

Disability, Social Care, Health and Travellers

A report by the Traveller Law Research Unit at Cardiff Law School with grant support from the Joseph Rowntree Foundation

The Report examines the existing research and literature relating to the social and health care needs of Gypsies and other Travellers including disabled Travellers.

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Introduction

This report, prepared by the Traveller Law Research Unit at Cardiff Law School with the generous support of the Joseph Rowntree Foundation, examines the existing research and literature relating to the social and health care needs of Gypsies and other Travellers, including disabled Travellers. The object of the research has been to ascertain what is already known and to identify the need (if such exists) for further research in this field.

The study which follows was carried out in May and the first half of June 1999 and is structured as follows:

I Overview

An over-view of the political, legal and socio-economic issues of particular relevance to Travellers.

II Traveller-related materials

A brief analysis of the published Traveller-related materials concerning:

- health needs (including morbidity and mortality data);
- social care needs and the extent of disability amongst Travellers;
- access to health and social services and factors which impede that access;
- special educational needs (and other measures of learning difficulties); and
- environmental surroundings, the quality of public sites and access to basic services.

III Consultation responses

A brief report of the outcome of our consultation with Travellers and Traveller-related organisations as to the social care, health care and disability issues of most concern to them. The consultation process included discussion with:

- health professionals regarding health, safety and site conditions on local authority sites in Somerset;
- Gypsies living in housing and on an unauthorised roadside site in South Wales;
- ‘new’ Travellers living on unauthorised sites on local authority and private land in the south of England; and
- a variety of professionals around England, Wales and Scotland delivering health, education and other services to Gypsies and Travellers.

IV Review

A review of the messages that emerge from the available research and of the areas where it appears that further research would be of practical benefit to Travellers.

V A research study proposal

Methodology

Review of published materials

The search and review of this material was undertaken using the extensive library and database of the Traveller Law Research Unit and the University of Wales library. This review was undertaken during the May 1999 and our preliminary conclusions were then discussed with the Traveller respondents.

It is inevitable that there will exist some studies of the health and social care and education needs of Gypsies and Travellers which are absent from this literature review; nonetheless, we are confident that the most thorough and important pieces of research have been included.

Reports and studies from the Republic of Ireland have been included in addition to those which investigate relevant matters in England, Wales, Scotland and Northern Ireland. These Irish publications are referred to frequently in UK research and, while not fully pertinent in the context of state policies and practices in this field, are highly influential and valuable by their addition to this body of knowledge.

Interviews with health professionals

Interviews took place by telephone and email and, in the case of the Somerset case studies, by attending a health forum meeting at which associated documents were gathered and staff from associated voluntary associations were also interviewed. The interviews with Gypsies and Travellers in South Wales took place in the offices of a voluntary organisation, Cardiff Gypsy Sites Group (CGSG) which assists Travelling people to access services and fair treatment in the area.

The choice of interviewees was random, although efforts were made to ensure that Gypsies and Travellers from a variety of backgrounds and living in diverse forms of accommodation (housing, roadside etc.) were represented. For example, interviews in Cardiff were contrived by simply talking to whomever came to the advice surgery at the offices of CGSG on the day the interviewer attended.

Interviews were unstructured and exploratory, verifying whether the issues and concerns identified in the existing literature were shared by Gypsies and Travellers and Traveller-related services providers; but also allowing them to direct the course of interviews by leading with and sharing their own concerns, knowledge and experiences as a basis for discussion.

Questions

A sample of the sorts of questions asked by the interviewer during discussions with Gypsies and Travellers would be:

- Do you have any concerns about your health and that of your family?
- What do you think has had an impact on your health?
- What health care have you received, and have you been happy with it?
- Have you had contact with other care services, and what has been your experience?
- What do you think could improve your health and well-being?
- What are your views on the education of your children?
-

Health and other service-providing professionals were asked to speak freely about their impressions of the social care, health and well-being of Gypsies and Travellers, based on their own experiences and observations.

I Overview

Terminology

In this Report the term Traveller(s) is generally used. This includes the following:

- The minority ethnic group known as Gypsies, whether English, Scottish, Welsh, or Irish Travellers; whether mobile, of limited mobility, or no longer living a mobile way of life but settled in housing or in caravans on public or private sites.
- So-called 'new' Travellers, some of whom are second, third, even fourth generation Travellers.

Demography

There is no official figure for the number of Gypsies and other Travellers in the United Kingdom. The Council of Europe overall estimate (in 1987) was between 80,000 - 110,000.¹

The most recent Gypsy caravan count² records 12,930 caravans in England. Such counts do not include 'new' Travellers or Gypsies living in houses (whether temporarily or not). Separate figures collected by local Traveller Education Support Services (TESSs) show many more families and children than do the official counts. Based upon this evidence the most recent OFSTED Report on *The Education of Travelling Children* (1996)³ estimated that the number of Travelling children in England was in the region of 50,000.

There are 329 public Gypsy sites in England with a total of 5,387 pitches.⁴ Whilst there is no official record of the number of private Gypsy sites in the UK it is estimated that there are approximately 1,200⁵ (lawful and unlawful) in England. The twice yearly Gypsy counts reveal that approximately one third live on sites which lack planning permission and are referred to as 'unauthorised'. Of these about 70% are described as settled (i.e. likely to have been on the site for some time and wishing to stay) and 30% as 'transit' i.e. relatively mobile⁶.

The Welsh Office ceased to undertake the biannual count of caravans in 1997, but a recent piece of research on *Traveller Children and Educational Need in Wales*⁷ (1998) - published by the School of Education at the University of Wales Cardiff - identified twice as many travelling children in Wales than did the last governmental counts, at approximately 2,000; and suggests that many more travelling children (i.e. those currently in housing) are not included. There are currently 20 public sites in Wales.⁸

The number of Travellers in Northern Ireland is estimated to be between 1200 and 1300 (or 0.07% of the total population in the area).⁹ As with other counts, these figures are assumed to an underestimation due to the mobility of Travellers, the reluctance of some to give full

¹ Council of Europe (1987) *Gypsies & Travellers*; the estimate is now 12 years old. Ministry of Housing and Local Government (1967) *Gypsies and other Travellers*, HMSO, London, pp.10 and 65, suggested that in view of the large number of children in the population it could double within 20 years

² Collated by the Department of Environment, Transport and the Regions from six monthly returns provided by District and Unitary Authorities.

³ OFSTED, March 1996, ref.: HMR/12/96/NS, see **Bibliography** below at 1.16.

⁴ RSL Social Research for the DETR, *Gypsy Sites provided by local authorities in England 1st January 1998*, DETR, March 1998.

⁵ Department of the Environment (1991) *Counting Gypsies*, HMSO, London, p.121, estimates a total (including public sites) of 1,500.

⁶ Ibid. p.87.

⁷ October 1998, for the Save the Children Fund Wales Programme (Laura Morgan, Researcher).

⁸ RSL Social Research for the DETR (1998), *ibid.*

⁹ Siobhan Molloy (1998) *Accommodating Nomadism*, Traveller Movement (NI), Belfast, p.11.

information, and a failure to count many Travellers living in standard housing. "There are already 8 permanent authorised sites ranging in size from 12 to 21 pitches - a total of 132 pitches. Taking one pitch per family as a rough guide an additional 125 pitches will be needed by the year 2000 based on 1.5% annual growth rate."¹⁰ In his *Review of Policies Affecting Travellers in Northern Ireland* (commissioned by the DoE) Professor Paris felt that a growth rate of 2.5% was more realistic, which would give a figure of 1585 Travellers by 2007. At the time of the 1993 census in Northern Ireland, 68% of Travellers were on authorised sites, 30% on unauthorised and 2% on private sites.¹¹

According to a survey undertaken by the Traveller Section of the Save the Children Fund (SCF) in Scotland in 1996, there were 35 local authority sites in Scotland provided exclusively for Travellers with the support of a 100% Scottish Office grant, containing 503 pitches; SCF estimated that there were a further 30 to 40 private sites.¹² SCF also estimate that there are currently between 10 and 15 thousand Travellers living in Scotland. There is no estimate available as to how many Travellers are living in what form of accommodation.

With regard to the demography of Gypsies and Travellers as collated by various government departments, "[t]here have been various criticisms of the count from official agencies and Gypsy representative groups. In particular, there is doubt as to whether the count provides adequate measures of the need for, and provision of sites and concern about the accuracy of the data. Information about Gypsies is also needed for other purposes, not only in the housing field but also for the provision of education and health services."¹³

In a study of the methodology of 'the count', the Office of Population Censuses and Surveys were critical of the reliability of the figures produced, and their recommendations included that:

- Families and children should be counted rather than caravans.
- Projections should be made of the future population and their needs.
- Those 'counted' should be interviewed as to their needs and desires.
- 'New Age' Travellers should not be included (as this may increase the demand for sites).
- A national survey might be taken to obtain information not available from 'the counts'.¹⁴

None of these recommendations have been implemented. In the meantime, it is clear that official DETR estimates of the number of Travellers in England and Wales should be treated with distrust. They are not counted by all authorities; those that do undertake the count may not include those Travellers whom they deem not to be 'Gypsies'; other counts by statutory and voluntary educational bodies put the numbers much higher, at least double the official numbers; and the figures do not, as the Government's own 1991 research recognised, say anything about the people counted or about their needs and desires.

On the basis of the above, and having particular regard to the counts carried out by local education authorities of Traveller children (which have generally been considered more accurate than most counts) it appears likely that the Traveller population of the United Kingdom is in the region of 150,000 persons.

¹⁰ Department of the Environment for Northern Ireland (1994) *Regional Development Strategy for the Provision of Sites for Travellers 1994-2000*, Special Projects Branch, Belfast, p.5 para.2.3.

¹¹ Department of the Environment for Northern Ireland (1998) *Working Party on Accommodation for Travellers: Consultation Document*, Special Projects Branch, Belfast, p.5.

¹² A Bancroft, M Lloyd, R Morran (1996) *The Right to Roam: Travellers in Scotland 1995/96*, Save the Children Fund, Dunfermline, p.35, see **Bibliography** below at 1.1, 2.1 and 3.3.

¹³ John Cripps (1976) *Accommodation for Gypsies: A Report on the Working of the Caravan Sites Act 1968*, DoE/Welsh Office, HMSO, London, p.3, para.1.1.

¹⁴ Hazel Green (1991) *Counting Gypsies*, Department of the Environment, HMSO, London.

Legislative impact on health and social care needs of Travellers

Travelling people have been specifically targeted by United Kingdom legislation since the Elizabethan times and more recently their way of life has been affected as an indirect consequence of legislation directed at other goals (most notably the Town and Country Planning Acts).

An example of recent legislation aimed at Travellers is the Criminal Justice and Public Order Act 1994; in particular, section 80 removed the possibility of central Government subsidy for the construction of Gypsy sites,¹⁵ and created new criminal offences for camping on land.¹⁶ Many research projects have suggested that there is a significant link between the poor health of Travellers and the poor conditions of the sites they occupy; thus it is suggested that the withdrawal of state support for site construction may exacerbate this problem.

Section 80 also repealed the duty on local authorities to make provision for Gypsies, and anecdotal evidence suggests that in consequence many sites have fallen into disrepair or indeed been closed. As a result it is likely that many Gypsies and Travellers have, not entirely willingly, moved into housing, because of the increased difficulty in gaining access to secure and safe sites. It has also been suggested that a consequence of the increased eviction powers provided by the Act has been the maintenance of very high levels of illiteracy amongst Travellers: that these are in part a consequence of repeated evictions and resultant school changes.

Adverse effects upon Traveller health and welfare as an indirect legislative consequence appear to be numerous; it has for instance been suggested that the new GP contracts (following the NHS and Community Care Act 1990) meant that GPs were penalised if they failed to meet certain immunisation targets. Travellers have, as is discussed below, low immunisation rates and accordingly the new contracts may have acted as a disincentive to register Travellers on GP lists.¹⁷

New legislation may, however, be of indirect benefit to Travellers, and in this category it appears that the Health Act 1999 may prove important. Section 25, for instance, creates a duty on Health Authorities to prepare Health Improvement Plans in conjunction with local authorities. The consultation paper *Our Healthier Nation* (1998),¹⁸ which preceded the legislation, identified the causes of ill health as being primarily:

- i) 'social and economic', and in this category it included poverty, employment, social exclusion; and
- ii) 'environmental', and in this category it included air quality, housing, water quality and social environment.

The available research suggests that Travellers experience a level of deprivation in these areas which is possibly without parallel. The consultation paper proposed four national targets to improve health, namely: the reduction of heart disease and strokes; accidents; cancer deaths and mental ill health. The research outlined below also indicates that Travellers experience a particularly high incidence of three of these conditions (cancer probably being the exception¹⁹), and Traveller children may be especially prone to disabling accidents as a consequence of the very poor environmental conditions in which they live.

¹⁵ Whilst such subsidy remains for non-Gypsy accommodation such as housing.

¹⁶ Sections 61 and 78.

¹⁷ Guardian 2/8/90.

¹⁸ Cm 3852, February 1998.

¹⁹ Although there has been little research in this field; Feder (see **Bibliography** below at 2.9 and 3.22) notes a high incidence of smoking and low take-up of cervical smear tests amongst Travellers.

The opportunity that Health Improvement Plans may present to Travellers appears to be underscored by the Local Government Bill currently before Parliament. Clause 3 gives legislative force to the Government's 'best value' programme²⁰ by placing a duty on local authorities 'to secure continuous improvement in the way in which [their] functions are exercised, having regard to a combination of economy, efficiency and effectiveness'. The overwhelming evidence concerning the poor delivery of health and social welfare services to Travellers, and more particularly the excessive sums spent by public bodies on 'non-tolerance' and eviction policies suggests that these are unsustainable within the principles of 'best value'.²¹

Invisibility

Although, as has been seen, a great deal of work has been done over time and in various localities which examines the health and well-being of Gypsies and Travellers, they appear to be invisible within mainstream studies.

Recent Government White²² and Green²³ Papers set out to address inequalities in health of different sectors of the population, with particular reference to black and ethnic minority groups, by recognising and understanding differing needs with the assistance of the relevant communities. Resulting guidance, *Assessing health needs of people from minority ethnic groups*,²⁴ suggested that an eponymous book would assist those working towards health needs assessment, in that the book claims to:

- i. set ethnic minority health firmly in the Government's health inequalities agenda;
- ii. provide a framework for health needs assessment;
- iii. address the setting of priorities;
- iv. provide examples of good practice; and
- v. highlight the experiences of community groups.

The book states that such assessment "requires the use of a range of methodologies and the development of alliances across a wide spectrum of organisations from community and voluntary organisations and commercial design and market research organisations. Local health studies should employ a range of methodologies to ensure that quantitative and qualitative information is gathered, and minority ethnic communities should be involved throughout the needs assessment process".²⁵ In Chapter 1, co-editor Veena Bahl notes that the current "public health agenda is set to tackle root causes of illness and reduce inequalities in health. The key determinants of health – income, employment, housing, social exclusion, pollution, minority ethnic status and gender – are important issues when tackling the health of minority ethnic groups".²⁶

The ethnic composition of the population of England and Wales is identified in the book as being 94.1% white, with the remaining 5.9% of the population being categorised as:

²⁰ As defined in Chapter 7 of the White Paper *Modern Local Government: In Touch with the People*, July 1998.

²¹ Sue Campbell (1998) *Eviction is a waste of money*, Housing, April (Vol. 34 No. 3), p.13.

²² *The New NHS Modern Dependable*.

²³ *Our Healthier Nation*

²⁴ HSC 1998/129.

²⁵ Edited by Salman Rawaf and Veena Bahl (1998) *Assessing health needs of people from minority ethnic groups*, Royal College of Physicians / Faculty of Public Health Medicine, London, p.xii.

²⁶ *Ibid.*, p.3.

Group	Percentage of non-white population
Black African	7.1
Black	16.9
Black Other	60
Indian	28.1
Pakistani	15.4
Bangladeshi	5.5
Chinese	5
Other Asian	6.5
Other	9.5

These figures are based on the National Census for 1991, in which Gypsies and Travellers were not included as an ethnic or other societal grouping within a distinct category.²⁷ Therefore they remain, throughout the book, invisible, although on the basis that they number in the region of 150,000 they would score approximately 5% on the above table. While their health needs are as diverse as the rest of the population, they have also distinct needs, and may require particular forms of delivery of those needs; none of which is alluded to in this Government guidance.

For example, the book identifies higher infant mortality rates among some ethnic minorities as being high (i.e. the perinatal mortality rate of Pakistani babies is almost double that of white babies²⁸); research done in Northern Ireland showing that the rate for Gypsy babies is seven times that of the settled population is not included. Chapter 20 on ‘Refugees’ uses a number of minority ethnic groups as examples of health needs and issues, yet never mentions the many Roma people who have sought asylum from the persecution and prejudice that they encountered in Eastern Europe. Accommodation is expressed in the book in the context of housing, and no other form of accommodation is contemplated. While the work is undoubtedly useful for health practitioners and managers in working towards equality for most health service users, the sedentarist focus ensures that Gypsy and Traveller needs will continue not to be considered or assessed by many health authorities and so, therefore, to be unmet.

In Wales, similarly, the government states in its latest health policy document *Better Health, Better Wales* that their “vision is to improve the health and well-being of people in Wales through strategies which promote and protect health, reduce inequalities in access to health services, and provide effective and efficient health services ... Health is influenced by a complex interaction of lifestyle and environmental factors which must be taken into account if real collaboration is to be achieved. This is a long term challenge, which will involve collaboration across public services, voluntary and private sectors, and communities.”²⁹ One of the values underpinning this manifesto agenda item is that every person should have equal and fair access to treatment and services according to their needs and regardless of where they live.

Travellers are, once again, considered only by implication when discussing minority ethnic groups, and all talk of the importance of a ‘Healthy Environment’ is focussed on housing. The question asked in the consultation was ‘How should housing policies be developed to take account of community safety and sustainable health, particularly where there are

²⁷ Discussion with the Office for National Statistics has revealed that they will not be adding Gypsies and Travellers as a specific category in the 2001 census (although it will be open to Gypsies and Travellers to include themselves within the ‘Other’ category if they wish to do so).

²⁸ Ibid., p. 216.

²⁹ Welsh Office (1998) *Better Health, Better Wales*, consultation paper, foreword.

concentrations of substandard houses?'. Due to their different chosen form of accommodation Travellers are likely to go unnoticed within such considerations.

The Welsh Office is proposing a five-year research programme to ascertain links between poor health and living conditions; it is only to be hoped that Traveller and accommodation issues are explored within this programme. Given that the Welsh Office propose to use established data sources in developing targets and measuring progress, and Travellers do not appear within those sources, they may not be expressly included. This has very real implications for the way in which Travellers can access services, and affects the extent to which services are tailored to meet Travellers' needs.

As an example, the City and County of Cardiff Social Services Department *Social Care Plan 1998-2001* is designed to:

- examine the needs of the population;
- identify how those needs are currently met and how various agencies interact to meet them;
- examine monitoring of service delivery for quality control and maintenance;
- identify how available resources can best be used to provide services; and
- specify the strategic purchasing intentions for adult service users, including support for unpaid carers.

