SHARED INTELLIGENCE

# Research into the health and wellbeing needs of Gypsies and Travellers living in 'bricks and mortar' accommodation in East Hampshire, Hart and New Forest District Council areas

**A report from Shared Intelligence & Gypsylife**

**June 2015**

# Contents

# 1 Introduction

1.1 Shared Intelligence (Si) and Gypsylife were commissioned to work with Hart, East Hampshire, and New Forest District Councils with support from Hampshire County Council ('the councils') to conduct research into the health and wellbeing needs of Gypsies and Travellers living in bricks and mortar accommodation in the councils' areas and to design an intervention.

### Phase 1 – research into health needs

1.2 This report relates to the first phase of the project, the research into the health and wellbeing needs of Gypsies and Travellers living in bricks and mortar accommodation across the councils.

1.3 Gypsies and Travellers are known to experience significant health inequalities. Moreover, while evidence related to Gypsies and Travellers as a whole is limited, there is less still understanding of the issues facing those living in bricks and mortar accommodation.

1.4 This research recognises (and responds to) the risk that this group becomes increasingly invisible – for instance not benefitting from specific interventions designed for those living on sites. In particular by building an evidence base into the current health wellbeing needs of the Gypsy and Traveller community[1] living in bricks and mortar accommodation across the Hampshire area.

1.5 To date this project has included:

- A national and local evidence review;
- A series of stakeholder interviews;
- A survey of the Gypsy and Traveller community living in bricks and mortar accommodation; and
- A working session with the steering group to prioritise the interventions for the next phase of this project.

1.6 This report sets out the findings from the research undertaken thus far.

1.7 In the next phase of the research, Si and Gypsylife will design and carry out the agreed interventions, specifically two DVDs, one for health professionals and another for members of the community.

1.8 The rest of this report is set out as follows:

- National evidence review;
- Local evidence review;
- Evidence from the stakeholder interviews;

[1] We use the phrase 'Gypsy and Traveller community' (singular) while recognising that there exists a diversity of heritages and identities within that community.

- Survey results;
- Interventions and next steps; and
- Practical lessons from the survey.

# 2 National evidence review

2.1 This chapter sets out the high level findings from a review of the available national evidence into the health and wellbeing needs of the Gypsy and Traveller community.

2.2 Gypsies and Travellers generally suffer from poor health and lower life expectancy. A recent study suggested that the life expectancy of Gypsies and Travellers is the lowest of any group in the UK, and is between 10 and 12 years less than the settled population[2].

2.3 It is difficult to gauge how large the Gypsy and Traveller population in the UK is. The 2011 census, which was the first to include the category "Gypsy or Irish Traveller", showed there were 58,000 people identifying themselves in this group. However, this is likely to be an underestimate. In 2000 it was calculated that the Gypsy and Traveller population was around 300,000[3]. If a 2003 assumption of a high rate of 3% population growth per year is correct[4], that would put today's population at around 450,000.

2.4 The 2011 Census also identified that the Gypsy or Irish Traveller population was younger, more likely to have dependent children and report some of the worst outcomes of all ethnic groups. As per the insert below.

**The 2011 Census – Gypsy or Irish Travellers**

- The median age of the Gypsy or Irish Traveller group was 26, with 39% under the age of 20, compared with the national figures of 39 and 24% respectively;
- 45% of the Gypsy or Irish Traveller households with dependent children were lone parent households, compared with 25% in the general population;
- Whole house or bungalow was the most common type of accommodation among the Gypsy and Traveller population (61%), compared with 84% among the general population; and
- Gypsy and Irish Travellers reported the worst health out of all the ethnic groups.

**Source[5]**

2.5 As well as a life expectancy gap between Gypsies and Travellers and the general population, the group also suffers from a range of other health issues, including: high infant mortality rates; high

[2] The Health and Wellbeing of Gypsies and Travellers, An Irish Traveller Movement in Britain Briefing, 2012

[3] Morris, R. and Clements, L. (2002) At What Cost? The economics of Gypsy and Traveller encampments, Bristol, The Policy Press.

[4] Niner, P. (2003) Local Authority Gypsy/Traveller Sites in England, London, Office of the Deputy Prime Minister

[5] http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/what-does-the-2011-census-tell-us-about-the-characteristics-of-gypsy-or-irish-travellers-in-england-and-wales-/sty-gypsy-or-irish-travellers.html

maternal mortality rates; low levels of child immunisation; mental health issues; substance misuse issues; and a higher instance of a range of long term conditions[6].

2.6 Moreover, studies undertaken over the last 30 years show that the general health status of this group is poorer compared to both the general population *and* other marginalised groups. For instance[7]:

- 39% of Gypsies and Travellers have a long-term illness compared with 29% of age and sex matched comparators, even after controlling for socio-economic status and other marginalised groups;
- Travellers are three times more likely to have chronic cough or bronchitis, even after smoking is taken into account;
- 22% of Gypsies and Travellers reported having asthma and 34% reported chest pain compared to 5% and 22% of the general population;
- Gypsies and Travellers are nearly three times more likely to be anxious than average and just over twice as likely to be depressed;
- Irish Travellers are three times as likely to die by suicide than the general population;
- There is an excess prevalence of miscarriages, stillbirths and neonatal deaths in Gypsy and Traveller community and high rates of maternal death during pregnancy and shortly after childbirth;
- A high prevalence of diabetes has been reported in Gypsy and Traveller community, and a lack of community knowledge of the risk factors; and
- Studies show that Gypsy and Traveller women live 12 years less than women in the general population and men 10 years less, although recent research suggests the life expectancy gap could be much higher.

2.7 It is notable that the 2011 census was the first to recognise Gypsy and Traveller as an ethnic group. However, despite this Gypsies and Travellers are not included in the NHS's 16+1[8] ethnic codes[9]. Gypsy and Traveller is not currently included in the NHS Data Dictionary which means that there is limited national and local data on the health and wellbeing of this group.

2.8 The Health and Social Care Bill specifically highlights the importance of reducing health inequalities. This has significance for the Gypsy and Traveller community given the range of current poor health outcomes highlighted above.

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[6] Parry, G. et al. (2004): The Health Status of Gypsies and Travellers in England. University of Sheffield, cited in Progress report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers, Department for Communities and Local Government, 2012

[7] Progress report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers, Department for Communities and Local Government, 2012

[8] The national mandatory standard for the collection and analysis of ethnicity

[9] Research carried out by IMTB, cited in a presentation given by Yvonne MacNamara, available here: http://www.lvsc.org.uk/media/126873/inclusion%20jsna%20lvsc%202013yvonne%20m.ppt

**The Health and Social Care Act – how it impacts on Gypsies and Travellers**

The Health and Social Care Act 2012 contains specific legal duties on health inequalities which came into force on 1st April 2013:

- "In exercising functions in relation to the health service**,** the Secretary of State must have respect to the benefits that they can obtain from the health service".

  *(Section 1C of the NHS Act 2006, as amended by the 2012 Act)*

Each clinical commissioning group must, in the exercise of its functions, have regard to the need to:

- (a) reduce inequalities between patients with respect to their ability to access health services; and
- (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services."

  *(s. 14T Duties as to reducing inequalities (Clinical Commissioning Group))*

## Bricks and mortar community

2.9 Much of the research on the experiences of Gypsies and Travellers has focussed on those living on formal local authority sites rather than those in bricks and mortar, even though this constitutes the majority of this population. The Commission for Racial Equality (CRE) has found:

*"Most Gypsies and Travellers in Britain live in houses. We know little about them, or about the reasons for their choice of lifestyle. It is believed however, that many turn reluctantly to bricks and mortar when they can no longer cope with the pressure of poor health, or the hardship of insufficient sites, repeated evictions or demands on their children's' education."*[10]

2.10 Another study which included 'housed Travellers' noted that once Gypsies and Travellers are 'housed' they are no longer perceived by local authorities as being socially excluded from other services such as health and therefore not the subject of specific policy and practice initiatives[11].

[10] CRE, Strategy for Gypsies and Travellers, 2003-2007
[11] Parry and Van Cleemput (2004)

# 3 Local evidence review

3.1 This chapter sets out the main findings from a review of the available local evidence into the health and wellbeing needs of the Gypsy and Traveller community.

## The population

3.2 Many Gypsies and Travellers have moved into bricks and mortar accommodation in every district in Hampshire. They are a more 'hidden' population and little is known in Hampshire about their needs or ability to access services.

3.3 The 2011 Census recorded 2,069 Gypsies and Travellers living in Hampshire. However local figures suggest this is an underestimate; the locally estimated range is between 4,690 and 7,630 people[12].

3.4 Three-quarters (75%) are believed to be living in bricks and mortar accommodation, with 25% living on authorised local authority or private sites. The largest number (423) is in the New Forest and the greatest proportion (0.3% of the population) is in Hart district. Data suggest there are Gypsies and Travellers living in every district in Hampshire. The following table shows the 2011 census data for Gypsies and Travellers in Hampshire

**Figure 3.1 – Ethnicity by area**

| Area name | All categories: Ethnic group (number) | White: Gypsy or Irish Traveller (number) | White: Gypsy or Irish Traveller (%) |
|---|---|---|---|
| ENGLAND | 53,012,456 | 54,895 | 0.10% |
| SOUTH EAST | 8,634,750 | 14,542 | 0.17% |
| Hampshire | 1,317,788 | 2,069 | 0.16% |
| Basingstoke and Deane | 167,799 | 163 | 0.10% |
| East Hampshire | 115,608 | 267 | 0.23% |
| Eastleigh | 125,199 | 191 | 0.15% |
| Fareham | 111,581 | 85 | 0.08% |
| Gosport | 82,622 | 32 | 0.04% |
| Hart | 91,033 | 273 | 0.30% |
| Havant | 120,684 | 64 | 0.05% |
| New Forest | 176,462 | 423 | 0.24% |
| Rushmoor | 93,807 | 155 | 0.17% |
| Test Valley | 116,398 | 153 | 0.13% |
| Winchester | 116,595 | 263 | 0.23% |

Source: 2011 census

[12] Hampshire Joint Strategic Needs Assessment: Gypsies & Travellers Chapter (2013)

## Health

3.5 Feedback from stakeholders and previous work done in Hampshire suggests that the key health problems experienced by Gypsies and Travellers in the county are the same as nationally. These include[13]:

- Higher prevalence of long term conditions such as heart disease, diabetes, lung disease, and mental health problems;
- Higher prevalence of risky lifestyle behaviours such as smoking, lack of physical activity, obesity and alcohol consumption;
- Higher levels of domestic abuse amongst women;
- Higher levels of dental health problems and fewer dental check-ups; and
- Increased risk of preventable childhood infectious diseases such as measles because of lower levels of vaccination.

3.6 There were a high proportion of learning disabilities reported in the New Forest area, particularly where there are Gypsies and Travellers living in bricks and mortar accommodation[14].

3.7 The health literacy level of the Hampshire Gypsy and Traveller population is unknown but is likely to be significantly worse than the general population, given that Gypsy and Traveller children generally have poorer educational outcomes[15].

## Education

3.8 There were 357 Gypsy and Traveller children reported to be attending Hampshire schools in 2012 (2.4% of the school population). These children attended schools in all districts across the county, with the greatest numbers of children in the New Forest, followed by Winchester and Basingstoke.

