set of distinct and diverse communities. Ethnic Travellers by the Race Relations Act as amended in 2000 included Romany Gypsies, Irish Travellers, Roma and non-ethnic Travellers, New Travellers Bargees (boat people), Showmen, and Circus Families.

[Gypsy Traveller Accommodation Assessments \(GTAAs\)](#) also referred to as a Gypsy and Traveller Accommodation Needs Assessment (GTNA). The main document produced or commissioned by a local authority that specifies the accommodation requirements for Gypsies and Travellers.

Pitch - An area of land on a site / development generally home to one licensee household. Can be varying sizes and have varying caravan occupancy levels.

'Tolerated' site is one where the local authority has decided not to seek the removal of the encampment, and where the encampment has been, or is likely to be, allowed to remain for an indefinite period of months or years. Some examples of a site which would be classified as 'Not Tolerated' are where: - A planning enforcement notice has been served (including Temporary Stop Notices), - The results of a planning enquiry are pending, - An injunction has been sought, - The compliance period has been extended.

Site: An authorised area of land on which Gypsies and Travellers are accommodated in trailers / chalets / vehicles. It can contain one or multiple pitches.

Unauthorised developments – sites on land owned by travellers for which planning permission had not been granted;

Unauthorised encampments – sites on land not owned by travellers and which do not have planning permission. Unauthorised sites are classified as either 'Tolerated' or 'Not Tolerated'

USEFUL LINKS

- [Friends, Families and Travellers](#)
- [Joint Strategic Needs Assessments: policy statement \(Friends, Families and Travellers, October 2011\)](#)
- [Improving access to health care for Gypsies and Travellers, homeless people and sex workers An evidence-based commissioning guide for Clinical Commissioning Groups and Health & Wellbeing Boards \(RCGP and Inclusion Health Board, 2013\)](#)
- [Commissioning Inclusive Services Practical Steps towards inclusive JSNAs, JHWSs, and commissioning for Gypsies, Travellers and Roma, homeless people, sex workers and vulnerable migrants \(Inclusion Health Board\)](#)
- [Impact of insecure accommodation and the living environment on Gypsies' and Travellers' health: A report by the Traveller Movement: principal authors Margaret Greenfields and Matthew Brindley. Commissioned by the National Inclusion Health Board 2016](#)
- [BRIEFING PAPER Number 08083, 28 September 2017 Gypsies and Travellers](#)
- [A response from race equality perspectives to the public health white paper, Healthy Lives, Healthy People \(Afiya Trust, October 2010\)](#)
- [How to engage with Gypsies and Travellers as part of your work \(Leeds Gate\)](#)
- [Culturally responsive JSNAs: a review of race equality and JSNA practice \(Local Government Improvement and Development, November 2010\)](#)
- [Bi-annual caravan count \(Department for Communities and Local Government\)](#)
- [The Gypsy Traveller Accommodation Needs Assessment: Guidance \(Department of Communities and Local Government, 2007\)](#)
- [School Level Annual Census \(Department for Education\)](#)
- [Planning Policy for Traveller Sites \(updated 2015\)](#)
- [Spaces and places for Gypsies and Travellers: how planning can help](#)

Examples of inclusive and representative JSNAs and Resources

- [Cambridgeshire booklet for Health Professionals](#)

- [Cambridgeshire JSNA](#)
- [JSNA Chapter: Gypsy, Roma and Travellers \(Surrey County Council\)](#)

HELP AND INFORMATION

- [Families Friends and Travellers publicity resources](#)
- [Irish Traveller Movement website](#)
- [Advisory Council for the Education of Romany and other Travellers \(ACERT\)](#)
- [The Equality and Human Rights Commission](#)
- [Friends Families and Travellers](#)
- [National Association of Teachers of Travellers](#)
- [Planning Aid](#)
- [Travellers Advice Team](#)
- [Travellers Aid Trust](#)
- [Travellers Times](#)
- [Roma Support Group Web](#)