In the Plan, the ethnic minority population of the area is identified using the 1991 Census of Population which, as previously identified, does not comprise Gypsies. Therefore Gypsies and Travellers are not included by the Council in their ethnic minority population estimate of 17,924 people. Similarly, all references to accommodation in the document are specifically to 'housing'. Service User Groups, for which specific Service Development Plans are laid out, include carers, older people, people with physical disabilities, people with a mental illness and people with drug or alcohol related problems.

The Service Objective for people with physical disabilities is that they have a right to lead a life free from discrimination and a right of equal access to opportunities. The Objective for people with learning disabilities is that they should be enabled to lead life to its fullest potential, enjoying basic human rights, dignity, self respect, choice in deciding how and with whom they live, and opportunities for participating in social and work activity; and that appropriate housing should be secured.

Gypsies and Travellers and their needs were not identified anywhere in the Draft Plan. At the request of the Housing Department, the final version of the Plan included a two sentence reference to Gypsies and Travellers, and that their different culture and needs should be acknowledged and provided for. No details are given as to what these might comprise.

II Traveller-related materials

1. Education

1.	Bancroft A, Lloyd M, Morran R 1996	<i>The Right to Roam: Travellers in Scotland 1995/96</i>	Dunfermline: Save the Children Fund (Traveller Section)	<p>The body of the Report aims to present Travellers' views on education, health and site issues in Scotland in the 1990s. In total 319 Travellers and service-providing professionals were interviewed. No scientific sample selection procedure was used as there was insufficient information on Travellers available. Travellers in all regions except the Borders were interviewed, from local authority, private and roadside sites as well as some living in housing.</p> <p>The report found that Travellers tend to view self-employment rather than wage labour as an ideal, therefore they value the transfer of skills across generations which can provide a mechanism for self-employment. The parents of Traveller children do not for the most part consider the formal education system to be the prime means of passing on their "cultural capital".</p> <p>A high percentage of young Traveller children are found to be consistently absent from primary school (59%), the majority do not attend secondary school (80%), and do not take up opportunities for non-compulsory education. The main reason given by the Traveller children interviewed for attending school were to learn, reading, and school dinners. The main reasons given for non-attendance were travelling, bullying, and "can't be bothered".</p>
2.	Cardiff University School of Education 1998	<i>Traveller Children and Educational Need in Wales</i>	Cardiff: Cardiff University and Save the Children Fund	<p>Identifies far greater numbers of travelling children in Wales than official, governmental counts would suggest (1800 rather than 850).</p> <p>Interviewed Travellers in Wales and ascertained that there were two major obstacles to the provision of education for Traveller children: their nomadic life-style and culture, and the incompatibility between these and the conventional provision of education.</p>

3.	Carlisle J, Hutton S 1998	<i>Travellers In York: An Evaluation of Local Services</i>	York: Social Policy Research Unit, University of York	<p>A Report commissioned by the York Travellers' Project of the York Council for Voluntary Service, and funded by the Joseph Rowntree Charitable Trust, to evaluate the accommodation, health, education, welfare and problem-solving services provided to Travellers in York (not including the Project itself). The study interviewed 20 Travellers - aged between 14 and 80 - living on the three official sites in York, and four service providers.</p> <p>Traveller parents and children stated they could not see the point of formal education which went beyond literacy and numeracy. One child could mend an engine aged 11 but could not read. Some Travellers felt that they would not get jobs, no matter how well-educated they might become, due to discrimination. Almost all of the Travellers talked about the name-calling and bullying Traveller children experienced at school.</p> <p>An assessment for special educational needs (SEN) was carried out when a child was unable to perform the tasks expected for their age, and might be administered at any time from 8 to 11 years of age. One professional felt that children should be able to enter special school at aged 5, as they often arrive at 8 without literacy skills; another felt that they should not be stigmatised by being channelled into SEN schools too easily. Eight Traveller children were enrolled at a local special needs school (for children with moderate learning difficulties). None of the Traveller parents intimated that they viewed the SEN school as any less acceptable or more stigmatising than mainstream schools.</p>
4.	Central Advisory Council for Education (England) 1967	<i>Children and their Primary Schools: A Report of the Central Advisory Council for Education (England)</i> [the Plowden Report]	London: HMSO	<p>Stated that the educational needs of Travelling children were almost entirely unmet.</p> <p>This was identified as being due in part to cultural restraints whereby Gypsy parents wished to keep children at home, either to use collective labour power and teach occupational skills, or because they are concerned that the children would learn bad habits and different values in a settled environment.</p> <p>It was also due to negative attitudes towards Gypsy children on the part of school</p>

				staff, the parents of settled children and the children themselves.
5.	The Children's Society 1998	<i>My Dream Site</i>	Bath: The Children's Participation Project	<p>Research and consultation with Traveller children around the issue of sites.</p> <p>Many children talked about how they had been bullied and taunted at school simply because they were Travellers. This seemed to be less of a problem for those children who had been able to spend a stable period of time settling into a site and thus into the school.</p> <p>Many factors influenced the attendance of children at school: being able to get a place, transport to school, and their experiences while at school. School attendance for the children who moved around a lot tended to be periodic.</p>
6.	Department of Education and Employment (DfEE) 1994	<i>School Provision for Gypsies and other Travellers in the UK relevant to EC Resolution 89/C 153/02</i>	London: DfEE	<p>Describes measures taken at national level in the UK to promote the education of Traveller children, reporting to the European Commission.</p> <p>Identifies four schools in Scotland which catered for SEN in 1991/92, and which had Traveller children in attendance. Also identifies but does not quantify SEN provision for Traveller children in Northern Ireland.</p> <p>35 of the Local Education Authorities (LEAs) in England - and one in Wales - responding to a DfEE survey stated that they were undertaking education-related research. Twelve were trans-national; none concerned SEN.</p>
7.	Department of Education and Science (DES) 1983	<i>The Education of Travellers' Children: An HMI Discussion Paper</i>	London: DES	<p>Estimates that there were between 12 and 15 thousand Traveller children of school age in England, a minority of which attended school, many sporadically.</p> <p>Suggests that the ambivalence of many Traveller parents towards formal education frequently stems from their own intermittent and unhappy experiences of school. Finds that lack of attention and 'boisterous behaviour' is symptomatic of children whose families were under threat of eviction or had recently been moved. In some cases frantic parents had to remove their children from classrooms mid-</p>

				<p>lesson to avoid being separated due to an eviction.</p> <p>States that the ability of Gypsy pupils is often assessed by teachers as low to average, but that there were a number of notable exceptions to this generalisation which teachers should note to avoid stereotyping and low expectations. Many children were identified as needing remedial help and diagnosis of their specific learning difficulties. Some children were perceived as having low levels of educational skills but had a level of intelligence and competence in life skills not usual in settled children of a similar age.</p>
8.	Department of Education and Science (DES) 1985	<i>Education For All (the Swann Report)</i>	London: HMSO	<p>“In many ways the situation of Travellers’ children in Britain today throws into stark relief many of the factors which influence the education of children from other ethnic minority groups - racism and discrimination, myths, stereotyping and misinformation, the inappropriateness and inflexibility of the education system and the need for better links between homes and schools and teachers and parents. Many of the official attitudes to travelling families tend towards encouraging them to “settle down” and in effect to cease being travellers ... ways can and must be found to reconcile the concerns and aspirations of the travelling community and the mainstream education system in a much more positive manner.</p> <p>A central factor in considering the education of travellers’ children is clearly site provision ... and LEAs should not be able to ‘turn a blind eye’ to travellers’ children simply because they may present problems and efforts on their behalf may prove unpopular with the rest of the community”.</p>
9.	Early Years Traveller Inter-agency Group 1996	<i>Advocating the Health and Education Needs of Traveller Children Under Five in Hertfordshire</i>	Hatfield: Early Years Traveller Inter-agency Group [seminar report]	<p>Identifies obstacles to accessing pre-school education as:</p> <ul style="list-style-type: none"> • where there is a waiting list a family have often moved or been moved on before they reach the top of that list; • groups are often reluctant to give places to Travellers because children can often attend sporadically due to travelling, lack of transport etc.; • because most sites are located in rural areas the nearest groups are often fee-paying village groups whereas access to town facilities would, more often than

				<p>not, mean free places; and</p> <ul style="list-style-type: none"> • there may be discrimination from middle-class village groups who fear the presence of Travellers will put off other parents.
10.	Liégeois J-P 1986	<i>School provision for Gypsy and Traveller children: a synthesis report</i>	Brussels: Commission of the European Communities	Liégeois (quoting an unpublished report by Acton and Kenrick) estimates that 85% of Travellers are non-literate in England and Wales (70% under the age of 30). In Ireland, almost 90% of Travellers are thought to be illiterate, although no literacy data has been collected.
11.	Liégeois J-P 1998	<i>School Provision for Ethnic Minorities: The Gypsy Paradigm</i>	Hatfield: University of Hertfordshire Press	<p>Survey undertaken by the Gypsy Research Centre of the University René Descartes, Paris, into education and other services and living conditions of Gypsies in Europe. National monographs were compiled in each Member State, utilising data from a broad range of sources. Produces UK estimates of adult literacy (which are low) and types of educational provision, both of which are reproduced at Appendix 3.</p> <p>Conclusions reached regarding the state of education for Traveller children throughout Europe are broadly similar to findings within the UK:</p> <ul style="list-style-type: none"> • Regularity of school attendance is low, especially at secondary level; • Attainment is below what would be expected given attendance levels; • There is a gulf between aspirations and values of schools and Travellers; • The Traveller child will find school less pleasant than the settled child, and more of a struggle to stay in, and yet will not find their identity valued there.
12.	London Irish Women's Centre 1995	<i>Rights for Travellers: Survey of Local Authority Provision for Travellers in London</i>	London: London Borough Grants Committee	Surveyed 33 London metropolitan authorities, 22 of which responded. Found a high level of work undertaken by education departments with Travellers in comparison with other council departments, probably due to the availability of (then) Section 210 funding; although not all councils in London had applied for such funding.
13.	McVeigh R 1992	<i>Racism and Travelling People in Northern Ireland</i>	London: HMSO	<p>Paper written for the Seventeenth Report of the Standing Advisory Commission on Human Rights (Report for 1991/92).</p> <p>Discusses the provision of segregated schools for Traveller children in Northern</p>

				Ireland, which he finds racist. Is convinced that segregation would seem a lot more acceptable to Travellers if the facilities were at least on a par with schools for settled children and took a proudly Traveller-centred approach.
14.	Ministry of Housing and Local Government 1967	<i>Gypsies and Other Travellers</i>	London: HMSO	<p>Evidence found that less than 10% of Gypsy and Traveller children of school age were attending school, the great majority of all such children being illiterate.</p> <p>Many Gypsy and Traveller parents were reluctant to place their children in mainstream education, because of their own negative experiences or because they did not think it if value. More parents were seeing the value of a mainstream education, if only so that their children could better cope with an increasingly bureaucratised world, but travelling made attendance difficult.</p>
15.	O'Boyle MB 1990	<i>The alienation of travellers from the education system: a study in value orientation</i>	Dublin: M.Ed., University College	<p>It was discerned that the curriculum in Irish schools does not take into account the separate ethnic status of Travellers nor does it accommodate their history or culture. Irish teachers are not trained or equipped to teach in a multi-cultural situation nor are they provided with suitable teaching materials.</p> <p>Consequently, Traveller children are subjected to the unintentionally racist imposition of the mores of the dominant culture in schools. Many of the problems experienced by Travelling children in Irish schools are the result of the rejection of their culture by society in general and the educational system in particular.</p>
16.	Office for Standards in Education (OFSTED) 1996	<i>The Education of Travelling Children</i>	London: OFSTED (HMR/12/96/NS)	<p>The report surveyed the provision, standards, problems and successes of such education in England over a three-year period.</p> <p>Findings included:</p> <ul style="list-style-type: none"> • the estimated number of Travelling children in England was much higher than previous estimates at approximately 50,000 (not including those families who had been in housing for longer than 2 years); • attitudes and relationships between Travelling communities and schools had markedly improved; nonetheless, a disproportionate number of Traveller pupils

				<p>- especially at the secondary phase - were excluded from school, despite a general assessment that they were well-behaved;</p> <ul style="list-style-type: none"> • the response to schooling was strongly influenced by the attitudes to and acceptance of Travellers at the school; • school attendance by Travelling children of all ages is improving but still unacceptably low. • the number of young Traveller people who take up vocational training and further and higher education is extremely small. <p>The Report found that “[n]egative attitudes frequently manifest themselves in the refusal to admit Travelling children or in the delay or the imposition of difficult or discriminatory conditions. In some cases, threats and acts of violence have been sufficient to deter Gypsy parents from placing their children in school”. While such direct discrimination is becoming less common, it may have contributed to a number of families being wary of placing their children into settled education.</p>
17.	Office for Standards in Education (OFSTED) 1999	<i>Raising the Attainment of Minority Ethnic Pupils</i>	London: OHMCI	<p>Specifically focussed on Bangladeshi, Black Caribbean, Pakistani and Gypsy Traveller pupils and found that, of the four focus groups, Gypsy Traveller pupils are most at risk in the education system.</p> <p>States that at the point of transfer to secondary schools, Gypsy Traveller attainment is well below school and national averages, and that this results in the majority being placed in school SEN registers.</p> <p>Found that few Gypsy Traveller pupils had received any pre-school education; that teacher expectations of Gypsy Traveller pupils are generally unreasonably low, and that all schools where Gypsy Travellers attend report high levels of prejudice and hostility against them.</p>
18.	Okely J 1994	<i>The Traveller-Gypsies</i>	Cambridge: Cambridge University Press	<p>Book written after spending time living with Gypsy Travellers.</p> <p>Notes that the skills of Travellers are often underestimated or overlooked because of over-emphasis on illiteracy and lack of formal schooling, and that few Travellers</p>

				<p>were interested in secondary education.</p> <p>Suggests that Gypsy Travellers may be averse to further and higher education as they do not wish children to be separated from their families and their culture.</p>
19.	Paris C, Maginn P, Gray P 1995	<i>A Review of Policies Affecting Travellers in Northern Ireland</i>	Ulster: Housing Research Centre, Magee College, University of Ulster	<p>Notes that the integration of Traveller and settled children in schools has been relatively successful in areas outside Belfast, but that within Belfast most Traveller children were believed to be attending a Traveller-only school.</p> <p>States that the urbanisation of Travellers has slowly accentuated their need and aspirations for a formal education. Census data showed a 100% participation rate among Traveller children at primary level but only 43% at secondary level.</p>
20.	Scottish Traveller Education Project (STEP) 1996	<i>Promoting Education for Travellers in Scotland</i>	Edinburgh: STEP, Heriot-Watt University	<p>Asserts that the type of accommodation lived in has an impact upon receipt and experience of education.</p> <p>Finds that those children living in houses, on local authority Gypsy Traveller sites, or in Showmen's winter yards, are able to attend their local school or the school of their parent's choice. Those living on unauthorised encampments or short-term authorised encampments on private land have little or no access to schools.</p>
21.	Southwark Traveller Women's Group 1992	<i>Moving Stories: Traveller Women Write</i>	London: Traveller Education Team	<p>Young Travellers reported that they suffered bullying at school from children and teachers, and had lost their confidence to attend. They were treated well until it was found out that they were Travellers. The same thing was now happening to a younger sister, to whom other, settled children said "Go away Gypsy".</p>
22.	Task Force on the Travelling Community	<i>Report of the Task Force on the Travelling Community</i>	Dublin: Stationery Office	<p>Indicated that there were approximately 5000 Traveller children of primary school age in the Republic, with approximately 4200 involved in pre-school or primary education. Found that the Visiting Teacher Service regularly encountered resistance from education management authorities when trying to enrol Traveller children in</p>

	1995			<p>schools.</p> <p>Concerned that many primary age children were at least three years behind the norm in core subjects, and that the curriculum was mono-cultural.</p>
23.	Traveller Law Research Unit of Cardiff Law School 1999	<i>Gaining Ground: Law Reform for Gypsies and Travellers</i>	Hatfield: University of Hertfordshire Press	<p>After convening a number of meetings and conferences with Gypsies and Travellers, Traveller organisations and Traveller-related service providers, reached consensus on a number of conclusions including that:</p> <ul style="list-style-type: none"> • the message sent to settled people by central government and the media about Gypsies and Travellers was that it was acceptable to treat them with prejudice, thereby blocking access to sufficient and quality service in areas such as education; • every Local Education Authority should have a Traveller Education Policy and a means of evaluating and monitoring it.