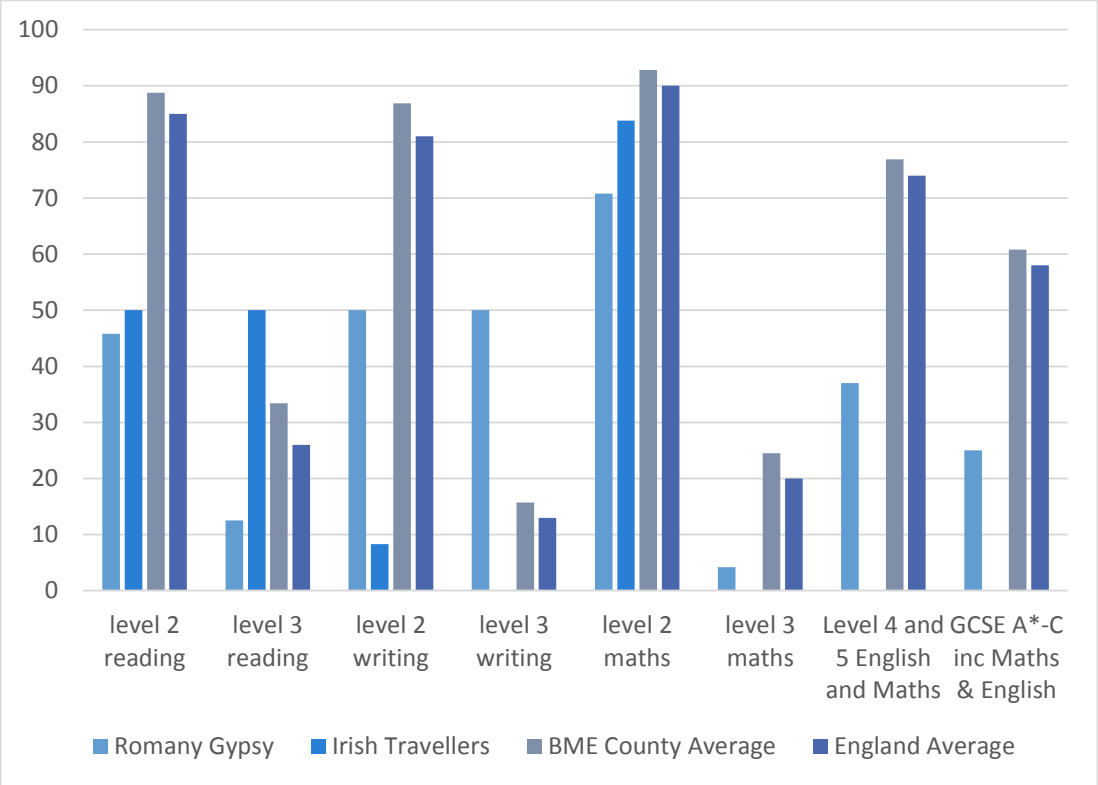
3.9 In addition to the approximately 360 Gypsy children on roll in Hampshire schools, a further 100 are estimated to be being educated other than at school[16].

3.10 In terms of education performance, educational attainment in the Gypsy and Traveller community in Hampshire (and England) is low at primary and secondary level:

- As the table below illustrates, approximately 25% of Gypsy and Traveller children in Hampshire achieved five or more A*-C grade GCSEs (including English and Maths) in 2010/11, compared to 60% of White British children[17]; and
- Just 12% of Gypsy, Roma and Traveller pupils achieved five or more good GCSEs in 2011, including English and Mathematics, compared with 58.2% of all pupils[18].

[13] Hampshire Joint Strategic Needs Assessment: Gypsies & Travellers Chapter (2013)
[14] Hampshire Joint Strategic Needs Assessment: Gypsies & Travellers Chapter (2013)
[15] Hampshire Joint Strategic Needs Assessment: Gypsies & Travellers Chapter (2013)
[16] HCC Traveller Education, 2006
[17] Hampshire Joint Strategic Needs Assessment (2013)
[18] Hampshire Joint Strategic Needs Assessment (2013)

**Figure 3.2 – Educational attainment by ethnicity**




Source: Hampshire JSNA

3.11 A range of particular challenges have been identified in education[19]. These include a lack of integration as well as bullying – both as victims and instigators. Behavioural problems in general can result in exclusion from school. This can be exacerbated by a lack of parental cooperation, or understanding of the issues.

3.12 Moreover, children may be in need of significant extra support in the curriculum. A combination of the above issues may partly explain the frequent unauthorised & authorised absences or non-attendance (truancy)[20].

3.13 Forest Bus identified that most Gypsies still feel that they should be able to remove their children from school once they had reached a certain level of attainment and favoured the old 11 Plus model, suggesting that a child who completed that could leave school to work with their family.

*"I can't bear to be apart from the children, they spend all their time at school and they're out to play, you never see anything of them…Once they can read and write I'd have them home if I could."* [21]

[19] Forest Bus, Combined research into the health and social needs of Gypsies and Travellers in Hampshire, 2005-08
[20] Forest Bus, Combined research into the health and social needs of Gypsies and Travellers in Hampshire, 2005-08
[21] Forest Bus, Combined research into the health and social needs of Gypsies and Travellers in Hampshire, 2005-08

3.14 All Gypsies in the research sample group felt that their children's education was a very high priority. However, 75% of those did not necessarily feel that mainstream school education was most appropriate for their child's needs and for the community[22].

3.15 Gypsies reported that they feel schools label their children as badly behaved because they do not understand their culture and the significant role that Gypsy children play in making decisions in the family[23].

## Sexual health

3.16 The 2009 Hampshire comprehensive sexual health needs assessment found that there was a particular challenge for Gypsy & Traveller women when they 'entered womanhood'.

*"…Three respondents reported not knowing what was happening when their periods started and consequently reported being frightened: 'I thought I was dying', others mentioned that they had a bit of an idea about periods because they had older sisters or their friends had spoken about them."*[24]

3.17 Asked what the best way for Gypsy and Traveller children to learn about sex and sexual health, the following responses were captured[25]:

- Respondents considered sexual health to be a matter for the parent or other trusted family member, but acknowledged that parent's knowledge might be insufficient;
- Formal Sex and Relationships education (SRE) was more acceptable for males, but could be more acceptable for females if delivered separately and with appropriate ("*less graphic*") material;
- Media messages and information are increasingly important for young people;
- Bespoke and culturally appropriate material that could be viewed in private or at school (e.g. DVD) could also be useful; and
- The women's focus group actually reported that talking together with a professional as "*a comfortable and informative way to learn."*

## Employment

3.18 Employment is another issue for the Gypsy and Traveller community. Research by the Forest bus has highlighted some of the main issues[26], which includes a reliance on seasonal and low-skilled work.

- A lot of work is seasonal and includes selling Christmas Trees and producing holly wreaths in the winter which involves the whole family, and exterior painting and home maintenance in the summer.

[22] Forest Bus, Combined research into the health and social needs of Gypsies and Travellers in Hampshire, 2005-08
[23] Forest Bus, The Health & Social Needs of Gypsies in The New Forest, 2006
[24] Hampshire Comprehensive Sexual Health Needs Assessment, Options UK (2009)
[25] Hampshire Comprehensive Sexual Health Needs Assessment, Options UK (2009)
[26] Forest Bus, Combined research into the health and social needs of Gypsies and Travellers in Hampshire, 2005-08

- 99% of men in full-time employment are involved in manual vocational work and had taken employment as it gave some financial security but still allowed them to do the work they had done all their lives.
- 'Calling' is the main way in which men obtain work and involves cold-calling in housed areas to see if they would like work done.
- Some people prefer to rely on benefits rather than on the traditional ways of earning money through door selling or collecting scrap.

3.19 Data from the 2011 census tells us that Gypsies and Travellers have the lowest level of economic activity of any ethnic group. In total, 47% of Gypsies and Travellers are economically active, compared to a total of 63% across England and Wales. Among this, 51% are employed, 26% self-employed, 20% are unemployed and 4% are employed full-time students; revealing a relatively high level of self-employment (14% for the general population) and unemployment (7% for the general population).

## Housing

3.20 Estimates put the number of Gypsy and Travellers in different types of sites at[27]:

**Figure 3.3**

| Accommodation | Number of individuals |
|---|---|
| Local authority site | Approx 650 |
| Private sites | Approx 1,240 |
| Bricks and mortar | Approx 5,740 |
| **Total** | **Approx 7,630** |

3.21 The Hart Gypsy & Traveller Accommodation Assessment[28] suggests there may be a high number of older individuals living alone, particularly household with older women.

## Services

### Current services

3.22 Current services available to the Gypsy and Traveller community in Hampshire include[29]:

- Hampshire County Council (HCC) Gypsy Traveller Service - manages the local authority sites and provides support to the districts with the unauthorised encampments in the county;
- The Equality and Inclusion Team - Community Development Officers work with ethnic minority groups to ensure integration; and

[27] Hampshire Joint Strategic Needs Assessment: Gypsies & Travellers Chapter (2013)
[28] Hart Gypsy & Traveller Accommodation Assessment: Final Report (2013)
[29] Hampshire Joint Strategic Needs Assessment: Gypsies & Travellers Chapter (2013)

- Ethnic Minority Traveller Achievement Service (EMTAS) - works with schools, pupils and families to raise educational attainment of ethnic minorities in Hampshire, including Gypsies and Travellers. They provide support to families moving in and out of schools and also work to improve attendance rates as Gypsies and Travellers have higher proportions of authorised and unauthorised absences compared with other ethnic minority groups.

3.23 Other services offer additional support to Gypsies and Travellers but in a less formal way:

- Health visitors conduct ad hoc visits to sites in their areas and the mental health teams are also aware of the Gypsies and Travellers in their area;
- There are voluntary sector organisations specifically for Gypsies and Travellers. Forest Bus (now closed) worked with the Gypsy and Traveller community across Hampshire and First Steps New Forest works with people of Gypsy origin living in the New Forest area; and
- A multi-agency health steering group was established through the Forest Bus. The initial aim was to support the charity with their delivery of a Department of Health funded health project although it also functions as a multi-agency stakeholder group with a broader role and oversees the wider Hampshire Gypsy and Traveller Health and Wellbeing Action Plan.

### Access to services

3.24 There are issues with how services are being accessed, for instance high numbers of A&E visits, but not necessarily barriers to accessing services.

- Although some of the families complain that the GPs do not always see them immediately, overall people were satisfied with the service they receive from the local health practitioners[30];
- It appears night-time call outs were extremely frequent. This may be due to transport problems, or a lack of accurate diagnosis by the parents/carers[31];
- There are a high number of visits to the Accident and Emergency department of the nearest hospital; and
- There have been many changes in Health Visitors over the last 5 years. According to combined research by Forest Bus, families still talk fondly of a Health Visitor who retired several years ago due to ill health. She worked within the community for over 20 years providing not only health care advice, but also meeting other social needs such as gaining funding for washing machines, holidays, school uniforms and furniture[32].

[30] Forest Bus, Combined research into the health and social needs of Gypsies and Travellers in Hampshire, 2005-08
[31] Forest Bus, Combined research into the health and social needs of Gypsies and Travellers in Hampshire, 2005-08
[32] Forest Bus, Combined research into the health and social needs of Gypsies and Travellers in Hampshire, 2005-08

3.25 Supporting this, the 2009 Hampshire Comprehensive Sexual Health Needs Assessment found:

*"No respondents reported having had any difficulties obtaining health treatment because of their being a Gypsy or Traveller and even those who had lived roadside said they had been able to access health services across the area. This is unusual for this community and may reflect the large Gypsy population locally and the higher profile they have here than in other parts of the country."* [33]

[33] Hampshire Comprehensive Sexual Health Needs Assessment, Options UK (2009)

# 4 Evidence from the stakeholder interviews

4.1 Our research involved speaking to a total of six stakeholders from the public sector or from community organisations that had experience of working with the local Gypsy and Traveller community. The interviews followed a semi-structured format, and covered the role of the respondent, their involvement with the Gypsy and Traveller community, their perspective on the health and wellbeing issues facing the community and a general question capturing any other observations they felt it important to add.

4.2 The data were analysed across key themes including health, education, housing and access to services.

4.3 The respondents spoke in general terms about the Gypsy and Traveller population, but where possible the interviewer probed further to gather more information about those Gypsies and Travellers living in bricks and mortar accommodation.

## Health

4.4 Speaking about the health and wellbeing of Gypsies and Travellers, a number of key points were identified by respondents.

4.5 One key issue that was raised several times was the mental health of the community. One respondent spoke anecdotally about how mental health issues in one family had contributed to anti-social behaviour by a family member, which had led to the family risking losing their tenancy. In another interview it was suggested that mental health issues contributed to poor management of finances by individuals within the community, which often led to the individual being without food for several days. Mental health problems were linked by one respondent to the sedentary lifestyle of some members of the community.

*"[Gypsies and Travellers have] poor mental health … nothing to do, nowhere to go, no money"*

4.6 A further key point identified by respondents was that members of the Gypsy and Traveller community might maintain unhealthy lifestyles, specifically: poor diet, rarely exercising and consuming harmful substances such as tobacco and alcohol.

4.7 Interviewees suggested that these behaviours persisted partially due to a lack of knowledge about the dangers of an unhealthy lifestyle, and partially because members of the community did not have the encouragement to change these behaviours. Lifestyle behaviours were a recurring topic in the interviews, with many respondents talking in particular about diet. Some discussed how members of the community had limited access to healthy foods, either due to a combination of geographical and transport restrictions preventing them from being able to shop at supermarkets and therefore having to rely on 'bad' foods from local shops, or due to a lack of health literacy about how diet can affect one's health.

4.8 Linked to these points about diet was the suggestion that weight issues among some members of the community can have a knock-on effect on mental health, for instance provoking self-esteem issues.

4.9 The national and local evidence reviews reflected a prevalence of diabetes and heart disease among Gypsies and Travellers, a trend that was also evident in the stakeholder interviews. Respondents spoke about the high rates of the illnesses within the community, and the fact that often those who had the conditions were unable to spot the symptoms and therefore seek treatment.

*"A lot of people don't really know if they have [diabetes] … One big family; they all seem to be having heart problems and dying in their fifties"*

## Education

4.10 A recurrent topic which came up when respondents discussed the educational needs of Gypsies and Travellers was the tendency for children to drop out of or be withdrawn from school. Interviewees spoke about how boys and girls as young as 12 would prematurely end their education in order to go to work in the case of boys, or to raise younger siblings in the case of girls.

4.11 This high drop-out rate was linked to a number of cultural factors. For instance, some respondents said the decision by parents to take their children out of school may be based on assumptions about the way schools treat members of their community, or on a refusal to allow children to attend sex education.

4.12 Also common in the discussions about education was the high prevalence of learning disabilities among Gypsies and Travellers. One individual suggested that this might be a barrier to certain members of the community accessing all of the support available to them, including benefits they may be entitled to.

4.13 Stakeholders spoke about behavioural issues in school, mentioning that children could be excluded from school for behavioural issues, with one child having been excluded at the age of six. These behavioural issues, according to some stakeholders, were linked to the prevalence of Attention Deficit Disorder (ADD) and autism among members of the Gypsy and Traveller community, whereas often behavioural issues had been blamed on bad parenting. The issue is further exacerbated by the poor communication between parents and schools as parents have difficulties in getting to the schools to liaise with teachers.

4.14 A key problem facing Gypsy and Traveller schoolchildren is bullying. Stakeholders argued that the discrimination faced by members of the community contributed to this, and that often Gypsy and Traveller children are taught to respond with violence, and left to bear the brunt of the blame, unable to properly explain the situation.

*"[Gypsy and Traveller] children are always blamed for everything and they can't talk their way out of it"*

## Housing

4.15 A point made by stakeholders on the topic of housing, community and services was the tendency for certain cultural behaviours of Gypsies and Travellers to be misperceived as anti-social by the wider

community. One example of this was the Gypsy and Traveller tradition of burning the belongings of a deceased relative. This had happened in one area and was met with complaints from a resident.

4.16 A number of stakeholders discussed the keeping of animals by members of the community, both in relation to the effects of this on health and also hygiene and in relation to the cultural tensions that some practices may provoke.

4.17 For instance, several respondents spoke about Gypsy and Traveller households where large numbers of animals were kept indoors and suggested that this could contribute to certain issues to do with health.

4.18 Conversely, some respondents made the point that some Gypsy and Traveller households have a tendency to keep domestic animals such as dogs outside of the home, and that this may be seen as cruelty by some members of the non Gypsy and Traveller community.

*"G&T households have a tendency to keep animals outside including dogs. Neighbours sometimes report what they think are acts of cruelty, but again are often just in line with custom."*

## Access to services

4.19 Certain issues related to Gypsies' and Travellers' access to services were raised, specifically relating to the effects of living in bricks and mortar and how this can affect access. One point that was raised several times was the geographical distance to local services and amenities. It was pointed out that some areas in which Gypsies and Travellers are living in bricks and mortar accommodation were relatively far away from the nearest town, as far as four, five or nine miles. Given that it was also stated that many don't own cars and public transport is infrequent, this can restrict access to services and amenities, such as supermarkets, job centres, GP surgeries and dentists. As mentioned earlier, restricted access to supermarkets reduces the availability of affordable fresh fruit and vegetables.

4.20 Stakeholders stated that this geographical isolation contributed to poor levels of health among the community as well as high levels of unemployment. Adding to this point, some interviews suggested that not only did living in bricks and mortar accommodation restrict physical access to services, but that it also could lead to members of the Gypsy and Traveller community becoming 'hidden' from services.

*"All our residents are registered with practices. All have access to necessary agencies. The problem is getting them to take that up"*

# 5 Survey results

5.1 This chapter sets out the main findings from the survey of Gypsy & Traveller community members living in bricks and mortar accommodation conducted in Hart, New Forest and East Hampshire between October 2014 and November 2014. This section sets out the main findings and evidence across a range of topics:

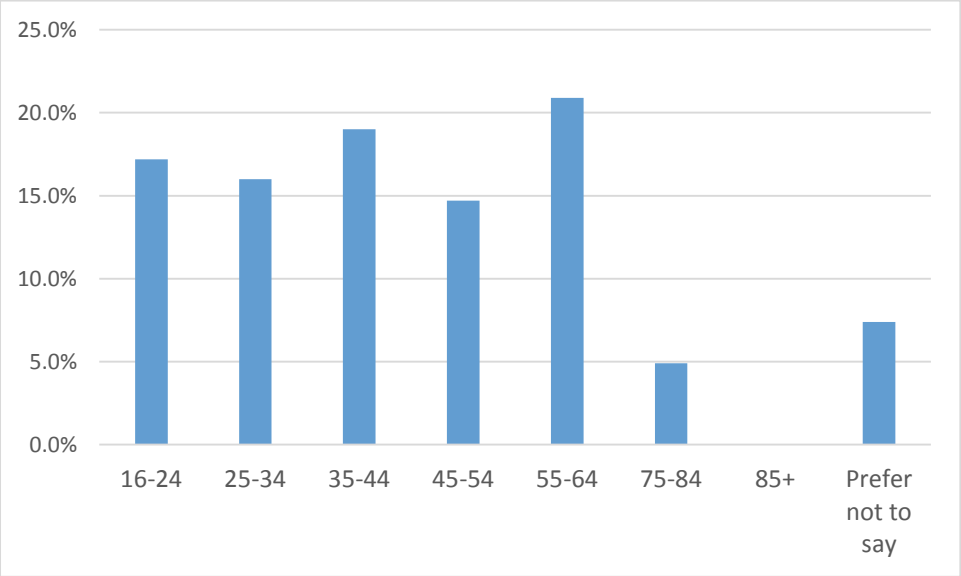
- Respondent characteristics;
- Housing and employment;
- Lifestyles;
- Current health;
- Health services;
- Children's health; and
- Health information.

## Respondent characteristics

5.2 In total there were 163 responses to the survey, gathered between September and November 2014. Among this group, two thirds described their ethnicity as Romany Gypsy (66%, 108 respondents), with the remaining third reporting their ethnicity as Irish Traveller (34%, 55 respondents). The group was evenly split by gender.

5.3 As Figure 5.1 shows, the largest single group was those aged 55-64 (21%, 34 respondents), but there was a broad split by age. There was nobody aged over 85 – this group is hard to reach, but may also be under represented in this community, reflecting reduced life expectancy.

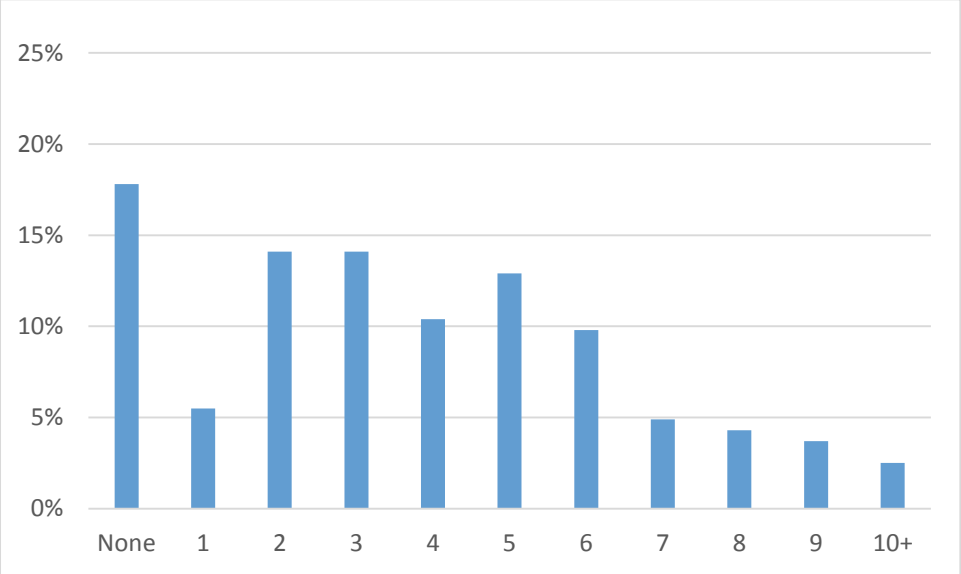
**Figure 5.1 – What was your age on your last birthday?**



N=163

5.4 As Figure 5.2 shows, a majority of respondents in the survey (63%, 102 respondents) reported having more than two children. By comparison, just one in seven families (14%) at a UK level has more than two children[34]. The average response to the question was 3.7[35]. Note the survey question may have been asked of the same people in one family, for instance of both a husband and wife – i.e. it has not necessarily been asked of single family units.

**Figure 5.2 – How many children do you have?**




N=163

## Housing and employment

- **Most respondents had lived in bricks and mortar housing for a number of years.**
- **There is evidence of a high level of exclusion from the labour market**

### Most respondents have lived in bricks and mortar housing for a number of years

5.5 A majority of respondents live in a housing association home (52.5%, 84 respondents). A further 23% (37 respondents) live in privately rented accommodation and the same number (23%, 37 respondents) said they are home owners.

[34] http://www.ons.gov.uk/ons/rel/family-demography/family-size/2012/family-size-rpt.html

[35] We have assumed 10+ is equal to 10. Note this figure may double count the children from the same family, if a father and mother from the same family have responded

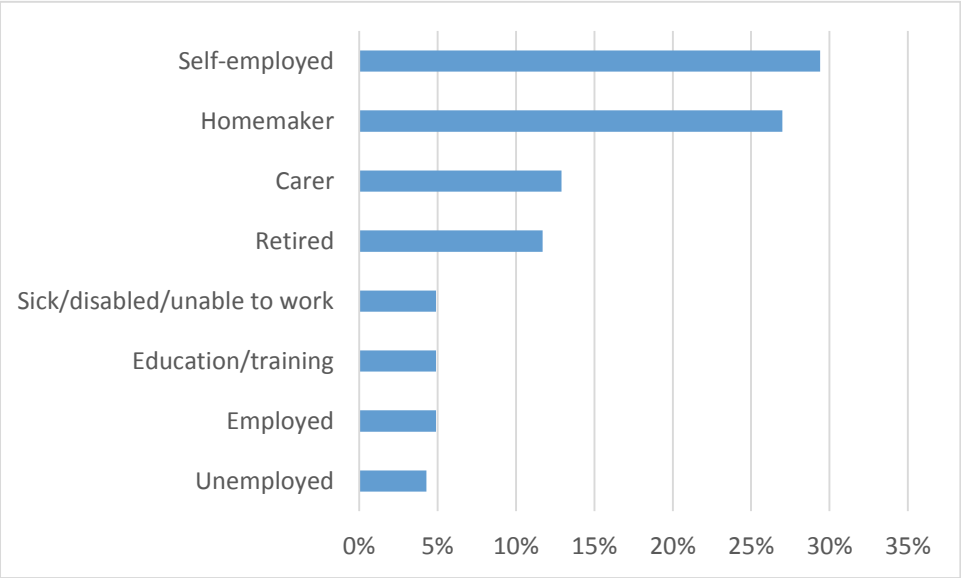
5.6 Generally, respondents had been living in bricks and mortar for a number of years. The biggest single group was those who reported living in bricks and mortar for more than ten years (33%, 53 respondents), followed by three to five years (25%, 40 respondents) and five to ten years (24%, 39 respondents). Twenty-two respondents (14%) said one to three years; just 6 respondents (4%) said they had been in bricks and mortar for less than a year.