2. Environment

1.	Bancroft A, Lloyd M, Morran R 1996	<i>The Right to Roam: Travellers in Scotland 1995/96</i>	Dunfermline: Save the Children Fund (Traveller Section)	<p>The body of the Report aims to present Travellers' views on education, health and site issues in Scotland in the 1990s. In total 319 Travellers and service-providing professionals were interviewed. No scientific sample selection procedure was used as there was insufficient information on Travellers available. Travellers in all regions except the Borders were interviewed, from local authority, private and roadside sites as well as some living in housing.</p> <p>Travellers living on private and local authority sites were questioned about the presence of various potential environmental hazards near their sites (i.e. railway line, river or canal, quarry, dump, electricity pylons, major road or other). 70% of local authority sites were reported as having 2 or more hazards, (23% having four or more).</p>
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				<p>The Report recommends that local authority sites should be more accessible for disabled Travellers and site designed to take account of disability requirements, as over a quarter of respondents cited illness or disability as restricting their mobility.</p>
2.	<p>Brent Irish Advisory Service (BIAS), O'Dwyer M 1997</p>	<p><i>Irish Travellers Health Access Project Draft Report</i></p>	<p>London: BIAS Irish Travellers Project</p>	<p>50% of respondents to a survey on one site felt that their site was not healthy. Skin conditions and rashes were reported as being common since the move to a new site, and it was felt that this might be due to building materials or the land the site was built on. Some felt that it may be due to problems with the sewage system.</p> <p>Refuse collection on another site was said to be irregular, leading to problems with vermin and other health and safety risks, with children playing near build-ups of refuse.</p> <p>Many mothers spoke of their mental health, saying that their children were bored because there was no play space, resulting in parental stress.</p>
3.	<p>Carlisle J, Hutton S 1998</p>	<p><i>Travellers In York: An Evaluation of Local Services</i></p>	<p>York: Social Policy Research Unit, University of York</p>	<p>A Report commissioned by the York Travellers' Project of the York Council for Voluntary Service, and funded by the Joseph Rowntree Charitable Trust, to evaluate the accommodation, health, education, welfare and problem-solving services provided to Travellers in York (not including the Project itself). The study interviewed 20 Travellers aged between 14 and 80 living on 3 official sites, and 4 service providers.</p> <p>The three official York sites are physically isolated from the mainstream of York society, which intensifies social exclusion. On one site the poor conditions and presence of rats dominate the lives of residents. Another is very close to the local rubbish tip, which also exacerbates vermin problems. Two sites have poor drainage.</p> <p>A shortage of pitches leads to unauthorised encampments, eviction, and all the attendant difficulties (including access to services). Single young Travellers were disadvantaged as vacant pitches go to those with families.</p>

4.	Clarke N 1998	<i>Living on the edge of your town: A study of Traveller provision and conditions in Outer London and Home Counties</i>	London: Bridge Housing Association	<p>The study found considerable contrasts between sites even within the same local authority area.</p> <p>On the more dilapidated sites conditions could be hazardous. On one site the tips of the fingers of several children were severed over a number of years because of heavy wooden doors covered with tin at the entrance to the utility blocks.</p>
5.	Chartered Institute of Environmental Health (CIEH) 1995	<i>Travellers and Gypsies: An Alternative Strategy</i>	London: CIEH	<p>Report following the convening of a Working Party. Finds that the travelling lifestyle by its nature can expose people to greater risks of ill health than those experienced by the settled community, and that risks worsen as the standards of amenity provision worsen; risks identified include waterborne diseases, food borne diseases, other infectious viral and bacterial diseases which spread more easily in crowded conditions, personal infestation, vermin, accidents, refuse accumulation, contaminated land and fire hazards.</p>
6.	The Children's Society 1998	<i>My Dream Site</i>	Bath: Children's Participation Project	<p>Research and consultation with Traveller children around the issue of sites.</p> <p>Many children expressed concern at being forced to locate very near to main roads, in terms of safety both for themselves and their pets.</p> <p>They were also concerned about unofficial sites which lasted a long time, in that such sites tended to be without services and health, safety and fire hazards became an increasing problem.</p> <p>Where Travellers were given notices of eviction and then moved on themselves, there were feelings of loss. Where they were moved on by force there were feelings of fear, especially where there was a police presence.</p> <p>Some of the children wanted very little in the way of services, though they did want play space. What they especially wanted was a choice and for themselves and their families to be in a position to make decisions.</p>

7.	Cripps J 1977	<i>Accommodation for Gypsies: a report on the working of the Caravan Sites Act 1968</i>	London: HMSO / Department of the Environment (DoE)	“[L]arge sums of money have been invested in hole-and-corner sites, excessively close to sewage plants, refuse destructors, traffic-laden motorways, intersections of these and other busy highways, main railway tracks and other features contaminating the environment by odour, noise and so on. No non-gypsy family would be expected to live in such places, and their unsuitability for gypsies must surely be recognised before long”.
8.	Davis J, Grant R, Locke A 1994	<i>Out of Site, Out of Mind: New Age Travellers and the Criminal Justice and Public Order Bill</i>	London: the Children’s Society	<p>A series of interviews asked why people had become travellers, whether they could choose to opt out of travelling, what kind of sites were currently available to them and what they thought were the likely effects of new legislation on their lives.</p> <p>Without exception, those who had been living in bed and breakfast accommodation or in unsatisfactory housing considered the travelling lifestyle far preferable.</p> <p>It was feared that the new increased powers of eviction for the police and local authorities and removal of the duty on local authorities to provide sites (brought about by the Criminal Justice and Public Order Act 1994) would result in: poorer access to education and health care; less safe living conditions, especially for children (as families might be forced to live in less suitable locations and might not be given time to repair vehicles); more stress and insecurity; lack of access to play and other facilities; financial difficulties and less availability of paid employment; breakdown of community and support networks; and increased alienation from the settled community.</p>
9.	Feder GS 1994	<i>Traveller gypsies and primary health care in East London</i>	London: PhD thesis, St Thomas’s Hospital Medical School, University of London	Feder suggests that a consideration of environmental conditions needs to go beyond the physical environment. In chapter one he discusses harassment of Travellers by settled people and the under-provision of sites, resulting in the perpetual threat of eviction for at least a third of Traveller families. This creates intolerable psychosocial pressures on many Travellers, which result in their acceptance of ‘tolerated’ or authorised temporary sites even if environmental conditions are poor.

				<p>None of the caravans of interviewees living in Hackney had running water, although on the long-standing ‘tolerated’ site Travellers had an arrangement with an adjoining factory for water via a hose pipe. This site also had regular rubbish collections and toilets, which other Hackney sites lacked.</p> <p>Poor provision of basic facilities which are taken for granted by most settled people in the developed world, and the health risks which can arise from no running water, toilets or rubbish collection accounts, at least in part, for the priority Travellers gave to environmental over health care issues in the interviews.</p>
10.	Hyman M 1989	<i>Sites for Travellers: a study in five London Boroughs</i>	London: London Race and Housing Unit	A substantial report into site conditions in five London Boroughs (Brent, Enfield, Haringey, Harrow and Newham). The report found that environmental conditions, even on official sites, were frequently unsafe and generally unsatisfactory.
11.	London Gypsy and Traveller Unit (LGTU) 1999	<i>Grounded</i>	London: LGTU	<p>A video launched in May 1999, in which two young Traveller couples and a young Traveller mother in Hackney, London, talk about their accommodation experiences.</p> <p>Because of a shortage of pitches and a long waiting list in the Borough of Hackney, young Traveller families are forced in bed and breakfast, hostel and flat accommodation to which they are unaccustomed and which isolates them from the extended families on which they rely for support and company. They identify depression, anxiety and bad dreams (often about stairs, as they are anxious when placed in flats located up many flights of stairs) as some of the problems which can result from being placed in culturally inappropriate accommodation.</p>
12.	London Irish Women’s Centre 1995	<i>Rights for Travellers: Survey of Local Authority Provision for Travellers in London</i>	London: London Borough Grants Committee	<p>Surveyed 33 London metropolitan authorities, 22 of which responded. Less than half of the respondents, while collecting rent and council tax from Travellers on their permanent sites, provided any laundry facilities; less than one third provided play areas for under fives or older children. 19 of 22 provided running water and electricity, 18 providing flush toilets and undertaking refuse collection.</p> <p>No play areas, amenity huts or laundry facilities existed on any of the temporary</p>

				<p>sites in the 4 respondent areas which offered them, although refuse collections, running water and toilets were made available. Only one had electricity (and which was reported to be insufficient for the overcrowded site).</p> <p>Travellers in housing were identified as being more prone to suicide or to need medication for mental and emotional problems</p>
13.	McKeown K, McGrath B 1996	<i>Accommodating Travelling People</i>	Dublin: CROSSCARE (The Catholic Social Service Conference)	<p>Evaluates the 1986 plan of Dublin County Council to provide thirty halting sites for Travelling people throughout the Greater Dublin Area. Less than a quarter of the proposed sites had yet been developed, the remainder delayed or cancelled. Most of the developed sites were located close to open space / industrial land or separated from other land uses by a main road or railway line; usually 10 to 20 minutes walk from shops, schools and other facilities. Delayed sites tended to be closer to high density residential (housing) areas.</p> <p>A case study of a well-designed halting site and Group Housing scheme in the Clondalkin area of Dublin identifies an improvement in health amongst the new residents. The rate of accidents to children had reduced, and some mothers reported fewer visits to doctors and hospitals. The Public Health Nurse reported an improvement in the women's mental health, especially amongst those who had come from living on the roadside or on sites with limited facilities. School attendance had also visibly improved.</p>
14.	Ministry of Housing and Local Government / Welsh Office 1967	<i>Gypsies and other travellers</i>	London: HMSO	<p>Local authorities were asked about the general condition of 'camping places' but only one-third responded so the resulting figures were treated with caution. 55% of families were on sites adversely described and 45% on sites favourably described. The locations with the worst conditions were the verges of roads and lanes, common or waste land, derelict or development sites, spoil tips or land adjoining refuse dumps. More than three-quarters of the families on these sites were described as living in adverse, 'insanitary' or 'filthy' conditions, many with no access to any amenities.</p> <p>The best locations were on special purpose caravan sites and on farmland, which</p>

				were clean and tidy and relatively well-provided with amenities.
15.	Molloy S 1998	<i>Accommodating Nomadism</i>	Belfast: Traveller Movement (NI)	<p>Notes that rents for pitches are high (i.e. £77.28 per week in Belfast) although only inclusive of a hard standing and amenity block, and families may also have to rent a caravan. If Travellers are working they are thus faced with paying two sets of rent, in total far in excess of the cost of average settled rental accommodation; otherwise housing benefit is payable in respect of both rents.</p> <p>This creates a ‘poverty trap’ and a disincentive to economic activity, and means that in reality many ‘self-financing’ local authority sites are in fact expensively subsidised by central government.</p>
16.	Sirockin G 1988	<i>An Investigation into some environmental problems of the Travellers' site at the Glen Road - Green Briar Lane Area</i>	[unpublished report]	<p>The appalling environmental conditions on many public Traveller sites has been noted but seldom studied in any consistent way. Sirockin, for instance reported upon significant exposure to contaminated sewage, on Traveller sites in Belfast.</p> <p>The Report also makes reference to recommendations for Traveller and Gypsy caravan sites formulated by the Council of Europe in 1981 and adopted by the Association of Public Health Inspectors in the UK.</p>
17.	Strehow CD 1980	<i>The Westway Gypsy Caravan Site</i>	[unpublished]	<p>1980 survey report from the Westminster and St Mary’s Hospital Medical Schools of the official Westway site in West London</p> <p>The survey demonstrated dangerous levels of lead in air and soil.</p>
18.	Task Force on the Travelling Community 1995	<i>Report of the Task Force on the Travelling Community</i>	Dublin: Stationery Office	<p>Includes a survey in which the vast majority of respondents were women, 34% of whom lived in standard housing. 20% of respondents had no toilet facilities, 27% had only a shared cold water supply, 32% had no electricity, and 40% had no bath or showers. 18% had no refuse collection. Stated that the immediate improvement of the accommodation situation of Travellers was a pre-requisite to the general improvement of their health status.</p>

19.	Taylor J, Keeble M 1996	<i>Independent Consultation with Gypsy Travellers in Cardiff and the Vale of Glamorgan</i>	Cardiff: Cardiff Gypsy Sites Group (CGSG)	Report commissioned by CGSG to ascertain the views of the Travellers on the two official sites and one private site, in housing, and on a roadside site, in Cardiff and the area. Immediate concerns on both official sites were with conditions, including cleanliness, uncontrolled dogs and speeding vehicles. The residents of one of the public sites were also concerned about lack of security and level of site disrepair. Many Travellers identified the need for play space for their children.
20.	Wibberley G 1986	<i>A report of the analysis of responses to consultation on the operation of the Caravan Sites Act 1968</i>	London: DOE	A Department of Environment review of the operation of the 1968 Act, which commented on the inadequacy of some official sites and potential environmental health risks.

3. Health

1.	Advisory Committee on Travellers (Northern Ireland) 1996	<i>Report of the Advisory Committee on Travellers (NI) for the period July 1993 to June 1996</i>	Belfast: ACT	States that there needs to be greater progress on the development of long-term studies of Travellers' health; and that while some limited health studies have been undertaken by Boards, there is a distinct lack of empirical data.
2.	Anderson E 1997	<i>Health Concerns and Needs of Travellers</i>	Health Visitor (70) April: 148-50	Study comparing views of Traveller parents in Leicestershire with parents in two contrasting settled populations. Reports that Traveller parents had greater concerns about their own health and that of their children. Asthma concerned 30% of Traveller parents compared with 11% of inner city parents and 4.5% of affluent parents. The ratio regarding concern about general health was 20%:11%:few, and regarding depression was 35%:11%:n/a.

3.	Bancroft A, Lloyd M, Morran R 1996	<i>The Right to Roam: Travellers in Scotland 1995/96</i>	Dunfermline: Save the Children Fund (Traveller Section)	<p>The body of the Report aims to present Travellers' views on education, health and site issues in Scotland in the 1990s. In total 319 Travellers and service providing professionals were interviewed. No scientific sample selection procedure was used as there was insufficient information on Travellers available. Travellers in all regions except the Borders were interviewed, from local authority, private and roadside sites as well as some living in housing.</p> <p>Most of the sample (86%) were registered with a local GP, but 27% had been refused registration at a surgery on one or more occasions, most being given reasons which were clearly discriminatory. Some GPs refused to attend when they were called to visit a site; one had taken 4 hours to arrive, and came with a police escort. Health professionals who did treat Travellers equally were aware of others who refused registration to Travellers and referred them to the 'Traveller-friendly' GPs.</p> <p>Nearly half of the sample (48%) had been evicted or moved on whilst pregnant. A larger than average number of Traveller women (12%) had had at least one birth at home, apparently more from necessity than choice.</p> <p>43% of children had not had pre-school immunisations and boosters at the time of the survey (compared to 97.3% of Scottish children as a whole).</p> <p>Health concerns about both adults and children were identified as reasons constraining travelling.</p>
4.	Barry J, Herity B, Solán J 1989	<i>The Travellers' Health Status Study: Vital Statistics of Travelling People</i>	Dublin: Health Research Board	<p>A survey on perinatal mortality amongst Irish Travellers' based on prospective reporting of all Traveller births and deaths in 1987 by community care study teams. The methodology of this study was considered by Feder (University of London: 1994, see 3.22 below) as the most reliable of the perinatal mortality studies.</p> <p>The study supports the impression that inherited disorders are more common in the Traveller community. Although the numbers are small, coverage of all Traveller</p>

				<p>deaths was exhaustive. The study found an increased mortality from congenital anomalies in Traveller boys and metabolic disease in boys and girls, although this only made a small contribution to total child mortality.</p> <p>The study also found an increased SMR for cardiovascular disease for Irish Travellers.</p>
5.	Barry JMG 1996	<i>Maternal and infant health of Irish travellers</i>	Dublin: MD, Trinity College, University of Dublin	<p>A national population-based survey of the health of Irish traveller mothers and infants, showing that travellers are poor and marginalised; almost half have living circumstances which would not be regarded as compatible with good health.</p> <p>The population pyramid of travellers resembles that of a developing country, with indices of fertility approximately 250% more than the rate of the settled population.</p> <p>Stillbirth rate (19.5 per thousand total births), perinatal mortality rate (28.3 per thousand total births) and infant mortality rate (18.1 per thousand live births) were between two and a half and three times the settled population rates and the standardised mortality ratio is 450 (95% confidence interval 267 to 711).</p> <p>Life expectancy for travellers was between 10 and 12 years less than for settled Irish people. "Male travellers have over twice the risk of dying in a given year than settled males, whereas for female travellers the risk is increased more than threefold. Travellers are only now reaching the life expectancy that settled Irish people achieved in the 1940s".</p> <p>Statistical tests were carried out on the differences between traveller women and 'unskilled manual' settled women. Travellers have had significantly more previous stillbirths and miscarriages, and shorter birth intervals.</p>
6.	Bell EJ, Riding M, Collier PW	<i>Susceptibility of itinerants (travelling people)</i>	Bull WHO; 61: 839-43	<p>A 1983 Scottish study into the susceptibility of Scottish to polio and other diseases indicating that despite low immunisation rates a high proportion of Travellers are immune to polio and tetanus.</p>

	1983	<i>in Scotland to Poliomyelitis</i>		<p>In a sample of 109 Travellers aged 5 to 61 years the reported immunisation rate was low: 56% had no recollection of any immunisations. However 84% had all three polio antibodies, 49.5% tetanus antibodies and 9% protective levels of diphtheria antitoxin. The polio and tetanus immunity levels are similar to the settled population. The explanation for the relatively high polio immunity is probably the circulation of poliovirus (wild or vaccine-derived) in the Traveller community sufficient to elicit an antibody response in a large proportion of Travellers.</p> <p>Despite the reassuring polio immunity levels, there is some evidence for a substantially increased risk to Travellers, with 70 cases of paralytic poliomyelitis in England and Wales between 1970 and 1984; in 19 a wild virus was isolated.</p> <p>Four of these were in Traveller families, giving a crude odds ratio of 143 (95% c.i. 47 to 434) between Travellers and the population as a whole for paralytic poliomyelitis from the wild virus (Begg and others, 1987).</p> <p>A 1978 outbreak of paralytic polio in France with 25 cases included 18 Travellers (Poliomyelitis surveillance 1979).</p> <p>Evidence for faeco-oral transmission comes from the high proportion of Travellers with antibodies to Hepatitis A (94%) in this study.</p>
7.	Black Country Inter-authority Health Group (BCIAHG) 1992	<i>Gypsy and Traveller Families in the West Midlands</i>	West Midlands: BCIAHG	<p>Report includes input by four district health authorities (Dudley, Sandwell, Walsall and Wolverhampton), a Gypsy organisation and voluntary organisations.</p> <p>Suggests that some Gypsies and Travellers have difficulties registering with a GP due to discrimination by GPs or because of a lack of permanent address. Also suggests that stereotypical assumptions about Gypsies and Travellers by health professionals e.g. the belief that they will automatically refuse immunisations, has contributed to their removal from GP panels or continuing refusal of a place.</p>

				Asserts (as does Feder, see 3.22) that research to date on the health of Gypsies and Travellers, in suggesting that they may have ‘extra’ or ‘more’ health problems, may inadvertently have contributed to GP reluctance to provide treatment and other services.
8.	Botes S Cowley S Hudson R 1997	<i>CPHVA Submission to Sir Donald Acheson's enquiry into inequalities in health</i>	London: CPHVA	Describes Travellers as a ‘hard to reach’ group because their circumstances exclude them from accessing routine health care provision [Referred to in Van Cleemput 1999; see below].
9.	Brent Irish Advisory Service (BIAS), O’Dwyer M 1997	<i>Irish Travellers Health Access Project Draft Report</i>	London: BIAS Irish Travellers Project [unpublished]	Identifies restricted access to NHS services for Travellers as resulting from 3 factors: <ol style="list-style-type: none"> 1. lack of knowledge regarding often complicated access procedures; 2. low levels of literacy, and lack of materials and interventions aimed at this population; 3. discrimination by service providers. <p>The Health Visitor for the area identifies the (often involuntary) move into housing of Traveller families as being responsible for a breakdown of mental health and child-coping mechanisms, especially due to isolation from tight family networks and support structures.</p> <p>7 of 16 respondents to the survey had had a death in the family in the previous year, all with the exception of 1a result of stroke or heart-related disease. A number of Traveller mothers identified a negative impact on their mental health as a result of lack of services and activities for children and young people.</p> <p>50% of those surveyed go to traditional healers for a cure when they are ill.</p>

				<p>Dental health was identified as an area where Traveller children were disadvantaged in relation to the settled community, treatment being sought for acute pain rather than preventative care.</p> <p>The report identifies the need for better cultural awareness and acceptance on the part of service providers.</p>
10.	Bromley Gypsy/ Traveller Community Project 1996	<i>Annual Report 1995-96</i>	Orpington: Bromley Gypsy/Traveller Community Project	<p>Expresses concern at ‘the number of Travellers dying of heart disease at a young age’, and were looking at ways of promoting a healthier lifestyle.</p> <p>Also notes that two recent small surveys of Travellers carried out for Age Concern and Broomleigh Housing Association had found that Travellers own self-image at age 50 was ‘elderly’. The survey needed adjustment to accommodate the 50-60 age group as the 65+ group were ‘sparse’.</p> <p>Travellers were identified as having ‘an innate dislike of eyesight tests’.</p>
11.	Cardiff Gypsy Sites Group (CGSG) 1998	<i>Annual Report 1997-1998</i>	Cardiff: CGSG	<p>There were 45 health referrals in that period; a number were concerned with alcohol abuse, psychiatric problems and depression. There were few referrals connected with problems in GP registration, showing that procedures set up between the group and health care providers seemed to be effective.</p> <p>This shows an improvement to the situation reported by CGSG in their report on <i>The first decade: Cardiff Gypsy Sites Group 1981-1991</i>, in which they identified that a number of families were ‘unable to establish continuity in health care because local GPs will not accept them for permanent registration’.</p>
12.	Carlisle J, Hutton S 1998	<i>Travellers In York: An Evaluation of Local Services</i>	York: Social Policy Research Unit, University of York	<p>A Report commissioned by the York Travellers’ Project of the York Council for Voluntary Service, and funded by the Joseph Rowntree Charitable Trust, to evaluate the accommodation, health, education, welfare and problem-solving services provided to Travellers in York (not including the Project itself).</p>