### High level of exclusion from the labour market

5.7 As Figure 5.3 shows, the majority of respondents fall into one of two categories: either self-employed (29%, 48 respondents) or a 'homemaker' (27%, 44 respondents).

5.8 This split is driven mainly by gender: 94% of those who said they are self-employed were male; all of those who said they are homemakers were female.

**Figure 5.3 – How would you best describe your employment status?**




N=163

## Lifestyles

- **Across a range of lifestyle measures – exercise, smoking, alcohol and diet - survey respondents fare worse than the national average.**
- **There is a very low level of exercise beyond the 16-24 age cohort.**
- **Smoking is a habit that grows quickly after the 16-24 age group.**
- **The share of respondents who eat fruit and vegetables every day lags behind the national average.**
- **Males aged 45-54 are a particular risk group for alcohol.**

### Low levels of exercise

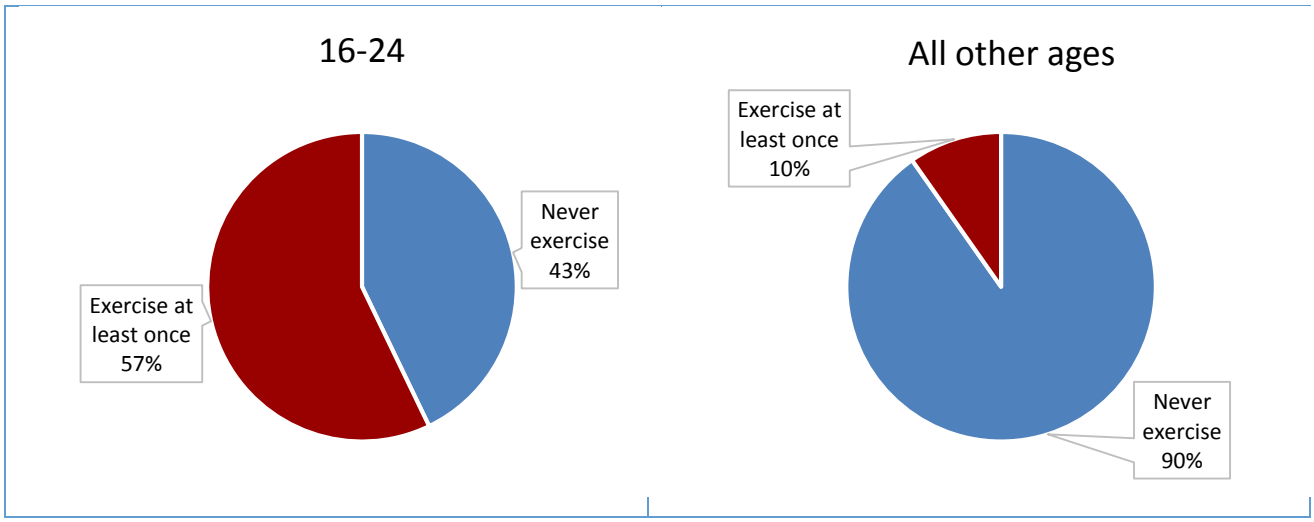
5.9 Asked how often they had done thirty minutes of moderate activity over the last week, a clear majority of respondents said 'never' (83%, 135 respondents). Just 17% (28) of the respondents to this survey said they had done at least one session – around half the national average of 35.5% according to the latest Active People Survey.

5.10 Sixty percent of the 25 respondents who described the kind of exercise they do mentioned the gym (15 respondents). Others mention running (5 respondents), and it is not clear whether this takes place in the gym or not. Additional activities mentioned are walking (7 respondents), boxing (4 respondents), swimming (4 respondents) and spinning classes (3 respondents).

5.11 A greater share of females (88%, 71 respondents) reported 'never' compared with their male counterparts (78%, 62 respondents).

5.12 The difference is starker by age: while 57% (16 respondents) of those aged 16-24 took part in at least one session of exercise in the last week, 90% (111 respondents) of those aged above 24 reported doing no exercise in the last week.

**Figure 5.4 – How often in the last week have you taken part in 30 minutes of exercise?**




N = 163

5.13 This in part reflected in the national picture of exercise: according to Sport England's analysis of the Active People Survey:

*"Age is a factor in participation: 54.5% of 16-to-25-year-olds (58.0% of 14-25 year olds) take part in at least one sport session a week, compared to 32.0% of older adults (age 26 plus)."*

5.14 Meanwhile, a greater share of those in low density wards reported never taking part in exercise compared to high density wards (81% (100) vs 90% (35)), and this is despite those surveyed in low density wards being on the whole younger. This suggests there could be an issue of access to facilities in low density wards.

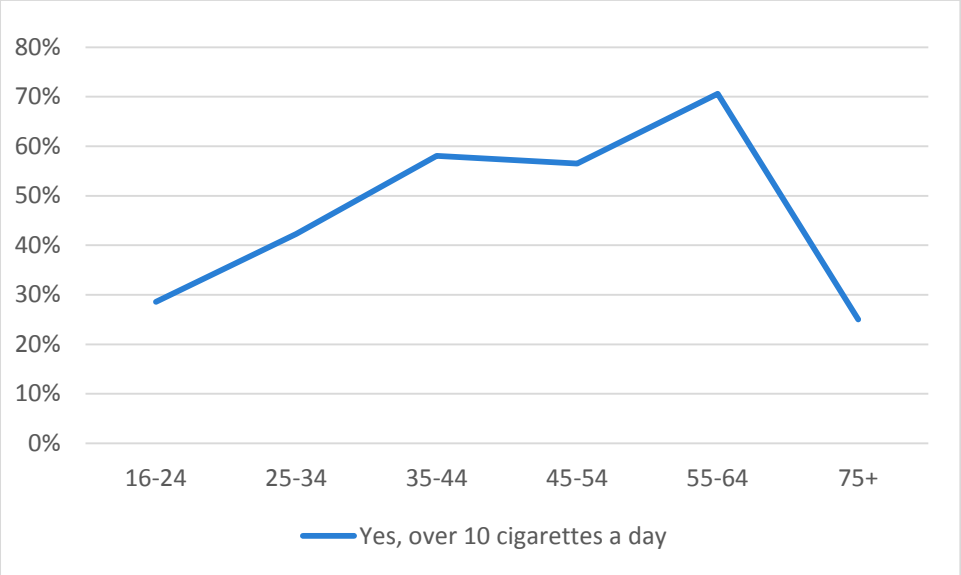
5.15 However, it is worth bearing in mind that there may be some under-reporting here as respondents may have been excluding certain forms of manual work and housework which could be considered exercise. A detailed breakdown of responses is available in appendix A.

### High rates of smoking – particularly amongst over 34s

5.16 Two thirds of respondents (108) report that they smoke, compared to around a sixth of the total population. The greatest number of responses were for those who have never smoked and those who report smoking smoke over 30 cigarettes per day (each account for 25%, 41 respondents each).

5.17 Age is an important factor in relation to smoking. As illustrated in the chart below, the share of respondents that report smoking over 10 cigarettes a day increases with age, until you reach the 75+ category (Figure 5.5).

**Figure 5.5 – Smoking habits by age (over 10 cigarettes a day)**




N=115

5.18 Gender also plays a role. Men are more intensive smokers: 48% (38 respondents) of men reported smoking over 20 cigarettes per day, compared to 40% of women (32 respondents). Women were also more likely to be ex-smokers, with 10% (8) of women stating that they used to smoke, compared with 6% (5) of men.

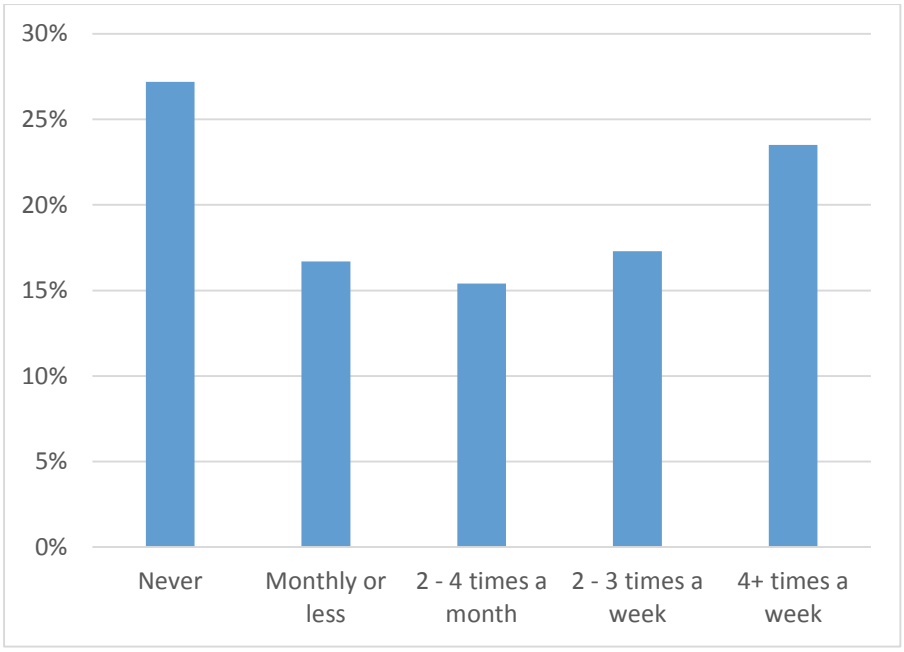
5.19 Asked if they were aware of the local NHS Stop Smoking service, a majority replied that they were not (62%, 100 respondents). Just over a third (35%, 56 respondents) said they were aware of the service, but had not used it; while the remaining 4% (6 respondents) said they had used it. Lack of awareness of the service was higher among males, with 73% (58) saying they were unaware of the service compared to 52% (42) of females. Just 1% (1) of males said they had used the service compared to 6% (5) of females.

5.20 Awareness of the service was lowest in New Forest: 70% (47) of respondents from New Forest said they were unaware of the service, compared to 59% (30) and 52% (23), respectively, for Hart and East Hampshire.

### Higher levels of drinking – particularly for 45-54 year olds

5.21 Respondents were asked to report on how often they drink alcohol. 73% (118) of respondents reported drinking alcohol at varying frequencies.

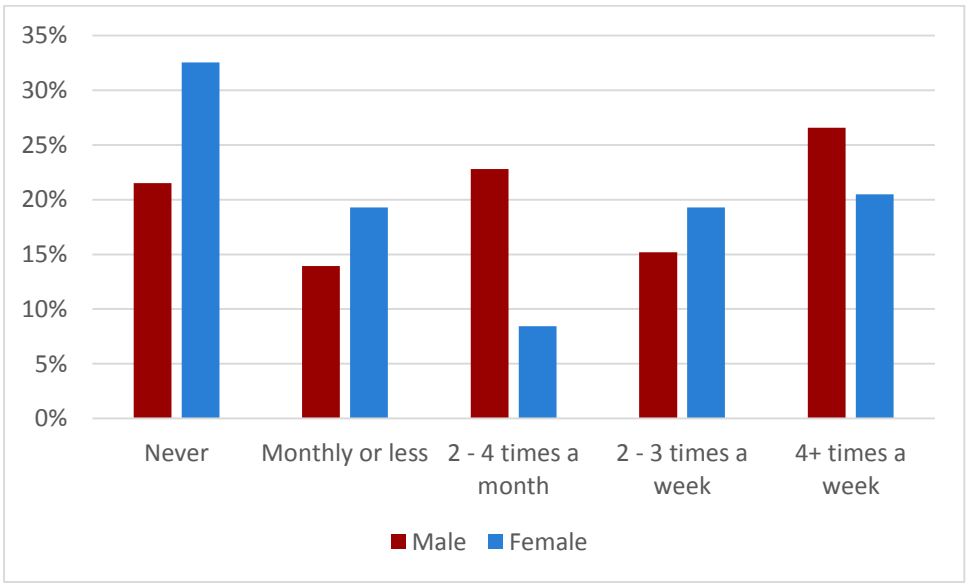
**Figure 5.6 – How often do you have a drink containing alcohol?**




N=162

5.22 The same question is illustrated below, splitting responses by gender. The differences are not statistically significant, but a higher share of females report 'never' drinking alcohol (33%, 27 respondents) than males (22%, 17 respondents).

**Figure 5.7 – How often do you have a drink containing alcohol? By gender**




N = 162

5.23 Asked to say how much they drink on a typical day of drinking, the single biggest response was 5-6 units (29%, 35 respondents). However, 51% (61) of respondents said either 1-2 units or 3-4 units. The remaining 20% said either 7-9 units (16%, 19 respondents) or 10+ units (4%, 5 respondents).

5.24 There seems to be a positive relationship between the frequency and intensity of drinking. For those who drink 4+ times a week, just 16% (6 respondents) report drinking only 1-2 units and 32% (12 respondents) report drinking 5-6 units.

**Figure 5.8 – How often do you drink? vs How many units of alcohol do you drink when you are drinking?**

| | Monthly or less | 2 - 4 times a month | 2 - 3 times a week | 4+ times a week |
|---|---|---|---|---|
| 1 - 2 units | 52% | 28% | 18% | 16% |
| 3 - 4 units | 15% | 28% | 21% | 26% |
| 5 - 6 units | 11% | 32% | 43% | 32% |
| 7 - 9 units | 19% | 8% | 18% | 18% |
| 10+ | 4% | 4% | 0% | 8% |
| total | 100% | 100% | 100% | 100% |

N=118

5.25 The current advice from the Department of Health regarding alcohol consumption is that:

- Men should drink no more than 21 units of alcohol per week, no more than 4 units in any given day, and have at least 2 alcohol-free days a week; and
- Women should drink no more than 14 units of alcohol per week, no more than 3 units in any given day, and have at least 2 alcohol-free days a week

5.26 Hazardous drinking is defined as a pattern of drinking which brings about the risk of physical or psychological harm. This occurs when a person regularly drinks over the recommended daily limit. The cumulative effect over a week's worth of drinking will most likely exceed 21 units for men and 14 units for women[36].

5.27 On this basis the 45 - 54 cohort is a particular risk group: over two thirds (36%, 8 respondents) report drinking 7 – 9 or 10+ units on a typical occasion; and 42% (10 respondents) report drinking 4+ times per week, although caution should be taken with these figures given the low numbers.

### Many diets lack fresh fruit and vegetables

5.28 Respondents were much less likely to eat fruit and vegetables every day compared to the general population.

5.29 Respectively, 45% of male respondents (35) and 37% of female respondents (30) ate fruit every day; 45% of male respondents (35) and 36% of female respondents (28) ate vegetables every day. This

[36] http://www.ias.org.uk/uploads/pdf/Consumption%20docs/Alcohol%20consumption%20factsheet%20August%202013.pdf

compares with 70% of men and 76% of women in the general population who eat fruit and vegetables every day, according to national data from the OECD[37] (see figure 5.9 below).

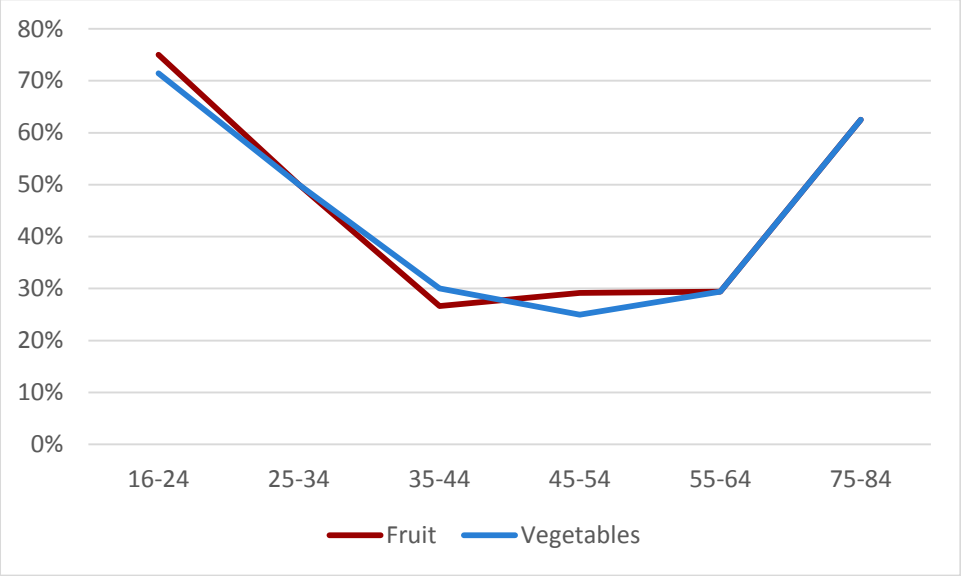
**Figure 5.9 – Eat fruit/veg every day**

| | Survey | | UK-wide | |
|---|---|---|---|---|
| | Males | Females | Males | Females |
| **Fruit** | 45% | 37% | 70% | 76% |
| **Vegetables** | 45% | 36% | 70% | 76% |

N=64 (fruit), 65 (veg)

5.30 Young people report eating more healthily than older people. Seventy-five percent (21 respondents) of those aged 16-24 report eating fruit every day and 71% (20 respondents) of 16-24 year olds report eating vegetables every day. This is shown in figure 5.10 below.

**Figure 5.10 – Eating fruit and veg every day, by age**




N=64 (fruit), 65 (veg)

## Current Health

- **On a range of wellbeing measures, respondents fare worse than national averages.**
- **Anxiety is the most commonly reported condition, followed by breathing difficulties, depression, high cholesterol and high blood pressure.**

[37] http://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2013/fruit-and-vegetable-consumption-among-adults_health_glance-2013-22-en;jsessionid=jkx2n5269hrq.x-oecd-live-01

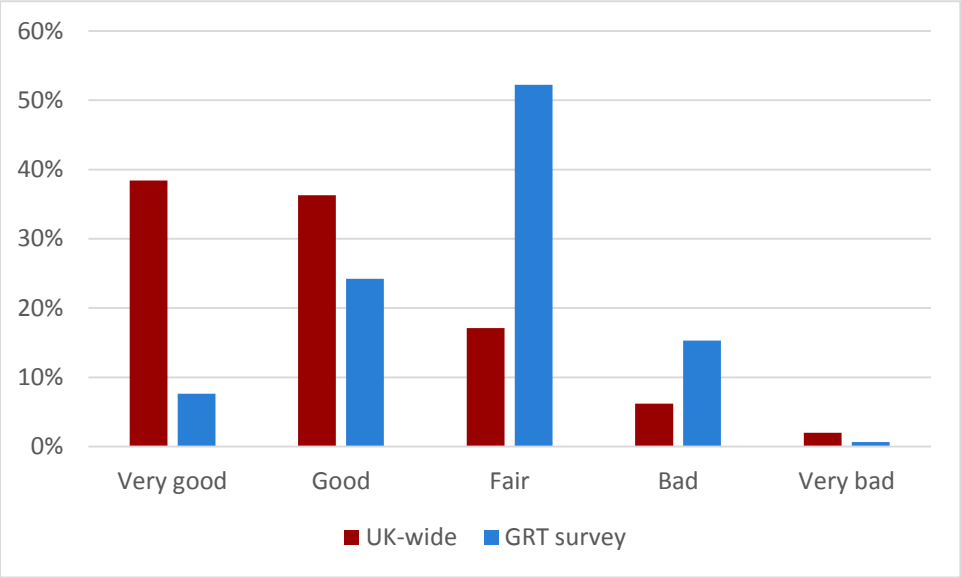
- **There is evidence that age and other risk factors, such as smoking, leads to a higher prevalence of conditions such as high cholesterol, high blood pressure and high blood pressure.**

### Worse level of self-reported health

5.31 A majority of respondents described their current health as 'fair' (52%, 82 respondents). Thirty-eight respondents (25%) reported their health as 'good' and 24 respondents (15%) said bad. By comparison (as shown in Figure 5.11), just 6% of the UK population in 2012 said their health was bad[38].

5.32 More extreme responses were rarer. Just one respondent said their health was 'very bad'. Twelve respondents (8%) said their health was 'very good'.

**Figure 5.11 – Self-perceived health status**




GRT survey, N=157,
UK-wide, source: Eurostat, 2012

5.33 Respondents were asked to score a series of wellbeing questions on a scale of 0-10, the responses were given as follows:

**Figure 5.12 – Wellbeing**

| | Average score |
|---|---|
| Overall, how satisfied are you with your life nowadays? | 6.45 |
| Overall, to what extent do you feel the things you do in your life are worthwhile? | 6.21 |
| Overall, how happy did you feel yesterday? | 5.68 |

[38] Eurostat, Metadata in Euro SDMX Metadata Structure

| | |
|---|---|
| Overall, how anxious did you feel yesterday? | 4.44 |

N=163

5.34 Overall, the data shows lower levels of satisfaction, worthwhileness, and happiness, as well as higher levels of anxiety (as per Figure 5.13) compared with national data.

**Figure 5.13 – Comparing wellbeing with national data**

| | Survey data | UK level data (September 2014)[39] |
|---|---|---|
| Very high rating of satisfaction with their lives overall | 12.3% | 26.8% |
| Very high rating of how worthwhile the things they do are | 11.2% | 32.6% |
| Rated their happiness yesterday as very high | 5.5% | 32.6% |
| Rated their anxiety yesterday as very low | 10.0% | 39.4% |

N=163

### High (self-reported) prevalence of health conditions

5.35 The most commonly reported condition ('I have the following medical condition…') is anxiety. Eighty-two respondents reported having anxiety (52%). By way of comparison, a YouGov survey of adults in the UK found that one in five people feel anxious all of the time or a lot of the time[40].

5.36 This is followed by:

- Breathing difficulties (reported by 77 respondents, 49%);
- Depression, (68 respondents, 43%);
- High cholesterol (68 respondents, 43%); and
- High blood pressure (67 respondents, 42%).

5.37 The top ten conditions reported by all respondents is summarised in Figure 5.14.

**Figure 5.14 – Top ten conditions reported**

| I have the following condition | Number | Share (of 158 respondents) |
|---|---|---|
| Anxiety | 82 | 52% |
| Breathing difficulties | 77 | 49% |
| Depression | 68 | 43% |
| High cholesterol | 68 | 43% |
| High blood pressure | 67 | 42% |
| Bad nerves (mental health) | 63 | 40% |

[39] We compared the results of the survey with data collected by the ONS on wellbeing nationally. The approach applied was the same.
http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-367945
[40] http://www.mentalhealth.org.uk/help-information/mental-health-statistics/anxiety-statistics/

| | | |
|---|---|---|
| Heart disease | 45 | 28% |
| Diabetes | 45 | 28% |
| Mobility difficulties | 41 | 26% |
| Back problems | 27 | 17% |

N=158

5.38 The list of conditions asked about is not exactly the same as those asked about in the GP patient survey, but there is little doubt that the reported share of the population affected by the conditions above is high. For instance, according to the GP patient survey, just 19% of the population has high blood pressure (42% in the GRT survey) and just 7% have diabetes (28% in the GRT survey). [Note the GP patient survey is weighted to account for age.][41]

5.39 The survey highlighted high levels of anxiety and depression particularly amongst young people. Among those aged 16 – 24, 61% (17 respondents) reported anxiety as a condition and 36% (11 respondents) reported depression.