				<p>The study interviewed 20 Travellers aged between 14 and 80 living on 3 official sites, and 4 service providers.</p> <p>The health professional interviewed expressed the view that to improve Travellers' health three barriers must be overcome: poor living conditions [see Carlisle and Hutton under 2.3, above], anxiety about approaching service professionals, and lack of literacy</p> <p>The latter is seen as hampering the effectiveness of health promotion programmes.</p>
13.	Carroll L, Coll T, Underhill D 1974	<i>Retarded brain growth in Irish itinerants</i>	J. Ir. Med. Assoc.; 67:33-6	<p>Considered the possibility of retarded brain growth amongst Irish Travellers. Feder (University of London, 1994, see 3.22 below) considers that methodological problems with the survey significantly curtail its usefulness. The study did find smaller head circumferences amongst Traveller children and suggested that this might reflect retarded brain growth.</p>
14.	Commission on Itinerancy 1963	<i>Report of the Commission on Itinerancy</i>	Dublin: Stationery Office	<p>Although Travellers' health was "seriously affected by the rigours of the way of life", they were found to be generally healthier than one would expect of people who experienced great hardship.</p> <p>The Commission was satisfied that the incidence of tuberculosis was not higher than average and that of mental illness was probably lower.</p> <p>Two issues were the subject of particular comment: the low rate of life expectancy and the high rate of infant mortality, especially due to respiratory illness.</p>
15.	Cornwell J 1984	<i>Improving health care for Travellers</i>	London: Kings Fund	<p>Research into the health care problems of Travellers which concluded that (notwithstanding studies which suggested a hereditary component in the raised morbidity of Travellers) the main explanation for their poor health lay in adverse environmental conditions and poverty.</p> <p>The research noted that Travellers also experienced administrative problems in</p>

				<p>accessing NHS services, for instance GP resistance to having Travellers on their lists and significant evidence of Travellers being turned away, often in a rude and harsh way, from doctors' surgeries.</p> <p>Asserted that there was a need to break down these discriminatory barriers rather than seeking to provide a range of health services on caravan sites. In view of the mobility of a significant number of Travellers, it strongly advocated the introduction of hand-held medical record cards.</p>
16.	Creedon T, Corbay A, Keveney J 1975	<i>Growth and development in travelling families</i>	J. Ir. Med. Assoc.; 68:473-7	<p>An Irish study which measured the height and weight of 97 Traveller children aged between 2 and 13 years.</p> <p>The results were highly significant, with 49% of the boys below the third centile for height and 31% of the girls below the third centile for weight.</p>
17.	Crout E 1987	<i>Trailer Bound</i>	London: Community Outlook (Nursing Times), May	<p>An article by a specialist health visitor which identifies the impact of economic and social change upon Travellers.</p> <p>Suggested that Traveller women were becoming more trailer or house bound, resulting in a higher incidence of obesity and depression. Also states that the decreased mobility of Travellers due to the loss of traditional professions and stopping places causes the men to be more dependent on social security payments. This causes a loss of identity, reflected in alcoholism, smoking-related diseases, and a dramatic rise in marital disharmony and breakdown.</p> <p>Cites research by Linthwaite (see 3.38 below).</p> <p>Notes that the settled community could learn a great from Travellers in the context of child rearing and the quality of interaction between adults and babies.</p> <p>Asserts that Traveller mistrust of immunisation programmes can be traced to a</p>

				<p>television programme on pertussis vaccine damage and that illiteracy in the community means that most health education is gained from television, where sensationalistic media reports can not necessarily be checked or countered.</p>
18.	Crout E 1988	<i>Have health care will travel</i>	Health Ser. J.; 98:48-9	<p>A small scale study in Walsall (1987) which considered the health problems of Traveller children and highlighted the increased environmental and physical risk factors compared with settled children; widespread smoking among adults; and a lower incidence of non-accidental injury in the Traveller community.</p> <p>The research advocated a patient centred approach with Travellers' health visitors concentrating on the main concerns of Travellers. This meant that they had become 'advocates mediating between their clients and health professionals, local authority staff, social security officers and police officers'.</p>
19.	Department of the Environment for Northern Ireland	<i>Northern Ireland Traveller Census '93</i>	Belfast: DoE (NI)	<p>The survey inquired about incidence of disability of in the household sufficient to "prevent the person going about their everyday activities"; not a standard definition of disability but perhaps one more easily understood and related to everyday life. This limits comparability with the settled population but showed that 13% of families are affected by a members' disability.</p> <p>56% of families had seen a family doctor within the previous month and about one third had seen a health visitor. While this is no measure of health it indicated the central importance of health services for Traveller families.</p>
20.	Durward L 1990	<i>Traveller mothers and babies: who cares for their health?</i>	London: Maternity Alliance	<p>A Report which highlighted the structural problems Travellers had in accessing NHS services, not least the consequences of evictions from unauthorised sites which disrupted appointments and made it unlikely that non-urgent conditions were treated on the waiting list.</p> <p>The loss of an 'appointment-based' approach meant that Travellers often relied upon hospital accident services; it also undermined their access to antenatal and</p>

				<p>postnatal care. Cites the significant number of Traveller women who have never had smears after several pregnancies. 30% of local authorities surveyed said that they would evict a women close to birth, and just over one-third would evict a woman with a newborn baby.</p> <p>The report advocated the use of portable record cards and highlighted the central importance of Traveller health visitors as the key to the effective delivery of health care to Travellers.</p>
21.	Ethnic Communities Oral History Project (ECOHP) 1989	<i>The Forgotten Lives: Gypsies and Travellers on the Westway Site</i>	London: ECOHP	<p>Reproduces six personal histories related by Irish Travellers living on a site in Hammersmith, London. Five of the six people identify difficulties in accessing health care due to discrimination by health professionals, either because they had no fixed address or because their address was that of a known local authority site.</p> <p>One also identified difficulty in gaining access to ill health-related welfare benefits to which she should have been entitled.</p>
22.	Feder GS 1994	<i>Traveller gypsies and primary health care in East London</i>	London: PhD thesis, St Thomas's Hospital Medical School, University of London	<p>Feder notes that there has been little research into the health status and health care needs of Travellers, either in the United Kingdom or elsewhere.</p> <p>Feder did not study the effect of environmental conditions (see 2.9 above) on the health of Travellers although he notes that Travellers themselves mentioned "gastro-enteritis" or "diarrhoea and vomiting" more frequently than any other conditions when asked about the main illnesses their children get. He states that they attributed the prevalence of these illnesses to dirty sites and poor water supplies.</p>
23.	Friends, Families and Travellers Support Group	<i>Report of the Pilot Health Promotion Project with Travellers in Dorset 1997-98</i>	Brighton: Friends, Families and Travellers Support Group [commissioned by	<p>Finds that Travellers can be seen as 'expensive' by GPs (due to poor take-up of appointments, not following recommended treatments, incomplete testing and immunisation affecting required targets, and higher levels of poor health in general). Although, in theory, this should not affect access to treatment, the implications cannot be ignored.</p>

	1998		Dorset Health Authority]	Concludes that good practice in health work with Travellers is dependent on the initiative of interested individuals rather than co-ordinated policy; there are differing policies and practices throughout the country; there is a lack of appropriately targeted information for the travelling community; there have been many reports relating to Traveller health which have highlighted problems and made recommendations, but very few of these have been implemented into mainstream policy and practice.
24.	Gordon M, Stewart DGT, Gorman DR, Hashem S 1991	<i>The health of travellers' children in Northern Ireland</i>	Public Health; 105:387-91	A study of the health of travellers' children in Northern Ireland. It again found that the levels of immunisation were low compared to the settled population, although it also found that there was apparently some 'active' resistance to certain vaccines (notably the pertussis vaccine). The measured uptake of the measles vaccine was however higher than measured in other surveys (66%).
25.	Green H 1991	<i>Counting Gypsies</i>	London: DoE HMSO	Identifies the need for a national survey to measure the provision of health services to Gypsies, in order to plan policies and services effectively.
26.	The Guardian	<i>Gypsy mistrust of jabs hits GP targets</i>	Guardian 2/8/90	An article which noted that the issue of low immunisation rates among Travellers has taken on a new significance arising out of the new GP contracts negotiated in 1990 which linked attainment of immunisation targets with remuneration. The article suggested that it constituted a further disincentive to general practitioners to register Traveller families.
27.	Hawes D J 1996	<i>Delivering Health and Welfare Services to Gypsies and Travellers</i>	Bristol: School for Policy Studies, University of Bristol / NHS Executive (South and West) Project C/SS/61/11.95	Research carried out in the area of the former Avon County Council and in Cornwall, with additional material derived from Dorset and Hampshire. Structured and semi-structured interviews carried out with service providers and Travellers. Reviews existing literature and concludes that travelling people remain markedly less healthy than the settled population, although fragmented, isolated and localised attempts to improve healthcare delivery can work if funding allows them to survive over time. Finds evidence that GP registration and the following of advice and treatment increases incrementally when a legal and permanent stopping place is

				<p>obtained in an environmentally acceptable location.</p> <p>Most of those interviewed felt that the generally poor state of health of Gypsies and Travellers mirrored that of other marginalised and poor people in the population, such as street homeless people.</p>
28.	Hawes D J 1996	<i>The Gypsy and the State: the Ethnic Cleansing of British Society</i>	Bristol: The Policy Press (2 nd edition)	<p>Repeats some of the conclusions reached in <i>Hawes</i> (1996, 3. 27 above).</p> <p>Also finds that of 41 births to Travellers in Avon during the period of study, 3 did not receive a primary visit from health visitors; of these, one refused the service and the others moved on before it was due. One baby had a low birth weight but the rest were comparable to the average of the settled population.</p> <p>Reports a high level of accidental injury on sites.</p>
29.	Hawes DJ 1997	<i>Gypsies, Travellers and the Health Service: A Study in Inequality</i>	Bristol: The Policy Press	<p>Derives from research undertaken for the NHS Executive (South and West) between May and August 1996 (see above).</p> <p>Identifies (in chart form) cultural issues of ‘traditional’ and ‘new’ Travellers, and potentially resulting health issues or problems; and a chart linking environmental with health issues [reproduced at Appendix 2].</p> <p>Concludes that the argument for more clinical research on a national basis “would not only help to legitimise often anecdotal evidence of the scale of deprivation among nomads but would be part of a wider attempt to reduce inequalities and advance social justice within the NHS.”</p>
30.	Heller T, Peck B 1983	<i>Health Policy for Gypsies</i>	[unpublished paper]	<p>A report by a Sheffield GP and health visitor in Sheffield which drew attention to the possibility of widespread and serious perinatal problems faced by Travellers. Based upon the relatively small sample of the GP’s Traveller patients, it documented a cluster of six perinatal deaths out of twelve births to Traveller</p>

				<p>women between January and August 1982.</p> <p>In addition the report also noted a high incidence of respiratory tract infection, along with chronic skin conditions and ear, nose and throat and eye problems.</p>
31.	Hennink M, Cooper P, Diamond R 1993	<i>Primary Healthcare Needs of Travelling People in Wessex</i>	London: University of Southampton / Department of Social Statistics [Working Paper 95- 01]	<p>Thorough review of existing literature and consultation with professional people and agencies and both ‘traditional’ and ‘new’ Travellers. Confirms that lifestyle, culture, and degree of mobility are vital determinants in Travellers’ attitudes to health care and the ability to access it.</p> <p>Found that the conditions of living environments impact on hygiene levels, accident rates and general levels of health experienced by Gypsies and Travellers, and highlight particular needs among ‘new’ Irish Travellers.</p> <p>Emphasises rates of infectious disease, alcoholism, cardiovascular illness and mental illness, and degree of discrimination experienced at clinics and health centres.</p>
32.	Hussey RM 1987	<i>Traveller (Gypsies) - their health and preventive health care: health and provision of preventive health care for travellers in England and Europe</i>	Manchester: MSc thesis, Manchester University	<p>Results of an English survey show that there is little inter-service collaboration and planning of health care provision; that there are many problems with the delivery of preventative health care and that some districts know little about travellers and encampments in their area. The response has been, in general, either to provide special services such as mobile health vans or to encourage travellers to use ordinary services.</p> <p>A European survey found that special services were not provided for Gypsies and it was expected that they had access to the same health services as the rest of the population.</p> <p>Hussey concludes that a flexible approach is necessary, in which authorities need to work closely with travellers to satisfy their health needs, which may not necessarily</p>

				be the same as those initially expected by authorities.
33.	Hussey RM 1988	<i>Travellers and preventive health care</i>	BMJ;296:1098	<p>A 1987 survey of the extent to which (amongst other things) health districts collaborated or had particular policies for delivering health care services to Travellers.</p> <p>Found very little evidence of collaboration or planning and a widespread ignorance of the needs of Travellers or their living conditions.</p>
34.	Hyman M 1989	<i>Sites for Travellers</i>	London Race and Housing Unit	<p>Highlighted disparity in access to healthcare between those living on authorised, legal sites and those on unauthorised encampments; the ability to register with a GP was markedly higher for those on a safe and permanent site.</p> <p>Stresses the importance of outreach work by health visitors for those without a legal site and remarks on the reluctance of GPs to make home visits to unauthorised sites.</p>
35.	Lawrie B 1983	<i>Travelling families in East London: adapting health visitor methods to a minority group</i>	Health Visitor; 56: 26-8	<p>An East London Health Visitors' report advocating the adoption of a patient centred approach (as endorsed by the subsequent study by Crout 1988, at 3.18 above).</p> <p>The report indicated that health visitor services and indeed immunisations should be delivered on sites. Whilst this is at variance with the aim of integrating Travellers into main stream services by removing administrative barriers, Feder (see 3.22) notes that it may be necessary to rethink this strategy (at least in the short term and on temporary encampments) in view of the unacceptably low immunisation rates</p>
36.	Liégeois J-P 1998	<i>School Provision for Ethnic Minorities: The Gypsy Paradigm</i>	Hatfield: University of Hertfordshire Press	<p>Survey undertaken by the Gypsy Research Centre of the University René Descartes, Paris, into education and other services and living conditions of Gypsies in Europe. National monographs were compiled in each Member State, utilising data from a broad range of sources.</p> <p>Suggests that living conditions imposed upon Gypsies and Travellers are a determining factor in a significant number of illnesses.</p>

37.	Lewis B 1982	<i>Poliomyelitis immunisation of a gypsy colony</i>	Communicable Dis. Rev.; 18	<p>A Report on how a very high immunisation rate was achieved on a Traveller encampment.</p> <p>The success is attributable to the fact that the immunisations were requested by the Travellers (after an unvaccinated baby on another site developed polio) and were strongly supported by a Traveller organisation.</p> <p>Lewis notes however the importance of encampment stability as the Travellers did not receive the second immunisation course due to the eviction of the site.</p>
38.	Linthwaite P 1983	<i>The Health of Traveller Mothers and Children in East Anglia</i>	London: Save the Children Fund	<p>The first detailed study of maternal and perinatal health amongst Travellers, which questioned 265 Traveller East Anglian mothers about their obstetric history, children's health and use of health services.</p> <p>The mortality figures found in this study are far more extreme than found in subsequent studies, and the methodology of the survey has been questioned (Feder et al). The studies have been tabulated by Feder [see Appendix 1].</p> <p>The study reported that 5% of Traveller children had a “disability (congenital malformation)”, compared to a 1.6% rate in England and Wales.</p> <p>Found that over half of the GPs who responded to a questionnaire did not accept Travellers on their lists.</p> <p>Recorded the very poor / absence of basic amenities in on the sites studied (which were even worse than those described by Pahl and Vaile).</p>
39.	MacAuley D 1991	<i>Care of the Travelling community</i>	Forum - J. Irish Coll. GP: 8: 58-60	<p>A GP report based upon an analysis of the medical notes of 77 Traveller women aged between 25 and 65, which noted that less than 15% had any record of a cervical smear. The Report suggests that the vast majority of those who had smear tests were ‘settled’ on sites, and that those who apparently had not had tests were mobile Travellers.</p>

40.	Nelligan D 1993	<i>Report of the Specialist Health Visitor for Travelling Families: May 1990 to November 1992</i>	United Bristol Healthcare Trust [unpublished]	<p>Stresses the relationship of poor environments to poor health, with high incidence of enteric infections, skin disorders and Hepatitis A and B, and serious level of accidental injuries including ingestion of diesel fumes, cuts, burns, and exposure to chemicals and sewage. One child fatality was found to be the direct result of parking next to a heavily used highway.</p> <p>The author identified hostility of reception staff and lack of readable information about services and prevention as barriers to healthcare.</p>
41.	O'Byrne D 1990	<i>Health of Traveller Mothers and Children in County Wicklow</i>	Dublin: Trinity College [MSc Thesis]	A survey of Traveller women's views on health and health care (in Wicklow, Ireland). Suggests that a significant cause of the low immunisation rate amongst Travellers was ignorance, although her results also suggest an appreciable resistance to the idea of immunisation.
42.	O'Nuallain S, Forde M 1992	<i>Changing Needs of Irish Travellers: Health, Education and Social Issues</i>	Galway: Woodlands Centre	Also finds that the health of Travellers is poor in relation to the settled Irish population, and insists that the health of Travellers will not improve unless suitable, adequate and sufficient accommodation is obtained.
43.	Pahl J, Vaile M 1986 Pahl J, Vaile M 1988	<i>Health and Health Care among Travellers</i> <i>Health and health care among Travellers</i>	Canterbury: University of Kent J. Soc. Pol.: 17: 195-213	<p>The 1986 study of Pahl and Vaile represents the most methodologically thorough analysis of the perinatal health of Travellers so far collected. 265 Traveller mothers, under 30 years of age in Kent, were interviewed about their obstetric history, children's health and use of health services.</p> <p>The study found an increased proportion of reported low birth weight babies among Travellers in Kent, compared to the national figure. It also found that stillbirth and infant death rates were higher for mothers on private and unauthorised sites than on local authority sites (risk ratio = 1.48 for still births but wide confidence interval: .918 to 2.4) and among women who were more mobile (risk ratio: 1.38, confidence interval: 0.615 to 3.11).</p> <p>Pahl and Vaile recorded that 11% of under-five year old Traveller children in Kent were reported by their mothers to have suffered serious injuries, most commonly</p>