5.40 As would be expected, the reported prevalence of conditions for which age is a known risk factor, such as high blood pressure and high cholesterol, increases with age. For instance, 68% (23 respondents) of those in the 55-64 age bracket report having high cholesterol and 65% report having high blood pressure (22 respondents), compared to just 21% (6 respondents) and 25% (7 respondents), respectively, of those aged 16-24.

5.41 This is demonstrated in the table below (Figure 5.15) which lists the top five conditions, as measured by the share of respondents reporting having the condition, for different age brackets.

**Figure 5.15 – Top 5 conditions by age (% of respondents)**

| 16-24 | | 25-34 | | 35-44 | | 45-54 | | 55-64 | | 75-84 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Anxiety | 61% | Anxiety | 38% | Anxiety | 45% | Breathing difficulties | 54% | Breathing difficulties | 71% | Anxiety | 50% |
| Breathing difficulties | 46% | Bad nerves | 35% | High cholesterol | 42% | High blood pressure | 54% | High cholesterol | 68% | Breathing difficulties | 50% |
| Depression | 39% | Depression | 31% | Breathing difficulties | 35% | High cholesterol | 54% | High blood pressure | 65% | Depression | 50% |
| Bad nerves | 36% | Diabetes | 19% | Depression | 35% | Heart disease | 50% | Anxiety | 53% | Bad nerves | 50% |
| High blood pressure | 25% | Breathing difficulties | 15% | Bad nerves | 35% | Anxiety | 46% | Mobility difficulties | 53% | Deaf/heard of hearing | 50% |

N=158

5.42 That breathing difficulties is the highest reported condition amongst those aged 45-64 and 55-64 may also reflect high levels of smoking among these groups. This is tested below in Figure 5.16 which looks at the prevalence of conditions **among those older than 35**, and in particular compares those

[41] http://results.gp-patient.co.uk/report/1/rt1_result.aspx?sid=8&qid=67

that have never smoked, used to smoke/smoke occasionally/smoke 1-10 cigarettes, and those who smoke more than ten cigarettes a day.

**Figure 5.16 – Conditions by smoking (share of respondents to question, 35+)**

| | Never | Used to/occasionally /10 or less a day | More than 10 cigs a day |
|---|---|---|---|
| Breathing difficulties | 28% | 44% | 69% |
| High cholesterol | 33% | 52% | 61% |
| High blood pressure | 28% | 56% | 58% |
| Anxiety | 28% | 64% | 55% |
| Depression | 28% | 40% | 53% |
| Heart disease | 17% | 36% | 48% |
| Bad nerves (mental health) | 33% | 48% | 44% |
| Mobility difficulties | 17% | 36% | 44% |
| Diabetes | 17% | 32% | 44% |
| Back problems | 22% | 20% | 28% |

N=107 (18: never, 25: used to/occasionally/10 or less, 64: more than ten cigs a day)

5.43 As would be expected, many conditions, in particular breathing difficulties, high blood pressure and heart disease are more common among those who smoke more intensively.

## Health services

- **Registration is high for both the GP and dentist.**
- **The GP is the most often used service, followed by the local pharmacy and A&E.**
- **Low numbers reported needing, but being unable to access services.**
- **There are variations in service use by area.**

### Doctor and dentist registration

5.44 All of those surveyed said they were registered with a GP (100%, 162 respondents). 78% of those surveyed said they were registered with a dentist (125 respondents). There is little variation by age or gender.

5.45 Respondents from Hart were less likely to be registered with a dentist: 69% of respondents from Hart (35 respondents) were registered with a dentist, compared to 81% (52 respondents) and 86% (38 respondents), respectively of respondents from New Forest and East Hampshire.

5.46 This should be investigated further to identify whether there are particular problems in the area in terms of access [note, respondents from the area give a range of reasons why they are not registered, and access does not appear as an overwhelming reason].

### Variable access to services

5.47 All of those surveyed said they were registered with a GP (100%, 162 respondents). 78% of those surveyed said they were registered with a dentist (125 respondents).

5.48 In terms of services used, the most often used service was the GP followed by the local pharmacy.

- 88% of respondents reported using their GP in the last year (144 respondents).
- 64% reported using their local pharmacy (104 respondents).
- 59% of respondents said they had used A&E in the last year (96 respondents).

5.49 Only low numbers of respondents reported needing but being unable to use a service. The highest counts for this were dentist (4 respondents – some of the reasons for this are given in the previous question about dentist registration) and mental health services (5 respondents).

**Figure 5.17 - Use of general health services**

| | Used | Share used (of 163) | Not needed | Needed but unable to use |
|---|---|---|---|---|
| GP | 144 | 88% | 21 | 1 |
| Local pharmacy | 104 | 64% | 61 | 0 |
| Accident and Emergency | 96 | 59% | 65 | 0 |
| Hospital (inpatient/outpatient) | 67 | 41% | 96 | 0 |
| NHS Health Checks | 67 | 41% | 96 | 1 |
| Optician | 62 | 38% | 97 | 0 |
| Dentist | 61 | 37% | 96 | 4 |
| Outreach pharmacy service | 43 | 26% | 117 | 2 |
| NHS 111 | 39 | 24% | 121 | 3 |

N=163

5.50 The research identified variable levels of access to services across the three council areas. When asked whether and which health services they had accessed in the preceding twelve months:

- 53% (36) of respondents in New Forest used the Hospital (inpatient/outpatient), compared to 31% (16) of respondents from Hart and 34% (15) from East Hampshire - a statistically significant difference; and
- 66% (44) of respondents in New Forest and 58% (25) in East Hampshire had used A&E, compared to 53% (27) in Hart.

5.51 There was a significant difference in use of outreach pharmacy services by gender, with 35% of females (28 respondents) using this, compared to 19% of males (15 respondents). A significantly higher share of males (20%, 16 respondents) accessed the NHS Diabetic eye screening than females (7%, 6 respondents).

5.52 Similarly, by age, a significantly lower share of those aged 18-34 accessed the hospital as an inpatient or outpatient, 30% (16 respondents) aged 18-34 used this compared to 43% (21 respondents) and 50% (30 respondents) of those aged 35-49 and 50+, respectively. A similar pattern holds for GP use, although there is a smaller difference. However, there was not a significant difference when looking at A&E admissions.

### Lack of cultural competence amongst service providers

5.53 Asked if they felt understood by the services they used, 42% said yes, 31% said no. The remaining 27% said they didn't know.

5.54 Of the third of respondents who answered no, by far the most common reason given for this was "*Insensitivity due to lack of understanding of cultural issues*" (69%).

5.55 Respondents tend to state that the lack of understanding and subsequent issues/misunderstandings were not deliberate or the 'fault' of the individuals, but the result of inadequate training:

*"Sometimes they have trouble getting understood because the service providers don't always understand our culture, it would be good if the doctors and health workers learned a bit about Travellers because if they understood us more it would stop so many problems and confusion."*

*Respondent*

*"Trying to get understood by health workers is hard because they only understand other cultures not Gypsy culture."*

*Respondent*

*"Yes they don't know anything about being a Traveller so they constantly insult you and think you understand what they are saying but you don't."*

*Respondent*

5.56 A number of responses stated intrusive questioning as a reason for not being understood i.e. not realising that as a Traveller you don't feel comfortable discussing certain issues or being asked a lot of questions.

5.57 The age bracket in which the highest share of respondents said they did not feel understood by services is 45 - 54 (42%). This suggests the 45-54 age cohort may need particular support.

5.58 In addition, responses to the survey suggested that perceived discrimination may play a role in limiting Gypsies' and Travellers' access to services.

*"Yes all of the time they can't join clubs because of the way they get picked on for being Travellers. It's ok when there is loads of them to defend themselves."*

*Respondent*

*"Yes they get racist comments and it is always harder for a Traveller to access the same services that the rest of the community take f or granted. We always get prejudice."*

*Respondent*

## Children's Health

- **There are variations in attitudes towards immunisation and antenatal care by age.**
- **There are mixed views towards breastfeeding.**
- **The hospital is the service reported as being most often used by children over the past 12 months, followed by GP.**
- **There are variations in access by area.**

### Mixed level of vaccination take-up and NHS antenatal care

5.59 The research uncovered some changes in relation to health behaviour across different age groups. For example, 72% of those below 45 (44 respondents) had received antenatal care from the NHS compared to 44% of those who were older (28 respondents).

5.60 Similarly, there was a mixed response to the question of whether the respondent's child / children had received all of their vaccinations. 33% (45) answered 'Yes', 36% (49) 'No', and 31% (42) 'Don't know'. However, a higher proportion of those aged 16-44 responded yes (44%, 27 respondents), compared to those aged 45+ (23%, 15 respondents).

5.61 When asked why their child / children had not received their vaccinations, the two most common responses were 'don't believe in them' (51%) and 'fear of adverse effects' (51%). People in the 55+ age groups were more likely to state that they didn't believe in vaccinations; while people in the 25 – 34 and 35 – 44 age groups were more likely to state they feared adverse effects.

### Mixed views on breastfeeding – especially amongst women

5.62 Around a third of respondents expressed some form of negative view about breastfeeding. Women were more likely to express extreme positive or negative views, but unlike the areas discussed above, there was no variation according to age.

*"The child can end up with jaundice and all kinds of illnesses."*

*Respondent*

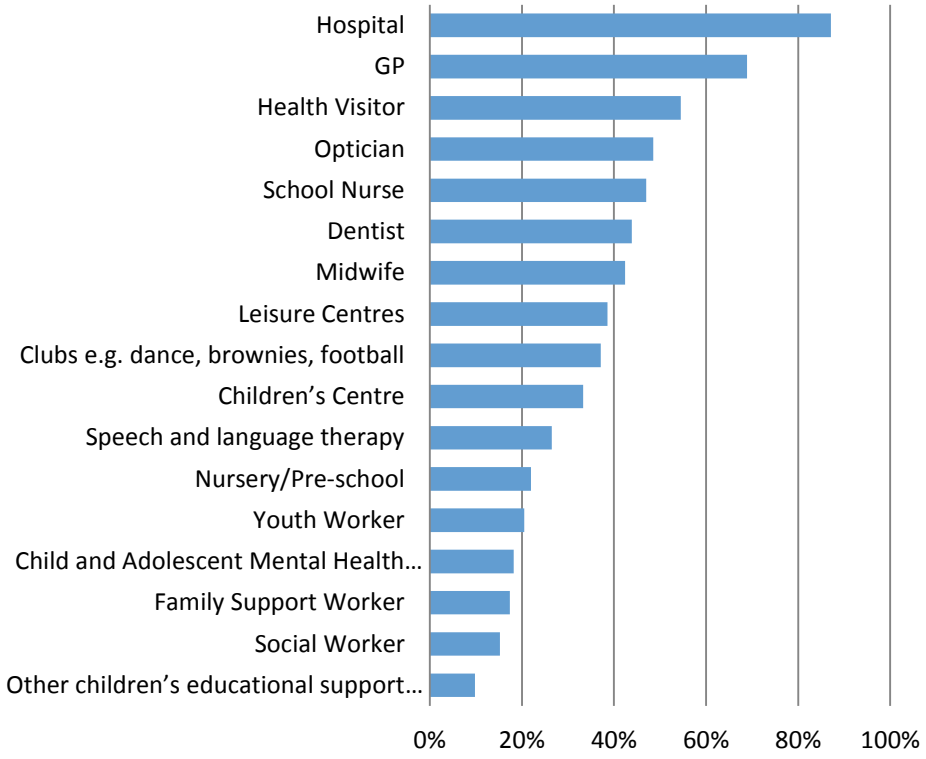
*"I think it's good - it's the most natural thing in the world."*

*Respondent*

### Use of services

5.63 Asked if their children had used any of the listed services, the most common was the hospital (87%, 115 respondents). As per Figure 5.18 this was followed by the GP (69%, 91 respondents) and Health Visitors (54%, 72 respondents).