				<p>lacerations, scalds and burns. Their data on serious illness is difficult to interpret because uniform criteria were not used for judging the severity of illness episodes.</p> <p>In the report almost 60% of Traveller mothers reported problems caring for their children because of “dirt, fast traffic, rats, lack of safe play areas, difficulty drying clothes, overcrowding, mud, dogs, broken glass, the site getting ‘used up’ with toilet holes, lack of education, noises from factories, smells from nearby sewage works”.</p> <p>Refers to an unpublished investigation carried out by Kent housing officers two years earlier which showed six official sites on former refuse tips or adjacent to active tips. They found that basic amenities were absent on many sites in Kent, including official ones.</p> <p>The study recorded a particularly low immunisation rate for the primary polio course (<30%). The 1988 study suggested that the average age expectancy for Travellers in Britain is 48 years.</p>
44.	Paris C, Maginn P, Gray P 1995	<i>A Review of Policies Affecting Travellers in Northern Ireland</i>	Ulster: Housing Research Centre, Magee College, University of Ulster	<p>States that the absence of longitudinal health data on Travellers in Northern Ireland made it impossible to comment accurately on any changes in their health status as a result of policy formation and implementation; and that there was no comprehensive quantitative health study of the Traveller population to identify actual causes of poor health.</p> <p>Does however state that the type of accommodation used by Travellers is a contributory factor to their relatively poor health and that therefore the provision of serviced sites needs to be combined with a health care system sensitive to Travellers’ needs to improve their health status.</p>
45.	Patel R 1988	<i>Traveller Families</i>	London: AMA [unpublished report]	<p>In a survey of Association of Metropolitan Authorities members 43/67 authorities responded to a question about provision for Traveller families.</p>

				16/43 said they would evict pregnant women and 13/43 said they would evict women close to birth from unofficial sites. 15/43 said they would evict mothers with new born babies (quoted by Feder; extracts of the Patel report being printed in Durward cited above at 3.20).
46.	Pavee Point Travellers Centre 1998	<i>Travellers With a Disability</i>	Dublin: Pavee Point	<p>Identified a number of issues of concern to Travellers with a disability such as the experience of isolation from their own community, a lack of recognition of their Traveller identity from care service providers, inaccessible Traveller accommodation facilities and a lack of contact with Traveller groups.</p> <p>Explored a range of issues in relation to service provision including: lack of data on Traveller take-up of services, little appreciation of the importance of cultural difference, the absence of in-service training on inter-culturalism, and a range of negative stereotypes of Travellers expressed by service providers.</p>
47.	Peck B 1983	<i>Gypsies: a Sheffield experience</i>	Health Visitor; 56:365	<p>A Health Visitors' experiences of the needs of Travelling women (see also Heller and Peck cited above at 3.30).</p> <p>Concludes that the main concerns of Traveller women were the environmental conditions on the site, safety and site amenities rather than preventive medicine or health education; above all however was the desire for a stopping place "without fear of harassment from the local residents or local authority".</p>
48.	Sampson K, Stockford D 1979	<i>Gypsy children and their health needs: a problem that can't be moved on</i>	London: Save the Children Fund	<p>Reports upon a survey of all regional health authorities in England which sought information on their services for Traveller families. The majority of authorities had made no arrangements to deliver health care to either permanent or non-permanent caravan sites.</p> <p>The survey noted that travellers on non-permanent sites were least likely to be registered with a general practitioner and recorded the general perception of Travellers that GPs were hostile to them.</p>

				<p>Also noted a low level of immunisation among Traveller children and an increased rate of polio and less serious infectious diseases. Several studies of child health subsequently highlighted low immunisation rates.</p> <p>It found that, with only one exception, the only health care services roadside families receive were as a result of a chance encounter (the possibility of a health visitor popping in) or as the result of an accident or other emergency admission to hospital.</p>
49.	Secretary of State's Advisory Committee on Scotland's Travelling People 1998	<i>Eight Term Report 1995-1997</i>	Edinburgh: The Scottish Office Development Department	<p>Notes that many Travelling People living on unauthorised sites have no access to ordinary washing or toilet facilities, although most authorities try to make provision for the collection of refuse. Most of these encampments tend to be of a poor environmental standard, especially if the site is occupied for a long period.</p> <p>States that living in such poor conditions must have a detrimental effect on health, especially among children and young people, but that little evidence is available to them regarding the state of Travelling People's health.</p> <p>Recommends that a future Committee addresses the state of health of the Traveller population, if Government health policies are to be complied with.</p>
50.	Streetly A 1987	<i>Health care for Travellers</i>	BMJ; 294: 492-4	A report which also noted Travellers' perception of general practitioner hostility towards these patients.
51.	Task force on Travelling People 1995	<i>Report of the Task Force on Travelling People</i>	Dublin: Stationery Office	<p>Reviewed existing larger studies of Traveller health in Ireland.</p> <p>Notes that there continues to be a lack of information on the causes of the poor health status of Travellers, particularly social status, and that the stress generated by living in a hostile society where discrimination is a constant reality must have an</p>

				<p>effect.</p> <p>The Task Force considered that the poor health of Travellers was of crisis proportions. Undertook a survey in which 50% of respondents reported ongoing health problems and 40% said that their families had ongoing health problems.</p>
52.	Thomas A, Phillips A, Walker-Smith JA 1990	<i>Cryptosporidium, chronic diarrhoea and the proximal small bowel</i>	Unpublished paper (P7) presented at the British Paediatric Association 62nd Annual Meeting	A 1990 microbiology study carried out at Queen Elizabeth Hospital (referred to by Feder) highlighted the problem of intestinal infection for Traveller children in Hackney. It was found that in 1988-90 one quarter of children presenting with diarrhoea who subsequently had giardia isolated in their faeces, and one fifth of those with cryptosporidium, were from Traveller families.
53.	Traveller Law Research Unit at Cardiff Law School 1997	<i>Traveller Law Reform: TLAST/TLRU conference and consultation report</i>	Cardiff: TLRU, Cardiff Law School	<p>Report of a conference on Traveller law reform held in March 1997.</p> <p>The National Association of Health Workers with Travellers (NAHWT) reported to the conference that in its opinion Travellers continued to experience difficulties in gaining and maintaining access to primary health care services, and obtaining referral to secondary health care. The conference considered that all health authority care plans and social services community care plans should contain a detailed statement of the provision of services for Gypsies and Travellers and other minority groups.</p> <p>The importance of well-serviced sites, particularly access to clean water supplies, was emphasised as an essential route to health improvement and maintenance.</p>
54.	Traveller Law Research Unit 1999	<i>Gaining Ground: Law Reform for Gypsies and Travellers</i>	Hatfield: University of Hertfordshire Press	<p>After convening a number of meetings and conferences with Traveller, Traveller organisations and Traveller-related service providers, reached consensus on a number of conclusions including that:</p> <ul style="list-style-type: none"> • the message sent to settled people by central government and the media about Gypsies and Travellers was that it was acceptable to treat them with prejudice, thereby blocking access to sufficient and quality service in areas such as health. • there should be better inter-agency planning and working, moving towards more culturally sympathetic health practice and promotion.

55.	Travelling People Review Body 1983	<i>Report of the Travelling People Review Body</i>	Dublin: Stationery Office	Reports that life expectancy for Travellers appeared to be considerably shorter than for the population as a whole, and that there seemed to a high level of avoidable deaths among infants and children. Drew attention to a survey which indicated that much ill-health among Travellers was due to over-crowded accommodation, poor ventilation and insanitary living conditions.
56.	Van Cleemput P 1995	<i>Report on Traveller Health Survey in Sheffield</i>	Sheffield [unpublished]	Sample of Travellers in the Sheffield surveyed by the specialist Health Visitor for the area. Van Cleemput found that 82% of the women surveyed were sometimes reluctant to consult a GP when they knew that they had good reason to do so.

4. Social Services

1.	Cemlyn S 1998	<i>Policy and Provision by Social Services for Traveller Children and Families</i>	Bristol: University of Bristol School for Policy Studies; Nuffield Foundation	<p>Investigates the policies and services of social services departments (SSDs) towards Traveller children and families, given that this was found to be an under-researched and under-developed area.</p> <p>Concludes that Travellers may have less need of social services than the settled population, due to close relationships between those encamped together, whether or not familial groups. They are more likely to come into contact with SSDs, regardless of need, due to the combined effects of the Criminal Justice and Public Order Act 1994 and ensuing case law requiring increasing interagency participation in eviction processes. It is notable, then, how few SSDs have developed specific policies and practices for working with Travellers.</p> <p>The relationship between Travellers and SSDs is not improved by the fact that encounters will often only occur when a situation – either within a family or due to external difficulties such as the lack of a legal stopping place – reaches crisis point. Without an awareness and understanding of Gypsy and Traveller culture, social services interaction with such families runs a grave risk of further isolating and pathologising them, rather than assisting them to strengthen their community connections.</p>
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2.	Traveller Law Research Unit at Cardiff Law School 1999	<i>Gaining Ground: Law Reform for Gypsies and Travellers</i>	Hatfield: University of Hertfordshire Press	<p>After convening a number of meetings and conferences with Traveller, Traveller organisations and Traveller-related service providers, reached consensus on a number of conclusions including that:</p> <ul style="list-style-type: none"> • the message sent to settled people by central government and the media about Gypsies and Travellers was that it was acceptable to treat them with prejudice, thereby blocking access to sufficient and quality service in areas such as social services. • there should be better inter-agency planning and working, moving towards more culturally sympathetic policy, practice and promotion.
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III Consultation case studies

As noted above, after the completion of our review of the published literature and available research on Traveller health, social care and disability, we discussed our preliminary conclusions with a number of Travellers and Traveller-related service providers.

Case study 1: Roadside family

An Irish Traveller family with six children between the ages of 17 months and 15 years. Have been travelling on the road between Northern Ireland, the South of Wales and London since the parents married 17 years ago. Occasionally will stop with friends and family in housing in those areas, but usually live in one large trailer.

Are in generally good health: the children suffer from occasional colds, and the 14 year old daughter has lower back problems associated with a trip over some equipment on a site, and both she and the mother suffer occasional migraine headaches. Were interviewed at the offices of a voluntary organisation in Cardiff in June 1999.

Had four concerns in relation to health and the provision of health and other services:

- It is very stressful when moving around, not always being sure how long you can stop in a place. Some councillors [local authority staff] are very kind and let you stop a while, especially when there's kids, others are really harsh and will wake you up at 5 or 6 o'clock of a morning and push you on straight away without so much as letting you have a cup of tea or a tidy up. It frightens the little ones too, and sometimes disrupts schooling.
- Don't need to see the doctor much, but when we do we sometimes have trouble getting a doctor to take us on. They say it's because we've no fixed address but we know it's because they know we're Travellers and they seem to assume that we're going to be trouble, going to turn up 3 or 4 times a week with this or that. They don't like us bringing all the kids, more than a few of them.
- The conditions of the sites we stay on aren't too bad, but then we don't know any different. There are sometimes rats, and poor drainage. If it's like that, we'll usually feel that we have to move on.
- You people talk about the discrimination against us, and you're not wrong, but we don't always see it ourselves. It's not that it isn't there, but we're so used to it our whole lives that unless it's really extreme we don't always know what's discrimination and what's normal. You just get used to it, expect it.

The parents had some degree of literacy, but needed help with form-filling and other paperwork. The school-age children had literacy and numeracy skills, but with interrupted schooling due to moving around. Formal education was considered important only up to a point, and school experiences were not always positive because of different treatment of Traveller children.

Case study 2: Authorised Gypsy sites in South Somerset District

On 22nd March 1999, a Report was issued by the Environmental Health Manager (East) of Somerset County Council, on the state of the two permanent sites in the South Somerset District Council area at Ilton and Tintinhull (owned and managed by Somerset County Council). This was requested following concerns raised by the Gypsy Health Project Co-ordinator about the site conditions and the health of the residents, particularly that of the children. A permanent Gypsy site in a neighbouring district within the County was visited for comparison.

The state of both sites was found to be unsatisfactory. At the time of the visit of the Environmental Health Manager, a Doctor of the Somerset Health Authority, the County Gypsy Liaison Officer and a Site Manager, both sites were wet and muddy. Many parts of both of the sites were strewn with rubbish, and animals (e.g. dogs, horses, chickens) were wandering around and churning up the ground. There seemed to be a lack of care and maintenance of the sites.

Many of the residents seemed to hold the site management and liaison officers responsible for the poor condition; although the comparison site was clean and well-ordered and its residents seemed pleased to see the site manager. Residents on that site appeared to take pride in their surroundings, in contrast to the other two sites.

Only 5 out of 15 pitches on the Ilton site were occupied. Hard standings on that site were often poorly laid, causing pooling of water and mud. Earth bunds were constructed around the site, of which residents were very critical, and which allowed mud to run off in wet weather causing further pooling. Amenity blocks were old and many were in disrepair.

The Tintinhull site is well-located but is very untidy, again strewn with refuse (including a dead sheep) and containing numerous vehicles. Again, hard standings were in need of improvement, and amenity blocks in need of repair. The site had many fire hazards (stacked wood, old cars, disused gas cylinders) and no fire-fighting equipment or fire advice notices. Surrounding earth bunds were again complained about by residents, who said that the bunds were contaminated with old building material and overgrown with weeds in summer.

Both sites appeared to be affected by rats, despite regular visits by pest control contractors, in part due to the large amount of potential food material lying around.

The inside of most caravans, being the responsibility of the individual residents, were spotless and “in stark contrast to the external surroundings”. Residents pay a weekly rent of £40 per pitch.

In an appendix to the report of the Environmental Health Manager, a Doctor of the Somerset Health Authority found that access to health care was good amongst all families present during the visits. All interviewed were happily registered with a local GP, and their children all appeared to be immunised.

Many of the amenity blocks (there is one for each pitch) were in poor repair and unheated. The Doctor identified a number of health hazards on the sites:

1. Mud contaminated with animal excrement.
2. A large variety of sharp and rusted metal objects.
3. Broken glass.
4. Animal bones, some with fresh flesh attached.
5. Loose refuse, including food matter.
6. Piles of loose rubble.
7. Poor drainage of surface water resulting in stagnant pools.
8. Vermin.

Although physical health in general on the two sites seemed to be good, the Doctors’ report identifies exposure to numerous hazards to health and safety, particularly for children, and suggests that avoidable enteric disease and accidental injury might be caused by site conditions.

The Health Visitor currently co-ordinating the area’s Gypsy Health Project feels that the health and social care policies for the area (i.e. the Service Level Agreement) are good, but that practice needs much improvement. She finds that providing a co-ordinated and quality

service can be hampered by the fact that the boundaries of the new Primary Care Groups are not co-determinous with the local authority boundaries.

Her Project exists to seek integrated approaches to social health in partnership with the nomadic communities, and has had good support from the local authority. What has been enormously useful is the existence and involvement of a Community Development Worker [working for the District Council], building bridges between communities and different departments.

It is the considered opinion of the Health Visitor that both physical and mental health are far better on those sites on which the conditions are good, and in which there has been an investment of time and money. Many residents on the sites with poor environmental conditions suffer from depression, there is an increase in aggressive behaviour, and many wish to leave. Some have bought their own land in an effort to improve their living environment and sense of health, but have been unable as yet to obtain planning permission to live on it. (Some residents apparently do not want improvements of the conditions on the public sites to be undertaken, as they fear that this may lessen their chances of obtaining permission for their own sites).

The Health Visitor is convinced by her own experience that there is a higher rate of accidental injury on those sites on which conditions are poor(er) than on sites into which investment and care are placed.

Case study 3: Housed Irish Traveller

A woman in her 40s who has travelled widely and lived on sites, roadside, and in houses. She was interviewed in the offices of a voluntary organisation in Cardiff in June 1999. She is currently settled in a house on a Cardiff estate.

She has 10 children aged between 7 and 21, 6 of whom have asthma. She herself has asthma, bouts of bronchitis, and rheumatoid arthritis. Her second oldest child (19) is epileptic, and one of the twin children who are next-to-youngest was born with extensive birthmarks and damage to her lower left leg which are slowly healing over time. The child was also born bronchial and was generally a sickly baby, and for a long time it was feared that she would not survive. She now appears healthy and cheerful, if delicately built.

The woman interviewed was one of 14 children conceived, although only 9 survived to be reared. One sibling (the eldest) was schizophrenic and died of stomach cancer several years ago. The rest are generally healthy. The mother of the interviewee is unwell, and suffers from a number of aged-related illnesses.

The woman does not want to live in a house, but feels that she has no choice if she is to be a good mother to her children. She feels that life on the road is now “too hard”, not because of the travelling but because of the “constant hassle” and growing lack of legal stopping places. She does occasionally return to travelling for a few weeks or a month with relatives, and although she loves returning to her “proper way of life”, it is also upsetting because she is aware that at some point she will have to return to the house, and she finds the first few weeks back in the house very distressing.

The three youngest children were born in housing, and have mostly lived in houses during their lives, knowing very little of life on sites or on the road. But none of the children, including these youngest, want to be in a house. “Travelling is in their blood”. The mother feels generally safe in the house except for the upstairs windows. She worries that the younger children may have an accident involving the windows, as they are unused to them.

The children, like the mother, are aware that for health and education reasons they are probably best off in housing for now. The mother feels that the older children might well try to get onto a site in a caravan when they are older and start their own families.

She would also like to do so but, even if a pitch and trailer became available on one of the two Cardiff sites and her health permitted it, she would not move onto either of them. This is because she feels that one is in far too poor a location for her to be happy living on it,³⁰ and the other, while in a better location, has too many pitches crowded close together for her to feel safe, secure or private. She has lived formerly on the latter site, where she felt crowded in, and was worried about health and safety hazards. For example, a large pile of rubble and rubbish was left on the neighbouring pitch for some time, despite having been reported to the site management, and a 3 year old child clambered onto it, dislodging materials and nearly suffering a nasty fall. She feels that it is only because Travellers on a site can look out for each other and for children, in a way in which they cannot when in housing, that the incident did not result in injury.

She has been registered with the same GP for some time, and has little difficulty accessing health care and other services for herself and her children, although the existence of a local group working for Gypsies and Travellers is very helpful in this respect. She did have problems with a GP striking her off the register and refusing to make home visits when the epileptic child was very young and first started fitting. This was a health problem with which the mother was at the time unfamiliar, and she needed but did not get the GPs support, resulting in a visit to the casualty department of the hospital. The health authority stated that she should not have been struck off and should have been seen by the GP, and promised to investigate, but the woman was never told of any outcome to this enquiry.

She has little schooling when growing up, and obtains the help of her children and the voluntary organisation to deal with paperwork. The primary education of her children has been good, although occasionally interrupted due to moving, but vocational education is considered more important for the older children who are seeking places on training schemes.

Case study 4: 'New' Traveller on unauthorised encampment (private land)

This young woman, aged around 25 years, suffered burns in an accident inside a 'bender' (home-made tent) a few years ago. She has now applied for and received money from a voluntary organisation in London, to buy fire safety equipment for distribution to Travellers. She is also hoping to be able to provide education on fire safety to Travellers, and perhaps train other Travellers to do the same. She feels that fire safety is perhaps the major health issue for Travellers, as many living vehicles are flammable and Travellers use fire much more often than do settled people i.e. candles, propane lamps and campfires. She is aware of a number of other Travellers who have also experienced preventable accidents involving fire, including one family who lost a young child when their living vehicle was destroyed by fire.

³⁰ The site is about 20 years old and is located between a steel manufacturing plant, a sewage treatment works, an old landfill site, and a heavy industrial goods road. It is quite near to a railway line. It has power and water facilities, but no play or green space, and is quite far from public transport routes.

IV Review of materials and studies

1. Education

All but five of the education-related materials reviewed were produced in the 1990s; three of the remainder were produced in the 1980s. It was in 1967 that the first of many education reports (the Plowden Report) identified Gypsy children as being ill-served by the education system, because of cultural differences between travelling and settled communities and because of ill treatment of Gypsies by staff, parents and children in mainstream schools. This echoed remarks in *Gypsies and Other Travellers* that same year (MHLG, 1967) that cultural differences were a major factor in the high illiteracy rates amongst Britain's travelling communities:

“Before the war the gypsies were virtually unanimous in considering education to be a waste of time, harmful to health and generally an experience to be avoided. Little attempt seems to have been made by the authorities at that time to get gypsy children into school. This latter situation has not greatly changed, though some of the parents, probably a majority, would now like their children to go to school if only for them to be able to hold their own in a world of increased documentation and form-filling. Other parents had brief and unpleasant experiences at school and are determined to protect their children from similar ones. Since the majority of families still travel, staying either from choice or necessity for relatively short periods in each place, normal education is not attainable. Our evidence suggests that at present less than 10% of the children of school age are attending school, and that the great majority are growing up illiterate”.³¹

During the 1970s no major research seems to have been published on Traveller education, but much good work was done in that time by Gypsy and Traveller and voluntary organisations to tackle the problems of low attendance and attainment.

The seminal Swann Report (1985) included a full chapter on Travellers noting that, more than any other ethnic group, they were the objects of the most overt prejudice and discrimination in schools. Nearly fifteen years later, governmental reports are still saying precisely the same thing (OFSTED 1996 and 1999). There appears to have been little co-ordinated effort in the period between 1967 and 1999 to attempt to educate or soften the attitudes of settled people towards Gypsies and Travellers

The UK's Third Periodic Report to the Committee on Economic, Social and Cultural Rights regarding their obligations and actions under the eponymous Covenant, was made in November 1997. The Committee suggested that “[t]he question of evictions had been dealt with lightly and inadequately in the UK's written answers which were limited to the question of evictions by private landlords and did not address the eviction of squatters, the fate of the homeless and the situation of travellers”, and pointed out that even when evictions were carried out in a lawful fashion, there remained an obligation under Article 11 of the Covenant to provide alternative accommodation.³²

In their reply the UK delegation stated that “[t]he general legal situation of travellers was the same as for all other members of the community. In addition, Romany gypsies were protected under the Race Relations Act (1976) from indirect or direct discrimination ... a member of

³¹ Ministry of Housing and Local Government (1967), HMSO, London, p.30.

³² Rights and Accountability Project (1997) *Summary and analysis of the examination of the UK's third periodic report to the Committee on Economic, Social and Cultural Rights*, Refugee Studies Programme, University of Oxford, p.25 para.115.

the gypsy community could not be sacked or disciplined at work for wearing a traditional earring³³. They went on to say that, due to special education programmes and funding directed at Gypsy and Traveller children, the percentage of such children educated had risen from 20% to almost 90% (a figure belied by some of the research mentioned above).³³ The level of improvement identified by the Government in that Report was an over-estimate; it should have specifically mentioned that this was in the context of primary education only. Nor is it apparently recognised that while the law against discrimination against Gypsies may be satisfactory in theory, their experience in reality - including in schools - is often of a different nature.

Nonetheless, there has been a more visible improvement in the provision of education services for Traveller children than for any other service; this would appear to be due to campaigning and work by a number of academic and voluntary individuals and organisations, and by European institutions.³⁴ State education for Travellers in England and Wales is now supplied by some 3,400 ordinary mainstream schools, many of which are supported by peripatetic teaching staff (Traveller Education Support Services, or TESSs); OFSTED identified in 1996 that the work of these services is usually of an excellent standard, and that special statutory funding (then under section 210 of the Education Act 1992) was well-spent.

Funding

From April 1999 TESSs are mostly funded statutorily through a competitive bid by LEAs to the Standards Fund.³⁵ Funding is for three years, subject to a satisfactory Annual Report to the DfEE; 65% is paid by central government, with a 35% contribution by the local authority.

In Wales, the Government recently announced that the funds available under section 488 are being doubled for the period 1998/2000, to £300,000. However, as the actual number of Gypsy and Traveller children in Wales may be as much as 120% higher than the previous official estimate (see above at 1.2), this increase merely preserves the status quo. There are only two TESSs in the formal sense in Wales, in Wrexham and in Cardiff, and the amount given to Traveller education in Wales last year was less than the amount given in England to the English county of Cheshire alone.

All those with whom TLRU consulted as part of the process of this research expressed concern that their work with and for Traveller children could only continue and be of benefit if funding is secure, and are concerned that much good work could be undone if funding were to be removed or 'unhypothesized' (absorbed into mainstream funding). Indeed, in Wales this insecurity is very real as the new Welsh Assembly have an obligation to review all funding, including that under section 488.

Literacy and attainment

The material on illiteracy makes it clear that it is not nearly as prevalent among Gypsy and Traveller children and young people today as it was amongst older generations. Special initiatives have been taken throughout the country, including partnerships between educators in the UK and in Europe, and these have proved effective in improving the attendance of Gypsy and Traveller children, at least at primary level. See Appendix 3 for a review of the improvement in literacy figures for the UK.

There are concerns that the literacy figures may drop again. Preliminary evidence collected by the National Association of Teachers of Travellers (NATT) about school access for such

³³ Ibid., pp.27-8 paras.129 and 131.

³⁴ See i.e. *The Resolution of the Council and the Ministers of Education meeting within the Council of 22 May 1989 on school provision for gypsy and traveller children* (89/C 153/02).

³⁵ Education Act 1996 section 488.

children through 'Mobile Months', a data collection exercise due to last until later in 1999, is showing that:

- more children of school age are being reported;
- families' length of stay is getting shorter;
- less children are getting access to school.

Although the statutory framework governing the education of Gypsy and Traveller children is largely satisfactory, much work remains to be done to achieve parity with settled children, particularly for Gypsy and Traveller children of secondary school age. In September 1997 Estelle Morris MP, the junior Minister for Education, published an article in the *Times Education Supplement*, in which she argued the urgent need to tackle educational inequalities related to minority ethnic status. "The problems of racism, social exclusion and educational failure are particularly acute for gipsy and traveller children. Only 5 per cent are still registered or regularly attend school by key stage 4, and the numbers in vocational training and further and higher education are worryingly small. Disproportionate numbers are excluded from school and levels of achievement are lower than for any other minority ethnic group. The reasons for this are complex and deep-rooted and cannot be solved overnight ... much remains to be done to tackle problems which for too long have been brushed under the carpet, among a community of up to 150,000 children."³⁶

Secondary education remains a problem in terms of both attendance and attainment, and the latest OFSTED Report on *Raising the Attainment of Minority Ethnic Pupils* (1999) finds that attainment is also a problem for Gypsy and Traveller children at primary level.

This is identified as being due to a number of factors:

1. Gypsy and Traveller families still feel that formal education at secondary level has little of relevance to offer their children. The formal education system is not structured to meet the needs and concerns of young Traveller people, it does not recognise or value their unique culture and way of life; and there are fears amongst some Gypsy and Traveller families that poor habits and values may be gathered by regular contact with young settled people (especially relating to drugs and sexuality).
2. Gypsies and Travellers have experienced, and continue to experience, a high level of prejudice, bullying, discrimination, and lack of understanding within the mainstream education system, from other children at school but also, at times, from educators themselves. Older Gypsies and Travellers may have bad memories of school which make them reluctant to place their children where they may be at risk of similar experiences; young Gypsies and Travellers may over time come to feel a fear and hatred of formal schooling.
3. For those Gypsies and Travellers who still travel, constant evictions may make it difficult for them to obtain regular schooling in the formal sense.

Interviews undertaken for this research with education professional confirmed these conclusions. One (North Wales) Head Teacher interviewed said that the view of Traveller child held by settled people outside school had little correlation with their demeanour and behaviour while in school. She felt that the children had valuable skills which were not acknowledged or prized by the formal education system (such as the ability to garden well or to strip a generator, for example), and which should somehow be formally appraised and certificated.

All of these factors were identified as being obstacles to effective formal education for Gypsy and Traveller children in 1967, so there seems to have been both much and little progress in the intervening thirty years. While more primary age children are now being educated, older

³⁶ *TES*, 26th September 1997, p.25.

children are not, and the same barriers exist now as then. There is little more that can be done, then, in the way of research in this area. Until further measures are taken by the DfEE and service providers to tackle the three problems identified above, any further research would be likely to prove derivative and repetitive.

Special Educational Needs (SEN)

There is an almost complete absence of information in published literature regarding the special educational needs (SEN) of Gypsies and Travellers, although this is an area in which concern has been expressed by a majority of the specialist educators who were consulted as part of this research.

Special educational needs are defined and regulated by the Education Act 1996 section 312:

- (1) A child has “special educational needs” for the purposes of this Act if he has a learning difficulty which calls for special educational provision to be made for him.
- (2) Subject to subsection (3) (and except for the purposes of section 15(5)) a child has a “learning difficulty” for the purposes of this Act if-
 - (a) he has a significantly greater difficulty in learning than the majority of children of his age,
 - (b) he has a disability which either prevents or hinders him from making use of educational facilities of a kind generally provided for children of his age in schools within the area of the local education authority, or
 - (c) he is under the age of five and is, or would be if special educational provision were not made for him, likely to fall within paragraph (a) or (b) when of or over that age.

There were two main concerns regarding SEN and Gypsy and Traveller children expressed by teachers of Travellers and by academics working in the field today:

1. Anecdotal evidence suggests that there are many children who have SEN but are not gaining access to appropriate services. The ‘statement’ procedure used to lay out the SEN of any child can take time, and in some cases Traveller children move on or are moved on before such procedures can be completed.
2. Some educators found that Traveller children may be treated as having SEN when in fact they are simply behind in learning. It can be difficult to tell whether a child has SEN because of the nature of their abilities, or whether they only need an accelerated learning programme to compensate for repeated school absences, which can bring their attainment in line with settled children of a similar age. One TESS Co-ordinator noted that some Traveller children may be pushed into SEN treatment and/or schools inappropriately to prevent their lack of attainment from damaging a schools’ overall figures.

A researcher on the education of Traveller children in Scotland, the Director of the Scottish Traveller Education Project (STEP) stated that there are conceptual differences in the term ‘SEN’ between England and Wales and Scotland. In England and Wales it seems to be a disability model, whereas in Scotland educators have pushed for a wider interpretation to cover a whole range of learning difficulties, many of them caused by the need for more flexibility in the content and delivery of the curriculum e.g. able pupils and dyslexics. She identifies European bodies as having less difficulty in agreeing that Gypsies and Travellers have ‘SEN’ relating to their mobility, and this recognition underpins their call for special measures to be taken in order to ensure equality of opportunity in school learning.

The Director of STEP knows of no research done on the specific issue of SEN and Traveller children, although she notes that many workers (including teachers, education welfare officers, social workers and medics) have identified Travellers with SEN of both varieties (fitting the disability and the inequality models). She also relates her experience that at times Traveller children may not be receiving treatment for SEN because of their reluctance to become involved with professionals on the prolonged basis required to carry out thorough

assessment of needs. “Usually where there has been an empathetic worker involved they do participate in the lengthy official processes although the majority move on and give up”.

All the education professionals to whom we spoke expressed their view that the area of SEN, in relation both to access and appropriateness, is under-researched in general and particularly in respect of Gypsy and Traveller children, and felt that research in this area - to ascertain levels of need and whether those needs are being appropriately met - is long overdue and should be a undertaken as a priority.

2. Environment

In July 1998 the Chartered Institute of Environmental Health stated at their AGM in London (echoing the concerns expressed in CIEH, 1995) that there are many environmental and health problems associated with unplanned Traveller and Gypsy encampments. The main potential health risks, both to settled people and to Travellers, of inadequate sites, were identified as water-borne disease through inadequate water supply and food-borne disease through unclean or overcrowded conditions. Other risks include infestation by body lice because of overcrowded conditions, refuse accumulation, accidents, fire, and risks associated with living on contaminated land.

A number of small scale studies have been undertaken since the Ministry of Housing and Local Government (1967) and Cripps (1977) identified the appalling environmental conditions in which Travellers often live. The bulk of these studies have been undertaken since the mid-1990s, suggesting that recognition of the scale and nature of the problem by non-Traveller researchers has only recently grown. Most references to poor environmental conditions prior to 1995 were either fleeting (Wibberly, 1986) or were made as part of very localised reviews focussing primarily on other matters such as health or policy (Strehow, 1980; Sirockin, 1988; Hyman, 1989).

More recent publications highlight that site conditions are a major concern of Gypsies and Travellers themselves, often in relation to the health and safety of their children (CGSG 1996; BIAS 1997; Carlisle and Hutton 1998; the Children’s Society 1998; Clarke 1998;

As shown above, the fact that many Travellers are residing in what could be termed ‘third world’ conditions may be linked to ill-health generally, and very closely to accidents and certain illnesses (i.e. those of a gastro-intestinal nature). Bancroft, Lloyd and Morran (1996) also identify the possible risks from sites being located close to electricity pylons (although the research on the effects of residing near electro-magnetic fields by bodies such as the World Health Organisation remain highly controversial and unresolved to date). Molloy (1998) notes that economic conditions on sites cause poverty; this may have a negative impact on the health and well-being of Travellers, as it is widely accepted that there is an interplay between these conditions and poverty.

There are also increasing mentions of how lack of sites or inability to live on sites because of poor conditions may be causing both physical and mental illnesses (LGTU, 1999, and note also case study 2 in section 3 above). Travellers able to live on legal and secure sites with good conditions may experience an improvement in their experience of health and education (McKeown and McGrath, 1996).

There has never been a wide-scale assessment of how bad Traveller site conditions are and whether or how they may be deteriorating as a result of the 1994 changes. But, as with the areas of health and education, small studies and anecdotal evidence all point to a connection between bad sites and bad health and ‘happiness’. This conclusion is confirmed by the consultation with Travellers and service providers outlined in section 3 of this Report.

3. Health

Only in recent years has an appreciation developed that the health and life expectancy of Travelling people may be substantially worse than that of the general population. In 1967 the Ministry of Housing and Local Government undertook the first comprehensive study “of the life and problems” of Gypsies and other Travellers.³⁷ Whilst the study constitutes the first systematic and methodologically rigorous research in this field, it contained no analysis of health, morbidity, life expectancy or indeed the prevalence of disability amongst Travellers. It merely noted that “observers frequently remark on the good health of Traveller children; the Travellers themselves regard their life as a healthy one and stress the ease with which their caravans can be ventilated and kept warm”.³⁸

Reports of health problems amongst Travellers emerged at an earlier date in Ireland than in the United Kingdom. A 1963 report (by the Commission on Itinerancy) pointed to significant problems over life expectancy and infant mortality. A 1974 study (Carroll) which noted the small head circumferences of Traveller children was followed in 1975 by research which found Traveller children to have particularly low height/weight scores relative to the general population.

In the United Kingdom evidence of health problems has only begun to emerge in the last two decades. The initial research concentrated upon infant mortality rates and the low take up of immunisation services. In more recent years however concern has also been expressed in relation to a number of other health related issues including: the prevalence of accidents and infectious diseases amongst children, heart disease, mental health and the difficulty of accessing GP lists.

Infant mortality

In 1983 a report produced by a Sheffield GP and health visitor (Heller and Peck) drew attention to the possibility of widespread and serious perinatal problems faced by Travellers. The report documented a cluster of six perinatal deaths out of twelve births to Traveller women between January and August 1982.

The report, and a separate account by the health visitor (Peck 1983) expressed concern about a number of other health problems experienced by Travellers, including the prevalence of respiratory tract infections, site safety, amenities and environmental conditions.

In the same year a report on the outcome of a larger scale study of maternal and perinatal health was published (Linthwaite 1983) which suggested that infant mortality and stillbirth rates were extremely high compared to the general population.³⁹ In addition, the report drew attention to the difficulty Travellers had in gaining access to GP lists, and the extent of disability amongst Traveller children (suggesting that in the research sample this amounted to 5% compared to a national average of 1.6%). The report also reiterated the concern expressed by Peck as to the health related problems caused by poor site conditions.

The methodology of the Linthwaite research has been the subject of some criticism (e.g. Feder 1994) and in 1986 a more rigorous research study took place into the foetal and infant mortality rates of Travellers (Pahl and Vaile). Whilst the study produced less dramatic mortality rates than the 1983 research, it nevertheless concluded that there was a significant problem in that the rates were in general about twice as high as the national average. Equivalent and recent research in Ireland (Barry 1989 and 1996) has found that foetal and

³⁷ Ministry of Housing and Local Government (1967) *Gypsies and Other Travellers*, HMSO, London, p.24.

³⁸ Ibid.

³⁹ 142 per 1000, compared to the general population average of 12 per 1000.

infant mortality rates amongst Travellers are between 2½ and 3 times greater than the national (Irish) average.

The Pahl and Vaile report also expressed concern about the prevalence of accidental injuries and infectious illnesses amongst Traveller children and suggested poor location, standards of safety and amenity of sites as the likely causes.

Immunisation rates

A 1979 survey in England on behalf of Save the Children Fund (Sampson) drew attention to the low levels of immunisation amongst Traveller children, and of an increased susceptibility to polio and other infectious diseases. 1983 research in Scotland (Bell) found correspondingly low immunisation rates and higher risks of infection by polio and other diseases (particularly Hepatitis A) and concluded that a significant majority of the Travellers surveyed had been exposed to the polio virus.

This picture of low immunisation rates has been confirmed in more recent research, for instance Bancroft (1996) which found that 43% of Traveller children had not had pre-school immunisations and boosters at the time of the survey (compared to 97.3% of Scottish children as a whole). Irish research studies, for instance Gordon (1991) have also concluded that the levels of immunisation amongst Travellers are low compared to the settled population, although it appears that the take up of certain vaccines (for instance the measles vaccine) may be higher than others.

Various explanations have been advanced for the poor response to immunisation programmes. Crout (1987) argues that Traveller mistrust can be traced to a television programme on pertussis vaccine damage and that illiteracy in the community means that most health education is gained from television, where sensationalistic media reports cannot necessarily be checked or countered. On the other hand, O'Byrne (1990, Ireland) suggested that a significant cause of the low immunisation rate amongst Irish Travellers was ignorance; although her results also suggest an appreciable resistance to the idea of immunisation.