**Figure 5.18 - Has your child/children used any of these services over the past year?**




N=132

5.64 Again, there is district variation to these figures. When asked about the services their child / children had used over the preceding twelve months:

- In East Hampshire, just 72% (26 respondents) reported using the hospital, compared to 95% in Hart (41 respondents) and 91% in New Forest (48 respondents);
- GP use over the past 12 months was high in New Forest, where 89% (47 respondents) reported using the GP, compared to 58% using the GP in East Hampshire (21 respondents) and 53% in Hart (23 respondents);
- Dentist and optician use is higher in New Forest: 67% of respondents and 59% of respondents, respectively, from the area reported use of these services. Both of these figures are significantly different from the other areas; and
- 49% (26) of respondents from New Forest reported their child/children using the leisure centre, compared to just 35% (15 respondents) in Hart and 27% (10 respondents) in East Hampshire. Similarly, a significantly higher share of respondents in New Forest used clubs.
- Compared in particular with New Forest, in Hart there was higher use of:

- Social worker (25%, 11 respondents);
- Youth worker (35%, 15 respondents);
- Family support worker (35%, 15 respondents); and
- Speech and language therapy (40%, 17 respondents).

- The Hart area has the lowest proportion of respondents stating they have had no difficulties accessing services for their children at 27% compared to 43% in East Hampshire and 47% in New Forest.

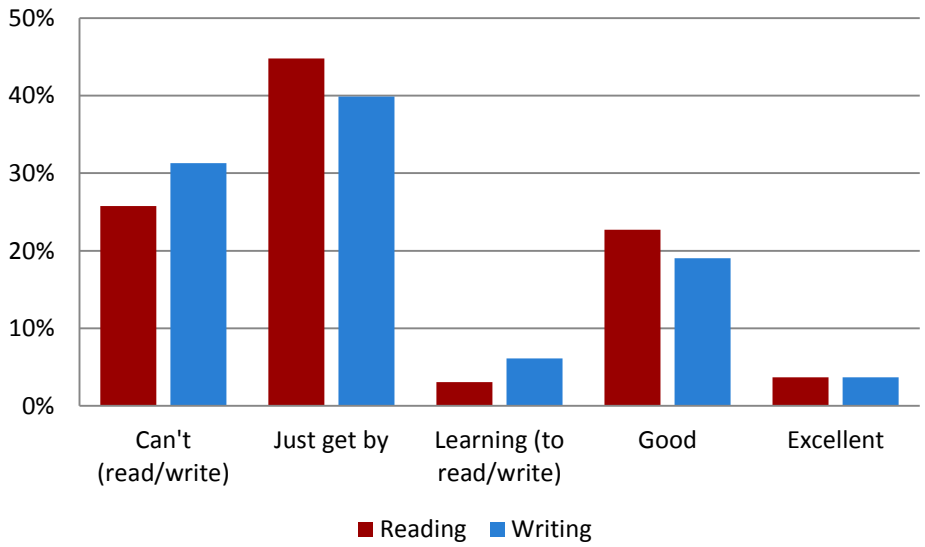
## Health information

- **Literacy levels are low.**
- **There is a strong preference for receiving information through word-of-mouth, followed by through a DVD.**

### Low levels of literacy

5.65 When asked to describe their level of reading and writing, the most common responses were: 'just 'get by' - 45% (73) and 40% (65) respectively - and 'can't' - 26% (42) and 31% (51).

**Figure 5.19 – How would you describe your level of reading and writing?**




N=163

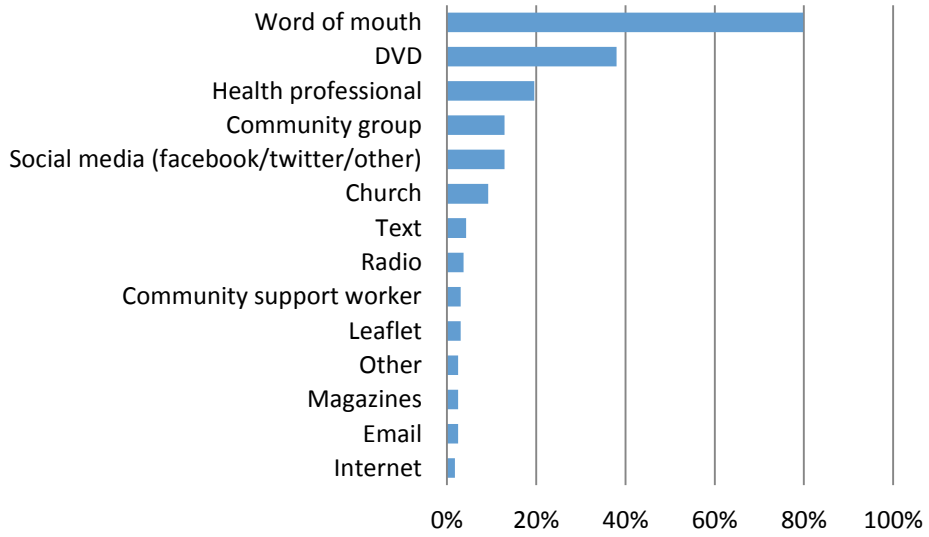
5.66 From general research it is known that having a low level of literacy is a major barrier to accessing health services and health information. To a degree this is reflected in this survey. For example, both reading and writing levels fall markedly for those in the 45-54 category, and in turn this group reports feeling less understood by health services.

### Strong preference to receiving information by word of mouth

5.67 Asked how they would like to hear about health services and information going forward, the overwhelming response was for word of mouth information. Eighty percent (130) of respondents cited this method.

5.68 The next most popular methods (as shown in Figure 5.2) were DVD (38%, 62 respondents), health professional (20%, 32 respondents), community group (13%, 21 respondents) and social media (13%, 21 respondents).

**Figure 5.20 – Going forward, how would you like to hear about health services and information available? (% of respondents)**




N=163

5.69 Forty-three percent (9 respondents) of those that mentioned social media were in the 16-24 age bracket, illustrating that this method is generally favoured by younger members of the population.

5.70 Over two-thirds (68%, 42) of respondents that mentioned a preference for DVDs were from the New Forest. It is possible that this relates to previous interventions in the area.

# 6 Interventions and next steps

6.1 This chapter sets out the proposed interventions arising from this research. This includes both the criteria used for assessing the intervention and the result of our meeting with the steering group on 08/12/14.

### Criteria for assessing potential interventions

6.2 We suggested the following criteria:

- Variation – how effectively would the intervention narrow the gap between the Gypsy and Traveller bricks and mortar community and the rest of the population?
- Short term impact – what impact can we have through this intervention within the budget and timescale?
- Longer-term impact – overall, what difference will the impact make?
- Measurability – will it be possible to measure the impact?

6.3 We also suggested consideration of interventions that **'work on all sides of equation'** i.e. that have the potential to impact on the Gypsy and Traveller bricks and mortar community, on local services and on the wider community.

6.4 In particular, it is worth noting that previous interventions with this community have taken a long time to establish relations and build up trust. Interventions focused on increasing the knowledge and understanding of service providers are more likely to be deliverable in the timescale.

### Proposed intervention

6.5 Based on the criteria listed above, the steering group decided that it was best to produce a DVD aimed at members of the Gypsy and Traveller community as this format offers the advantage of covering multiple subject areas in one place.

6.6 The steering group also listed a number of desired outcomes for the DVD. They decided that the DVD should be co-produced with members of the community, so as to provide a sense of ownership. It should also be viewable through a variety of channels i.e. the videos should be available on the DVD, online and on social media sites. The DVD should be used by a wide range of professionals in the area in order that they have access to the same information and are able to use a similar strategy in working with members of the community. The DVD should be a resource which is used by a wide range of people, and should act as a source of encouragement for others to produce similar materials.

6.7 Regarding longer term effects, the DVD should have a real world impact on the issues raised, for example, encouraging a more appropriate use of A&E.

6.8 The steering group also decided on a number of design principles for the production of the DVD. One such principle was that the DVD should be non-judgemental, covering certain issues and how they should be dealt with without prejudice.

6.9 The DVD should also be based on real lives and real stories, offering an element of tangibility to the issues covered, and so as to provide a believable and coherent narrative to the content. A focus on young people is a key design principle for the DVD, though the messages within the DVD should apply to individuals of all ages.

6.10 Having a focus on healthy living as one of the design principles will support good mental health outcomes for people without an explicit coverage of mental health issues.

6.11 Linked to the findings of the evidence reviews, survey and stakeholder interviews, the steering group decided that the DVD should include information about and interactions with public services, whilst still stressing a message of self-management.

6.12 Aside from the actual content of the DVD, some key principles for functionality were decided on by the steering group. These included that the DVD should be menu-based, so that viewers can choose which section they want to watch. Another principle was that the information within the DVD should be long lasting, that is to say it shouldn't contain information which will quickly make the DVD seem out of date such as the names of particular healthcare professionals.

### Next steps

6.13 Gypsy Life will lead on the production of the DVDs, to be launched in spring 2015. Si will lead on the evaluation of the interventions, with a final report produced in early summer 2015.

# 7 Practical lessons from the survey

7.1 This chapter sets out the practical lessons from the design and delivery of the research with the community.

7.2 Many of the lessons are in line with wider research good practice. However, they are also written with an understanding that carrying out research with this community can be challenging given the relative exclusion of the community and concern amongst some members of the community about how any information they share about themselves might be used.

7.3 The findings reported in this document draw on both primary and secondary evidence, the primary evidence coming in the form of respondents' answers to the survey and the secondary evidence including the research documents referenced elsewhere in the report.

7.4 The survey was designed by Shared Intelligence and was based around similar questions to those used in other national research on the Gypsy and Traveller community. Completing the survey required recruiting and training community researchers, and the community organisation Gypsylife carried out the survey.

## Finding research participants

7.5 **Start by using appropriately trained members of the community and people who are known to the community**. Given the concerns described above, it is would be difficult for people unknown to the community to gain access and conduct research.

7.6 **Use a snowball approach**. At the end of each discussion, ask the person if they would be willing to introduce you to someone else within the community (or, alternatively, at explain the research to them and pass on your details).

7.7 **Introductions from within the community are very important**. Linked to the above point, the most effective way to engage participants is through other members of the community.

## Designing the research

7.8 Stick to a **maximum of around fifteen questions**. Any more than this, and there is a risk the research starts to feel invasive. In practical terms, longer interviews are also more likely to be interrupted e.g. the interviewee needed to tend to a child, disrupting the flow of conversation.

7.9 **Conduct the research face to face**. Given the potential level of distrust of / suspicion about the research team, face to face discussions are more likely to put interviewees at ease and establish a bond.

*"The phone can feel like a sales call."*

7.10 **Stress the value of the research in relevant terms**. In this case, the research team described how the research would help the NHS to improve services for the community. They were clear that there would be specific outputs from the research in the form of the interventions.

*"People can be suspicious – they want to know that there will be follow-up".*

7.11 **Offer a financial incentive** as an acknowledgement and thank you for people's time.

7.12 **While being absolutely clear about the purpose and nature of the research, think about how you describe it**. Drawing on their experience of other projects, the research team felt that 'interview', and 'questionnaire' felt too formal – "something the police or the taxman does". Instead they described the research as a 'quiz'. This felt more informal, more focused on getting people's views (rather than asking about them), and more like a group activity.

*"A quiz is a group exercise – so it's not just one person – the community have decided to take part."*

## Conducting the research

7.13 It is important to bear in mind that some members of the community will be reluctant to share information about themselves and have concerns about how it transcribed and stored. There are a number of things you can do in response to this.

7.14 Stress that any information shared will be kept within the research team and **will not be shared with anyone else**; that it will be **anonymised**; and it will be **stored securely and destroyed** at the end of the research.

7.15 **Share stories / establish what you have in common**. Participants are more likely to be open if you are open and ready to share stories / common experiences e.g. by mentioning that you have similar aged children.

*"Share experiences – it changes the dynamic."*

7.16 **Check if people would prefer you to make notes on paper or on a tablet device**. Some people may feel uncomfortable having things written down, because it may feel like giving a statement to the police. Others may prefer paper because they are not familiar with tablet technology.

7.17 Make clear that any **paper records will be shredded and destroyed** as soon as the data is uploaded.

7.18 Accept that **some people will not be comfortable with certain questions** about e.g. pregnancy, menstruation and breast-feeding – they may decline to answer or give short answers and express a wish to move on to other questions.