A report by Lewis (1983) explained how a very high immunisation rate was achieved on a Traveller encampment. The success is attributable to the fact that the immunisations were requested by the Travellers (after an unvaccinated baby on another site developed polio) and were strongly supported by a Traveller organisation. Lewis notes, however, the importance of encampment stability, as the Travellers did not receive the second immunisation course due to the eviction of the site.

Infectious diseases

Heller (1983) had noted what appeared to be a high incidence of infectious diseases amongst Travellers on a more permanent site. Subsequent researchers have reiterated this concern, but only in passing since (with one exception – Thomas 1990) no research has specifically targeted this issue.

In 1990 a small scale study of the referrals in one health authority (Thomas) highlighted the problem of intestinal infection for Traveller children. It found that between 20 and 25% of children presenting with certain forms of diarrhoea were from Traveller families. A 1993 report (Hennink) suggested that the prevalence of infectious diseases was a problem amongst Traveller children and this was strongly endorsed by Feder (1994) in his highly respected study; whilst not specifically investigating this area, he attributed the apparent frequency of diarrhoea and vomiting to “dirty sites and poor water supplies”.

The prevalence of physical impairments

No research appears to have been conducted into the prevalence of physical disability amongst Travellers. A 1998 Report by the Irish Traveller organisation Pavee Point drew

attention to the particular problems experienced by disabled Travellers and a 1993 Department of the Environment Report (Northern Ireland) suggested that 13% of Traveller families were affected by a members' disability.

There appears to be significant anecdotal evidence that Travellers do experience a higher rate of congenital disorders than the general population and this impression has some endorsement by research; Barry (1989) in Ireland and Cornwell (1984b) in England.

Accidental injuries amongst children

Accidental injuries amongst Traveller children have also been noted 'in passing' by researchers who were investigating other health related issues. Crout (1997) contrasted the low incidence of non-accidental injuries amongst Traveller children with accidents caused by environmental or site specific factors. Hennink (1993) suggested a high incidence of accidental injury and Nelligan (1993), in her account of her experiences as a health visitor, emphasised the serious level of accidental injuries including "ingestion of diesel fumes, cuts, burns, and exposure to chemicals and sewage", referring to a child fatality which was found to be the direct result of parking next to a heavily used highway.

Of the Traveller mothers (of under five-year old children) interviewed by Pahl (1988) 11% reported serious injuries to their children, most commonly lacerations, scalds and burns. In the same study almost 60% of all Traveller mothers reported problems caring for their children because of "dirt, fast traffic, rats, lack of safe play areas, difficulty drying clothes, overcrowding, mud, dogs, broken glass, the site getting 'used up' with toilet holes, lack of education, noises from factories, and smells from nearby sewage works".

Other health problems noted by researchers

Researchers have drawn attention to a number of conditions which appear to be common amongst Travellers. Heart disease has been mentioned by many researchers (i.e. Barry 1989; Hennink 1993; Bromley 1996; Brent 1997), although no study has attempted to ascertain whether the apparent prevalence is essentially a function of poverty and what appears to be a high tobacco consumption (noted specifically by Crout 1987 and Feder 1994). Likewise Anderson (1997) and Feder (1994) have noted the possible increased prevalence of asthma.

A number of researchers have commented upon the level of depression and other mental disorders amongst certain Travellers (i.e. CGSG 1988; Hennink 1993). Dental problems (Brent 1997) and a lack of use of eye-sight tests (Bromley 1996) have also been mentioned. Little or no research into the prevalence of cancer appears to have been carried out although MacAuley (1991) suggests that nomadic Travellers have very limited access to cervical smear testing services.

In relation to the likely causes of the high morbidity levels amongst Travellers, three factors have been repeatedly mentioned: access to health professionals, poor environment and evictions.

Access to health professionals

There is a substantial body of evidence that Travellers have particular difficulties in gaining access to GP lists. Accordingly they often only contact health professionals in emergencies, and then via Accident and Emergency Departments. This problem has been highlighted by (amongst others) Linthwaite (1983); Streetly 1987; Hyman 1989; Black Country 1992; Van Cleemput 1995; Bancroft 1996; Brent 1997; and Carlisle 1998. CGSG (1998) suggest that there may be some recent improvement in this problem due to more effective inter-agency working, whilst a straight forward 'racist' explanation for this discrimination is advanced by the Ethnic Communities research (1989) and Hennink (1993). The Guardian (1990) suggested that in part the new GP contract may itself have contributed towards the problem.

There appears however, to be overwhelming agreement amongst researchers and commentators that the most effective mechanism for delivering (NHS) health care services to Travellers is via health visitors (see for instance Lawrie 1983; Peck 1983; Crout 1988; Hyman 1989; Durward 1990 and Brent 1997).

Environment

As noted above the high morbidity and accidental injury levels experienced by Travellers (especially children) has most frequently been attributed to the environmental conditions in which they live. Whilst there has been no specific research on this, it is mentioned by (amongst others) Linthwaite 1983; Peck 1983; Cornwell 1984; Pahl 1986; Hyman 1989; O’Nuallain 1992; Nelligan 1993; Feder 1994; Paris 1995; Carlisle 1998; Liégeois 1998 and the Secretary of States’ Advisory Committee 1998.

Evictions

Travellers themselves have specifically referred to the stresses and dangers which result from repeated evictions by statutory authorities. Researchers have emphasised how evictions can lead to a disruption of the (already poor) access Travellers may have to health services and to Travellers being forced to relocate to even less environmentally safe areas (i.e. Patel 1988; Durward 1990; Bancroft 1996). As the 1967 Ministry of Housing and Local Government Report *Gypsies and other Travellers* put it, “all too often Travellers end up on sites close to rubbish tips and the like, because there they make no noticeable difference to the existing squalor”.⁴⁰ In other words, they may be pushed onto land which no one else wants, or may ‘choose’ to live there because they are less likely to be troubled by landowners and authorities.

Patel (1988) and Durward (1990) refer in their research to the alarmingly high number of local authorities who indicated that they would be prepared to evict Travellers regardless of whether there were pregnant mothers on site (or recently born infants). As noted above, the consequences of such eviction are not just short term, in that they appear to seriously disrupt immunisation programmes and in consequence may lead to the high prevalence of polio and other infectious diseases amongst Travellers.

4. Other social welfare issues

Sarah Cemlyn’s recently completed social services study (1998) suggests that social work contact with Travellers is low, but not necessarily perceived by them as a problem, and that non-accidental injury amongst Traveller children is also low. Both this research and that mentioned in TLRU (1999) note that a lack of understanding of Gypsy and Traveller culture by service-providing professionals can be a powerful barrier to effective service delivery.

In addition, research by Colin Clark of the Department of Social Policy at the University of Newcastle (published in TLRU, 1999) identifies that certain bureaucratic requirements of the social security system may create unintentional but institutional discrimination against ethnic minority groups, including Gypsies and Travellers, who may be unable to comply with them (i.e. proof of identity, a fixed abode). This may obviously lead to problems of poverty and associated exigencies. Only one anecdotal report in one study (ECOHP, 1989) made any reference to concerns in this area, and the only barrier to accessing benefits suggested by the consultation process was lack of literacy.

While these research reports are the only published ones of their kind, indicating a lack of research in these areas, they have probably said all that there is to say in these contexts relating to Travellers. Therefore it is asserted that what is needed is not further research but improvements in policy and practice on the part of Government and service providers.

⁴⁰ Ministry of Housing and Local Government (1967), HMSO, London, p.38(iii).

5. Overview and conclusions

The following conclusions are drawn from the research study, taking into account the comments and advice received from our consultations with Travellers and Traveller organisations.

1. Education

There has been substantial research undertaken into the extent of Traveller exclusion from the state education system and this has resulted in a significant response from central and local government. The only area where our study has suggested that there is a dearth of research evidence, concerns the extent of unmet need by Traveller children for Special Educational Needs assistance. Whilst our consultations with Traveller organisations disclosed concern about this lacuna, this was not reflected in our discussions with Travellers themselves. Given that there is unlikely to be a large (in population terms) need for SEN services, this may be due to the limited scope of our consultations.

2. Environment and Accommodation

Many researchers have expressed grave concerns about the often appalling state of the accommodation and environmental conditions in which Travellers are forced to live. This has been an issue, together with the threat of eviction, which has been very much of concern to our respondents.

The research studies and literature also suggest that these subjects are of constant preoccupation to Travellers. There appears to be no substantive research which has attempted to assess the extent to which poor site conditions may contribute to poor health.

Whilst there would be not inconsiderable methodological problems in attempting an assessment of (say) the connection between heart disease or mental illness with site conditions (particularly given that these may be chronic conditions and that many Travellers are nomadic) there does not appear to be the same difficulty with a study targeting semi-permanent Travellers⁴¹ and child hood injuries and infectious diseases such as gastro-enteritis.

3. Health and social care

There have been a significant number of small scale studies on Traveller health and social care needs in relation to infant mortality and access to immunisation services.

Although the studies have been relatively small scale and some have been the subject of valid methodological criticism, their findings all say much the same; namely that Travellers do suffer disproportionately high infant mortality rates and have low take up of immunisation services.

It does not seem that the funding of further research in this area would be worthwhile, in that the above conclusions have not seriously been questioned by health experts. Further research would not, given this acceptance, appear to offer any benefits in terms of 'making a difference'; i.e. by bringing about a reduction in these alarming figures.

There appear to be a number of health and social care problems which have not been the subject of direct research, but which have been noted by researchers and commentators as appearing to be of concern. These include high rates of heart disease, mental disorders, accidental injuries and infectious diseases amongst children. It also appears that there has been no research on the prevalence of physical disability amongst Travellers.

⁴¹ Who number over 80% of the United Kingdom population.

Researchers have suggested that there would be substantial methodological difficulties in attempting a small scale project to evaluate the prevalence and significance of heart disease and mental disorder amongst Travellers. In addition these conditions were not mentioned in our consultations as being of major concern to Travellers.

The risk of accidental injury and infectious diseases to children was however something of considerable concern and potentially amenable to a small scale research project. Such a study could also assess the prevalence of physical disability amongst Traveller children.

4. Social and other services

There appears to have been little research into the extent of unmet need for services provided by social services departments (children's or community care services) although none of the respondents indicated any concern about this.

Sarah Cemlyn's recent research on the social services response to Travellers is authoritative and would appear to have covered those areas of potential relevance. In large measure Travellers appear to have little contact with social services and do not appear to be discontent about this situation.

Similarly, while Clark has identified potential problems for Gypsies and Travellers in accessing welfare benefits, little can be added to his conclusions and this was not an area in which consultees or, for the most part, studies, expressed any concerns.

5. Conclusions

There appears therefore to be a need for accurate research evidence to be obtained on the extent of disability, accidental injuries and infectious diseases amongst Traveller children and the extent to which these are attributable to their accommodation and environmental surroundings.

If this research takes place, the opportunity could also be taken to include an assessment of the extent to which Traveller children's need for SEN services is being met. Such research could be timely given:

- (i) the perception that many site conditions are appalling and indeed deteriorating as a result of the 1994 Reforms;
 - (ii) the opportunities created by best value and health improvement plans;
- and could therefore make a genuine difference to the health and social welfare of Travellers.

V Proposal

In view of the above conclusions, it is proposed that a research study should be undertaken combining an assessment of the prevalence of ill-health and disability among Gypsy and Traveller children, with an assessment of the environmental conditions of the site on which the Travellers live. The study would restrict the measures of ill-health and disability to factors which might have a clear environmental link (i.e. accidental injuries and the incidence of infectious diseases such as gastro-enteritis).

The study will require two types of expertise, namely:

- (i) a knowledge about and familiarity with health and social care indicators; and
- (ii) a wider knowledge about Traveller site conditions and the legal obligations on local authority providers relating to those sites.

For this reason the proposal contains a specialist input from the Warwick University Department of Social Policy and Applied Social Studies, who have the expertise to carry out the health / social care assessments. The Traveller Law Research Unit at Cardiff Law School will carry out the site selection, negotiation of access and site evaluation aspect of the research, as well as co-ordinating the whole project and having responsibility for the production of the final report.

For practical and policy reasons, only publicly-provided Traveller sites will be analysed (of which there are over 350 in England and Wales). Local authorities have previously received public finance for the construction and maintenance of such sites and they have theoretically been built to certain minimum standards. Politically, if the sites are found to be inadequate, then there is a likelihood that the research could result in a real difference being made for Travellers, since the 'best value' and 'Health Improvement Plan' agenda requires such inequalities to be addressed. There are, in any event, no minimum legal standards required for private sites.

The sites will be chosen on a multi-stage sampling basis and will be in the West and North Midlands. The sample will be restricted to these areas for ease of access by the researchers and because there is a sufficient number in that area from which to select the sample. Only sites with 15 or more pitches will be chosen (again in order to conserve researcher / health visitor resources).

1. The Site Standards Survey (Cardiff)

The research would adopt a twin track approach, namely (1) a assessment of the environmental standards of 10 public Gypsy sites, and (2) a wider and more general assessment of the site standards on a further 15 such sites.

The Traveller Law Research Unit (TLRU) has excellent contacts within the National Association of Health Workers with Travellers (NAHWT), some of whose health visitors will carry out the health evaluation assessments using the Warwick profile (see below). All research undertaken by TLRU incorporates consultation with its extensive network of contacts throughout the United Kingdom comprising Gypsies and Travellers, their democratically-ordered organisations, and individuals and organisations providing Traveller-related services.

The ongoing use of regular contact with this network will enable access to appropriate sites and facilitate the completion of site standard assessments, by TLRU and those contacts acting as its agents.

The first part of the Cardiff research is linked to the Warwick research study, and describes in great detail the habitability of the 10 sites.

The researchers would undertake a comparative analysis, recording such information as:

- **location:** such as accessibility to shops, schools, and health and other local services;
- **environmental services:** such as location, proximity to motorways, railways, refuse disposal sites (existing or past); the existence of mains drainage or other forms of cesspit disposal and the presence of sewerage leakage on the site;
- **roads / hard-standings** the general states of site roads, pavements, and other pedestrian safety features. The state of the site surface (i.e. muddy in winter, dusty in summer etc.);
- **repair:** the general standard of repair / extent of vandalism;
- **security:** the existence of a perimeter fence or CCTV, restricted access arrangements to the site, and etc.;
- **management:** information about the management of the site and any financial data on costing;
- **disabled facilities:** the accessibility of the site to disabled people;
- **deterioration:** the extent to which the above measures of site condition have improved or deteriorated since 1994 (when the Criminal Justice and Public Order Act 1994 repealed the duty to provide sites and the availability of Exchequer grant support for site construction and refurbishment).

The second part of the Cardiff research study consists of a broad assessment of the site conditions on a further 15 public Gypsy sites (this is referred to as the 'agency assessment' below). The survey work would be undertaken in co-operation with local Traveller-related service organisations, involving them in site visits to the 15 sites and the completion of structured questionnaires. This survey data would be cross checked by the Cardiff researchers on 3 of these sites. This cross checking would act as a means of controlling the quality of information gathered. The qualitative and quantitative survey information would be analysed and published in a final report.

The purpose of this survey work is to ascertain whether it is possible to carry out, on an agency basis, the surveying of all the UK's 350 public sites. If this is possible (and we believe it is) then this could be an extremely effective tool to bring about real change in the living conditions (and hence health and social care) of the UK's Traveller population. No assessment of the overall standard of the UK's stock of publicly-provided Gypsy caravan sites has ever been undertaken.

2. Timetable for the Cardiff arm of the research study and for final preparation of the Report

The proposed research project would be undertaken during the 12-month period 1 November 1999 to 31 October 2000 as follows:

November 1999	In collaboration with Warwick, isolate the 10 sites for the intensive study and negotiate access. Isolate the other 15 sites (for the agency assessment) and liaise with local Traveller-related organisations to confirm their preparedness to undertake the agency assessments of site standards. Commence the design of the site standard assessment questionnaire.
December 1999	Commence site evaluation of the 10 target sites.
January 2000	Continue with site standard assessments and, drawing upon the experience gained, commence design of the agency questionnaire to enable the agency assessments of the 15 sites to be carried out.

February 2000	Finalise the site standard assessments and arrange training of local agent assessors.
March-April 2000	Commence work on evaluating the responses and preparation of the report.
May 2000	Copy report to the TLRU Advisory Committee, NAHWT and 20 other Traveller-related organisations, including the National Association of Gypsy and Traveller Officers (NAGTO).
June 2000	Finalise the Report.
July-August 2000	Send out draft report to conference participants. Conference organisation.
September 2000	Conference in early September. Conference follow-up work.
October 2000	Complete Research and Conference report. Supervise production and distribution of Report.

3. The Health Evaluation / Prevalence of Disability Assessment (Warwick)

This arm of the study will be co-ordinated and carried out by researchers at the University of Warwick.

There is now a substantial body of research and literature on the wider population which highlights the way that health and illness experiences are shaped by the material and social conditions within which families live (see Blackburn 1991;Graham 1993).⁴²

This part of the study aims to establish the health status, health experience and prevalence of disability and learning difficulty among children living on ten sites in the North and West Midlands of England. It will also explore parents' perspectives on the ways in which living on Gypsy and Traveller sites in England and Wales affects their children's health and well-being. In addition the study will focus on the parents' experiences of caring for their ill and disabled children in such circumstances and will identify how site conditions shape the kind of care and supervision that parents are able to provide.

There is very little research into the experience of disability and learning difficulty among Traveller children. Whilst this study would yield valuable data on ill-health and disability in a representative sample of children as well as their parent's perspectives on the significance of their living conditions in relation to health, well-being and caring, it is not intended to provide a reliable indication of prevalence in the Traveller population as a whole. Given estimates of prevalence in the general population (3-4 per 1000), the numbers of disabled children identified in a study of this size are likely to be limited.

At a later date, however, the research methods and instruments developed and used in this study could be employed in a much larger research project designed to ascertain prevalence of disability and learning difficulty in the wider Traveller population.

Specifically, this arm of the study aims to:

- i) investigate the health status and health experiences of children age 0-16 years on 10 representative public sites in the North and West Midlands of England, paying particular attention to illness experiences shown in other research to be associated with poor housing conditions (accidents; gastro-intestinal infections, respiratory infections);

⁴² Graham etc

- ii) identify parents' experiences of caring for their children on public sites, paying particular attention to the experiences of parents with disabled and chronically sick children;
- iii) explore parents' views of the relationships between the health and well-being of their children and conditions on public sites.

The Warwick part of the study has two linked parts:

Stage 1: a survey of parent-reported child health and illness experiences.

Stage 2: qualitative interviews with parents of 30 children with acute or health and disability experiences.

Stage 1: Survey of parent-reported child health and illness experiences.

The sample

The sample will consist of approximately 300 children age 0-16 living on 10 sites in England and Wales. The sites will be selected by the Cardiff team using staged sampling techniques and will be the same 10 sites assessed in the Site Standards Survey by the Cardiff team.

Health visitors to the sites will be the link between the research team and potential participants in the study. Fieldwork for both arms of the study will only be carried out on sites where agreement on participation has been established with health visitors. The co-operation of the health visitors will have been established immediately following initial site selection.

The parent with the main responsibility for childcare in each living unit on the site will be asked by the health visitor to participate in the survey, with the aim of assessing the health and illness experiences of all children age 16 years or less on each site. Parents who agree to participate will be asked to give written consent. Health visitors will be trained on site in the recruitment techniques and on the use of the data collection tool by a researcher from Warwick, who has previous experience of working with and training health visitors in the recruitment of participants.

Data collection

To assess the health experiences of children living on public sites, the Warwick researchers will use a modified version of the *Warwick Child Health and Morbidity Profile (WCHMP)*. The WCHMP is a simple instrument for the measurement of parent-reported infant and child health and illness experience which has been validated in fieldwork studies (Spencer and Coe, 1996).

The WCHMP has ten domains, each with a global question: general health status; acute minor illness status; behaviour status; accident status; acute significant illness status; hospital admissions status; chronic illness status; immunisation status; functional illness status; health-related quality of life status. Six of the domains concerned with illness events (minor illness; behaviour; accidents; acute significant illness; hospital admissions; chronic illness) have second tier questions designed to capture details of illness episodes. The WCHMP does not produce an index of child health but data related to each domain can be collected cross-sectionally and longitudinally in child populations. The WCHMP has been developed for use by health visitors and has been extensively used to collect data in the West Midlands.

Prior to the start of the study, the Warwick University team will make modifications to the profile to ensure that it captures the particular illness and disability experiences of Gypsy and Traveller child populations. Funding has already been secured from the University of Warwick to enable these modifications to be undertaken and piloted.

The WCHMP has a number of strengths which make it a suitable research instrument for this study. First, the researchers who designed the tool drew on parents' experiences and opinions to help them develop it; the design was shaped by parents' views on what was appropriate, practical and acceptable. Second, it is a measure of *parent-reported* health and illness experience and thus, in relation to the proposed research, captures site users' experience of health and illness in their children. Third, it has been validated for use with child populations, and data for young children can be compared against a representative cohort of children for which data has already been collected. Fourth, it was specifically designed for use by health visitors and their satisfaction with it has been investigated (Coe, forthcoming).

Stage 2: Qualitative interviews with a sub-sample of 30 parents

The aim of stage 2 of the study is to gather in-depth data on:

- i) parents' experiences of caring for children on sites in the North and West Midlands of England, exploring how site conditions shape these experiences;
- ii) parents' views on the relationship between site conditions and the health and illness experiences of their children;
- iii) the coping strategies that parents use to promote the well-being of their children when caring in difficult circumstances.

The sample

A sub-sample of 30 children in different 'households' will be selected from the 300 children who were the focus in Stage 1 of the study, using random sampling techniques. The sample will be stratified to ensure that parents of at least 10 children with chronic illness/disabilities are selected and interviewed. Parents who are willing to participate will be offered a £10 voucher which can be exchanged at a shop of their choice.

Data collection tool

A semi-structured interview schedule will be developed to collect data on the three main areas outlined above. Issues on which data would be collected include: parents' experiences of caring; the material and social conditions within which they care; their views on how site conditions affect their children's health and on site conditions that promote and inhibit caring regimes; access to social support networks; access to health and social services; coping strategies employed by parents; parents' perceptions of their own psychosocial health.

The schedule will be designed to centre on the parents' perspectives and opinions but will be sensitive to the likelihood of there being children present during interviews. The interviews, tape-recorded with those who consent, will be carried out on sites by Janet Read and Clare Blackburn, who both have extensive experience of researching parents' perspectives on bringing up children in conditions of hardship, including those with children living with chronic illnesses, disability and learning difficulty.

4. Timetable for Warwick arm of the study

November-early January	Clarify access arrangements, train health visitors in use of WCHMP.
Late January-April	Stage 1 fieldwork (health visitors use WCHMP). Set up database, prepare and pilot interview schedule.
April-July	Stage 2 fieldwork.
	Enter data from stage 1 fieldwork and begin analysis.
August-October	Complete data analysis and write report.

NOTE: The modifications to the WCHMP, funded by the University of Warwick, will be undertaken prior to the start of the above programme.

5. Outcomes

1. The report will be the first study endeavouring to assess the extent of disability amongst Traveller children.
2. The report will highlight the extent to which certain forms of impairment may be linked to the environmental conditions.
3. We anticipate that such a report would highlight a significant disparity in the accommodation made available to Gypsy Travellers and the accommodation arrangements for other groups (i.e. people living in council housing). Gypsies are recognised as an ethnic minority for the purposes of the Race Relations Act 1976, and this may emerge as a significant factor.
4. The report will assess the extent to which the profiled sites have improved or deteriorated since the duty to provide such sites and Exchequer grant support were abolished.
5. The report should act as a 'pilot' project to enable Traveller organisations to prepare a national census on the state of all 350 Gypsy sites in England and Wales.
6. It is also probable that the research findings will identify the need for national standards, a national inspection system, and possibly the need for the Audit Commission to be involved in assessing the value for money of public expenditure on such sites.
7. The report should ensure that Gypsies and other Travellers are specifically considered in the health service reforms; whereas at present (as noted above) they appear to be invisible.

6. Dissemination

1. A full Research Report will be published, and the findings disseminated in an Executive Summary and a 'Findings' type information statement.
2. A Conference on Traveller Health and Social Care issues will be convened to publicise the research, and to expose the Research findings to critical assessment, prior to full publication.
3. The site assessment / standards evaluation findings will be published and circulated in a publication using a similar format to the guide to touring sites published by the Camping and Caravan Club of Great Britain; the 'guide' would describe (and rate for comparative purposes) the facilities of the sites, disabled access, and so on - rather like a Good Hotel Guide.

7. Budgets

Cardiff: Site standards and overall Report production

Salaries*

Main researcher's salary and employer's costs @ 80% FTE: 12 months @ point 12 Research and Analogous Grade 1A	£22,963	
Senior researcher's salary and employer's costs @ 10% FTE: 12 months @ point 24 R and A Grade III Research and What goes here?	<u>£4,551</u>	£27,514

Travel and subsistence

Researchers' travel and subsistence at university / current railway rates	£900	
Advisory group members' travel and subsistence costs	<u>£400</u>	£1,300

Survey costs

Fees for coding, inputting, analysis, and graphics production	£ 1,200	
Stationery and postage for survey and chase-up mailings	£ 1,228	
Casual labour for collating mailings: 70 hours @ £3.75 per hour Unistaff rate	<u>£263</u>	£2,691

Dissemination Conference costs

Conference for all Traveller-related organisations: 'Seed-corn' funding to underwrite central London venue costs	<u>£750</u>	£750
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Conference document costs****

500 copies x 60pp bound conference report	£1,120	
Casual labour for binding and mailing: 80 hours @ £3.90 per hour at Unistaff rates	£312	
Postage and stationery for mailing documents / reports	<u>£580</u>	£2,012

Advertising costs for post of main researcher

<i>(This cost would not be required if the named main researcher is available to take up this post.</i>	<u>£500</u>	£500
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Sub-total £34,767

Warwick: Health / disability Prevalence Survey

Salary with On-costs

Clare Blackburn: Research II Point 18, 2.5 Day/week , 12 months	£17,682	
Janet Read: Lecturer B point 20, 1 day/week 6 months	£3,716	
½ day/week 6 months	<u>£1,858</u>	£23,256

[Salary breakdown:

Clare Blackburn: basic salary :£14524; Superan: £2034; NI: £1124.

Janet Read: Basic salary: £4575; Superan:£640; NI: £348.]

Transcription	<u>£1,400</u>	£1,400
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Travel	<u>£600</u>	£600
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Office costs

Phones, stationary, photocopying, tapes	<u>£300</u>	£300
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Tape recorder, microphone, batteries etc	<u>£100</u>	£100
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Voucher costs for parents interviewed in sub-sample	<u>£300</u>	£300
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Sub-total		<u>£25,956</u>
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Budget total	£60,723
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8. The Cardiff research team

The Cardiff Research team is made up of Rachel Morris and Luke Clements, who are jointly responsible for the project.

Rachel Morris

BA, LL.B. (Hons). Has worked for the Traveller Law Research Unit as the key researcher since July 1996; as the Co-ordinator since May 1998.

Selected publications include:

- Morris R and Clements LJ (1999) *Gaining Ground: Law Reform for Gypsies and Travellers*, Hatfield, University of Hertfordshire Press.
- Morris R (1999) *Repair grants and press regulation*, Legal Action, February, p.23.
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Luke Clements

Is a senior research fellow at the Cardiff Law School, University of Wales, an associate fellow at the Department of Social policy and applied social studies, University of Warwick and a Consultant solicitor with Thorpes, solicitors, Hereford. Since 1995 he has been co-director of the Traveller Law Research Unit at Cardiff Law School. He is a member of the Law Society's Mental Health and Disability Sub-Committee and on the Legal Advisory Committee of the European Roma Rights Centre, Budapest.

Select publications include:

- Read J and Clements LJ (forthcoming) *Disabled Children and Young People: the Law and Good Practice*, Jessica Kingsley Publishers, London.
- Clements LJ (1999, 2nd edn) *European Human Rights: Taking a case under the Convention*, Sweet and Maxwell, London.
- Morris R and Clements LJ (1999) *Gaining Ground: Law Reform for Gypsies and Travellers*, University of Hertfordshire Press, Hatfield.
- Clements LJ and Smith P (1998) *Building Bridges: Bridging the Health and Social Care Divide in Wales*, Wales Office of research and Development, Cardiff.
- Clements LJ (1997) *Community Care and the Law*, Legal Action Group, London.
- Clements LJ and Smith P (1997) *Traveller Law Reform: Conference and Consultation Report*, University of Wales Cardiff.

9. The Warwick research team

The Warwick team is made up of Clare Blackburn, Janet Read and Nick Spencer who are jointly responsible for the project. Clare Blackburn will be employed for 2.5 days per week for one year. Janet Read will be employed for 0.5 days per week for 6 months and 1 day per week for 6 months. Whilst he will not be directly employed on the project, Nick Spencer will retain joint responsibility and will be fully involved in an advisory capacity.

Clare Blackburn

Is a qualified health visitor and a Senior Research Fellow in the Department of Social Policy and Social Work at Warwick. She researches mainly in the area of the social and material circumstances of families with children, and the relationship between living circumstances, health and caring. She has extensive experience of managing and carrying out large-scale research projects, particularly those based on survey designs.

Selected publications include:

- Blackburn C (1999, forthcoming) *Researching the health needs mothers in low-income households*, in Appleton J and Cowley S (eds) *The Search for Health Needs*, Macmillan, Basingstoke.
- Blackburn C (1999) *Poor health, poor health care: the experiences of families with young children*, in Purdy M and Banks D (eds) *Health and Exclusion: Policy and Practice in Health Provision*, Routledge, London.
- Blackburn C (1996) *Building a poverty perspective into health visiting practice*, in Bywaters P and McLeod E (eds) *Working for Equality in Health*, Routledge, London.
- Blackburn C (1994) *In sickness and in health*, in David T (ed) *Working Together for Young Children*, Routledge, London.
- Blackburn C (1992) *Improving Health and Welfare Work with Families in Poverty: a Team Training Handbook*, Open University Press, Milton Keynes.
- Blackburn C (1991) *Poverty and Health: Working with Families*, Open University Press, Milton Keynes.

Janet Read

Is a qualified social worker and a lecturer (half-time) in the Department of Social Policy and Social Work at the University of Warwick. Her main areas of teaching and research centre on the needs and experience of disabled children and adults and those close to them, as well as the development of appropriate services to meet need. She has extensive experience of consultancy, training, management and service development in the public and voluntary sectors, mostly in relation to provision for disabled children and adults.

Select research reports and publications include:

- Read J and Clements LJ (1999, forthcoming) *Disabled Children and Young People: the Law and Good Practice*, Jessica Kingsley Publishers, London.
- Read J (In press) *Disability, the Family and Society: Listening to Mothers*, Open University Press, Milton Keynes.
- Read J (1998) *Conductive Education and the politics of disablement*, *Disability and Society*, 13, 2, pp.279-293.
- Read J and Statham J (1998) *The pre-school years*, in Robinson C and Stalker K (eds) *Growing Up with Disability*, Jessica Kingsley Publishers, London.
- Read J (1997) *Researching the Needs of Households with Children Under Eight Years in North Warwickshire*, Department of Applied Social Studies, University of Warwick.
- Read J (1995) *A Different Outlook: service users perspectives on Conductive Education*, Foundation for Conductive Education, Birmingham.
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- Read J (1991) *There was never really any choice: the experience of mothers of disabled children in the United Kingdom*, *Women's Studies International Forum*, 14, 6, pp.561-71.

Professor Nick Spencer

Is the Professor of Child Health, based in the Department of Social Policy and Social Work and the School of Postgraduate Medical Education at the University of Warwick. He is also a Consultant Community Paediatrician with Coventry Healthcare NHS Trust. His main research interests are inequalities in child health and the measurement of health and morbidity in child populations. Jointly with Christine Coe, he has developed the Warwick Child Health and Morbidity Profile (WCHMP), which is currently being used in a whole birth cohort study of Coventry infants born in 1996.

Selected publications:

- Spencer NJ, Bambang S, Logan S and Gill L (In press) *Socio-economic status and birthweight: comparisons of an area-based measure with the Registrar General's social class*, J. Epi. and Comm Health.
- Bambang S, Spencer NJ, Logan S and Gill L (In press) *Cause-specific perinatal death rates , birth weight and deprivation in the West Midlands 1991-93*, Child: Care Health and Development.
- Spencer NJ (1996) *Reducing child health inequalities: insights and strategies for health workers*, in Bywaters P and McLeod E (eds) *Working for Equality in Health*, Routledge, London.
- Spencer NJ, Logan S, Scholey S and Gentle S (1996) *Bronchiolitis and deprivation*, Archives of Disease in Childhood, 74, pp.50-2.
- Spencer NJ (1996) *Poverty and Child Health*, Radcliffe Medical Press, Oxford.
- Spencer NJ and Coe C (1996) *The development and validation of a measure of parent-reported child health and morbidity: The WCHMP*, Child: Care, Health and Development, 22.
- Spencer NJ (1996) *Race and ethnicity as determinants of child health: a personal view*, Child: care, Health and Development, 22, pp.327-46.

Appendix 1: Summary of Traveller foetal and infant mortality

(Rates per 1000 total or live births) from Feder, G.S. (1994) *Traveller gypsies and primary health care in East London* at Section 2.2.1, Table 2.1. (See Literature Review above at 3.22).

Source	Area	Births	perinatal mortality	still births	infant mortality
TRAVELLERS					
Linthwaite 1981	East Anglia	239	142.4	113.9	53.8
Pahl and Vaile 1984	Kent	814	16.0	12.0	17.5
Pahl and Vaile 1984	Kent [under 30 years]	298	22.2	18.5	26.4
Barry and others 1987	Ireland	554	28.3	19.5	18.1
Adrai and others 1985	Marseilles	1571	20	not available	not available
TOTAL POPULATION					
OPCS	England and Wales 1981	all births	11.8	6.6	11.1
OPCS	England and Wales 1980 [Social Class V]	all births	18.7	9.6	16.7
Barry and others 1987	Ireland	all births	9.9	6.9	7.4

Appendix 2 - Environmental issues

Evidence provided by Hennink, Cooper and Diamond (1993 - see above at 3.31) provides the following link between environmental conditions and the health problems presented by families exposed to them. Table taken from Hawes, D (1997) *Gypsies, Travellers and the Health Service*, page 38 (see further above at 3.29).

<i>Table 4: Environmental issues</i>	
Environmental issues	Health problem/issue
Lack of water	head and body lice, skin rashes, scabies, skin disorders, e.g., impetigo
Poor sanitation and contaminated sites	Hepatitis 'A' and 'B', gastro-enteritis, meningitis, enteric infections, e.g., dysentery, middle ear infection
Conditions on site and vandalism	Cuts, burns, accidental poisoning, exposure to open sewage, rats, flooding
Winter conditions	Chest infections, colds, influenza, tuberculosis, respiratory illnesses, e.g., bronchitis, pneumonia
Decreased mobility	Contamination of sites with waste and faeces
Limited food storage facilities and refrigeration	Vitamin deficiency from convenience foods, obesity, difficult to store antibiotics
Location of sites	Road accidents, depression and headaches from power lines, noise of factories and contamination by waste from former refuse sites
Eviction	Stress on pregnant women, hypertension
Home accidents from restricted living environments	Burns, scalds, falls

Appendix 3 - UK Gypsy and Traveller adult literacy rate, by percentage

Compiled by Dr Thomas Acton and Dr Donald Kenrick for

Liégeois, J-P (1998) *School Provision for Ethnic Minorities: The Gypsy Paradigm*, pp. 74-5
(see further above at 1.10).

“In the *United Kingdom* the general situation is varied, both as regards age and group. For the Scottish Travellers, “Even if we exclude all the housed and semi-sedentary Travellers who make up 80% of the community, adult literacy amongst nomadic Scottish Travellers is reckoned to be 50-60% [Acton/Kenrick]. But it appears that the number of children attending school is showing a tendency to decrease, and it is possible that the literacy rate will drop in years to come: “One community worker echoed this fear, suggesting that among younger adults there was more friction and less social contact with the house-dwelling community.” Among other communities, if the number of literates was low up to the 1960s, it has grown considerably since as a result of developments in school provision dating from that period.”

Country	England and Wales	Scotland	Northern Ireland
For all Gypsies/Travellers* (1980s)	35-40%	85-95%	25-40%
For nomadic Travellers (a) in the 1960s (b) in the 1980s	5-10% 10-20%	50-60% 50-60%	2-5% 5-10%
For nomadic Travellers aged 16-30 (1980s)	25-35%	45-55%	10-20%

* This estimate refers to the entire ethnic communities, sedentary and nomadic.

Appendix 4 - Structure of educational provision

Compiled by Dr Thomas Acton and Dr Donald Kenrick for

Liégeois, J-P (1998) *School Provision for Ethnic Minorities: The Gypsy Paradigm*, page 113
(see further above at 1.10).

Types of Educational Provision for Travellers in the UK					
Countries	England and Wales				Scotland and Northern Ireland
	1967	1973	1977	1985	1985
Number of LEAs* making special provision	2	13	53	65	5
LEA specialist teachers in schools/units	2	24	54	110	10
LEA peripatetic teachers	–	–	8	56	3
LEA other specialist staff	–	–	1	15	2
Total extra LEA staff	2	24	63	181	15
LEA non-mobile special units, school or site	–	5	35	11	–
LEA mobile units	–	1	7	16**	3
LEA special expenditure***	0.005	0.1	0.4-0.5	2.0-2.5	0.15-0.20
Voluntary / independent expenditure***	0.001	0.02	0.08	0.1	0.005
Voluntary/independent project numbers	2	30	7	12****	2****
Approx. no. & % of Traveller children reg. at LEA schools	750 (4%)	1,000 (6%)	1,200 (8%)	5,000 (30%)	800 (40%)
% of nomadic children on legal sites	5	15	25	65	45

* LEA: Local Education Authority

** This figure includes three mobile schools with circuses

*** Approximate figures, in millions of £ sterling

**** Counts "Save the Children Fund" projects in different locations as different projects