7.19 Specifically, **do not acknowledge that a woman is pregnant** unless she volunteers this herself.

7.20 Talk to contacts within the community about acceptable words / phrases for parts of the body and other service issues.

7.21 Be **flexible about the order** in which questions are answered. You are more likely to get all your questions answered if you are ready to move around the order of questions. For example, if a question about health leads to a discussion about education, which is also part of your survey, ask the education questions, don't say 'Hold there – we'll get onto education questions later'.

7.22 **Be flexible about times and locations**. It's important to fit around people's schedules. And while ensuring that the space was suitable for an interview, the research team met people at a range of people's workplaces, homes and other places.

7.23 **Be prepared to wait**. Parents with children, people working irregular / unpredictable hours and others may struggle to keep appointments. The team conducting the research should allow for time between interviews to allow for some slippage of time.

*"It's not people being rude".*

# 8 Appendix A – Survey results

Question 1

| Do you consider yourself to be part of to the Gypsy or Traveller communities? | | |
|---|---|---|
| **Answer Options** | **Response Percent** | **Response Count** |
| Yes | 100.0% | 163 |
| No | 0.0% | 0 |
| *answered question* | *163* | 163 |
| *skipped question* | *0* | 0 |

Question 2

| How would you describe your ethnicity? Please select one. | | |
|---|---|---|
| **Answer Options** | **Response Percent** | **Response Count** |
| Romany Gypsy (English, Scottish, Welsh) | 66.3% | 108 |
| Irish Traveller | 33.7% | 55 |
| Roma (Eastern European) | 0.0% | 0 |
| Travelling showperson | 0.0% | 0 |
| White British | 0.0% | 0 |
| Other | 0.0% | 0 |
| Other (please specify) | | 0 |
| *answered question* | | 163 |
| *skipped question* | | 0 |

Question 3

| What is your gender? Please select one. | | |
|---|---|---|
| **Answer Options** | **Response Percent** | **Response Count** |
| Male | 49.7% | 80 |
| Female | 50.3% | 81 |
| *answered question* | | 161 |
| *skipped question* | | 2 |

Question 4

| What was your age on your last birthday? Please select one. | | |
|---|---|---|
| Answer Options | Response Percent | Response Count |
| 16-24 | 17.2% | 28 |
| 25-34 | 16.0% | 26 |
| 35-44 | 19.0% | 31 |
| 45-54 | 14.7% | 24 |
| 55-64 | 20.9% | 34 |
| 75-84 | 4.9% | 8 |
| 85+ | 0.0% | 0 |
| Prefer not to say | 7.4% | 12 |
| | *answered question* | 163 |
| | *skipped question* | 0 |

Question 5

| Please indicate which best describes your current accommodation? Please select one. | | |
|---|---|---|
| Answer Options | Response Percent | Response Count |
| Privately rented | 23.1% | 37 |
| Home owner | 23.1% | 37 |
| Housing Association tenant | 52.5% | 84 |
| Other | 1.3% | 2 |
| please specify | | 4 |
| | *answered question* | 160 |
| | *skipped question* | 3 |

Question 6

| How long have you been in bricks and mortar accommodation? Please select one. | | |
|---|---|---|
| Answer Options | Response Percent | Response Count |
| Under 1 year | 3.8% | 6 |
| 1 to 3 years | 13.8% | 22 |
| 3 to 5 years | 25.0% | 40 |
| 5 to 10 years | 24.4% | 39 |
| Over 10 years | 33.1% | 53 |
| | *answered question* | 160 |
| | *skipped question* | 3 |

Question 7

| How happy are you with your current accommodation? Please select one. | | | | | | | |
|---|---|---|---|---|---|---|---|
| Answer Options | Very unhappy | Unhappy | Neither | Happy | Very happy | Rating Average | Response Count |
| | 6 | 17 | 33 | 82 | 21 | 3.60 | 159 |
| Can you say why? | | | | | | | 105 |
| | | | | | | *answered question* | 159 |
| | | | | | | *skipped question* | 4 |

Question 8

| Have you travelled in the last 12 months? Select one only. | | |
|---|---|---|
| Answer Options | Response Percent | Response Count |
| Not at all | 67.9% | 110 |
| 3 months of the year or more | 25.9% | 42 |
| 6 months or more | 6.2% | 10 |
| | *answered question* | 162 |
| | *skipped question* | 1 |

Question 9

| How many children do you have? Please select one. | | |
|---|---|---|
| Answer Options | Response Percent | Response Count |
| None | 17.8% | 29 |
| 1 | 5.5% | 9 |
| 2 | 14.1% | 23 |
| 3 | 14.1% | 23 |
| 4 | 10.4% | 17 |
| 5 | 12.9% | 21 |
| 6 | 9.8% | 16 |
| 7 | 4.9% | 8 |
| 8 | 4.3% | 7 |
| 9 | 3.7% | 6 |
| 10+ | 2.5% | 4 |
| | *answered question* | 163 |
| | *skipped question* | 0 |

Question 10

| How many children are in each age group? Please enter a number for each. | | | |
|---|---|---|---|
| Answer Options | Response Average | Response Total | Response Count |
| Under 1 year old | 1.17 | 14 | 12 |
| 1 - 4 years old | 1.90 | 38 | 20 |
| 5 - 11 years old | 2.29 | 64 | 28 |
| 11 - 15 years old | 2.21 | 42 | 19 |
| 16 - 18 years old | 2.25 | 54 | 24 |
| 19 - 25 years old | 4.80 | 384 | 80 |
| | | *answered question* | 134 |
| | | *skipped question* | 29 |

Question 11

| How would you best describe your employment status? Please select one. | | |
|---|---|---|
| Answer Options | Response Percent | Response Count |
| Retired | 11.7% | 19 |
| Employed | 4.9% | 8 |
| Self-employed | 29.4% | 48 |
| Education/training | 4.9% | 8 |
| Unemployed | 4.3% | 7 |
| Volunteer | 0.0% | 0 |
| Homemaker | 27.0% | 44 |
| Sick/disabled/unable to work | 4.9% | 8 |
| Carer | 12.9% | 21 |
| If you selected carer, please say who you are caring for. | | 20 |
| | *answered question* | 163 |
| | *skipped question* | 0 |

Question 12

| How often in the last week have you taken part in 30 minutes of exercise? Please select one. | | |
|---|---|---|
| Answer Options | Response Percent | Response Count |
| Never | 82.8% | 135 |
| Once | 4.3% | 7 |
| Twice | 4.9% | 8 |
| Three times | 5.5% | 9 |
| Four times | 0.6% | 1 |
| Five times | 0.6% | 1 |
| Six times | 1.2% | 2 |
| More than six times | 0.0% | 0 |
| What activities have you taken part in? | | 25 |
| | *answered question* | 163 |
| | *skipped question* | 0 |

Question 13

| Do you currently smoke? Please select one. | | |
|---|---|---|
| Answer Options | Response Percent | Response Count |
| Never smoked | 25.3% | 41 |
| Used to smoke | 8.0% | 13 |
| Yes, I smoke occasionally | 4.9% | 8 |
| Yes, 10 or less cigarettes a day | 9.9% | 16 |
| Yes, 11-20 cigarettes a day | 8.0% | 13 |
| Yes, 21-30 cigarettes a day | 18.5% | 30 |
| Yes, over 30 cigarettes a day | 25.3% | 41 |
| | *answered question* | 162 |
| | *skipped question* | 1 |

Question 14

| Have you ever tried to give up? Please select one. | | |
|---|---|---|
| Answer Options | Response Percent | Response Count |
| Yes | 57.3% | 90 |
| No | 42.7% | 67 |
| | *answered question* | 157 |
| | *skipped question* | 6 |

Question 15

| Are you aware of the local NHS Stop Smoking Service (Quit4Life)? Please select one. | | |
|---|---|---|
| Answer Options | Response Percent | Response Count |
| Yes, and I have used this service | 3.7% | 6 |
| Yes, but I have not used this service | 34.6% | 56 |
| No | 61.7% | 100 |
| | *answered question* | 162 |
| | *skipped question* | 1 |

Question 16

| How often do you have a drink containing alcohol? Please select one. | | |
|---|---|---|
| Answer Options | Response Percent | Response Count |
| Never | 27.2% | 44 |
| Monthly or less | 16.7% | 27 |
| 2 - 4 times a month | 15.4% | 25 |
| 2 - 3 times a week | 17.3% | 28 |
| 4+ times a week | 23.5% | 38 |
| *answered question* | | 162 |
| *skipped question* | | 1 |

Question 17

| How many units of alcohol do you drink on a typical day when you are drinking? 1 unit of alcohol = 1/2 a pint of beer or a small glass of wine or a small measure of spirits. | | |
|---|---|---|
| Answer Options | Response Percent | Response Count |
| 1 - 2 units | 28.3% | 34 |
| 3 - 4 units | 22.5% | 27 |
| 5 - 6 units | 29.2% | 35 |
| 7 - 9 units | 15.8% | 19 |
| 10+ | 4.2% | 5 |
| *answered question* | | 120 |
| *skipped question* | | 43 |

Question 18

| How often do you have the following? Please tick one for each row. | | | | | | |
|---|---|---|---|---|---|---|
| Answer Options | Never | Rarely | Occasionally | A few times a week | Just about every day | Response Count |
| Fresh fruit | 1 | 10 | 48 | 35 | 67 | 161 |
| Fresh vegetables | 0 | 10 | 48 | 34 | 65 | 157 |
| Ready meals | 32 | 39 | 72 | 17 | 0 | 160 |
| Takeaways | 28 | 40 | 72 | 21 | 0 | 161 |
| Sweets, cakes and biscuits | 15 | 37 | 73 | 30 | 4 | 159 |
| *answered question* | | | | | | 161 |
| *skipped question* | | | | | | 2 |

Question 19

| How is your health in general; would you say it was… please select one. | | | | | | | |
|---|---|---|---|---|---|---|---|
| Answer Options | Very bad | Bad | Fair | Good | Very good | Rating Average | Response Count |
| | 1 | 24 | 82 | 38 | 12 | 3.23 | 157 |
| | | | | | | *answered question* | 157 |
| | | | | | | *skipped question* | 6 |

Question 20

| We would like to know if you have any of the following conditions and if you have seen a medical professional. Please tick if the statement applies. | | | | |
|---|---|---|---|---|
| Answer Options | I have the following condition | I have seen a medical professional about it | I was satisfied with the care I received | Response Count |
| Deaf/heard of hearing | 20 | 30 | 24 | 39 |
| Blind/partially sighted | 11 | 29 | 19 | 32 |
| Bad nerves (mental health) | 63 | 54 | 43 | 94 |
| Anxiety | 82 | 60 | 53 | 115 |
| Depression | 68 | 57 | 38 | 102 |
| Mobility difficulties | 41 | 39 | 33 | 62 |
| High blood pressure | 67 | 56 | 46 | 95 |
| High cholesterol | 68 | 57 | 48 | 96 |
| Breathing difficulties | 77 | 57 | 50 | 106 |
| Heart disease | 45 | 40 | 29 | 69 |
| Diabetes | 45 | 38 | 32 | 72 |
| Drug addiction | 2 | 5 | 3 | 7 |
| Alcohol addiction | 11 | 8 | 9 | 17 |
| Epilepsy | 0 | 3 | 2 | 4 |
| Muscle disease | 6 | 12 | 5 | 16 |
| Arthritis | 21 | 21 | 12 | 33 |
| Osteoporosis | 12 | 13 | 8 | 22 |
| Back problems | 27 | 26 | 18 | 46 |
| Learning disabilities | 1 | 2 | 1 | 2 |
| Autism | 1 | 0 | 1 | 1 |
| Asperger syndrome | 0 | 0 | 0 | 0 |
| Dementia | 0 | 1 | 1 | 1 |
| Other chronic illness | 18 | 11 | 14 | 20 |
| Cancer | 10 | 7 | 8 | 11 |
| please specify which cancer | | | | 12 |
| | | | *answered question* | 158 |
| | | | *skipped question* | 5 |