

Submission By The Gypsy and Traveller Law Reform Coalition (GTLRC) To The Study By the Social Exclusion Unit Into Better Service Delivery For Disadvantaged Groups Who Move Frequently

Name of organisation: Gypsy and Traveller Law Reform Coalition

The Gypsy and Traveller Law Reform Coalition (GTLRC) is an alliance of Gypsies, Irish Travellers, New Travellers and other travelling groups who have come together to promote the Traveller Law Reform Bill and policies to increase and improve site provision. The GTLRC was awarded the Liberty human rights award in 2004

Email address: romanistan@yahoo.com

Contact number 07 985 684 921

The GTLRC is a national organisation (Voluntary / Community sector / charity) with a focus on Gypsies and Travellers.

Knowledge / experience of frequent moving

It would be helpful for us to know how much knowledge and experience you feel you have about issues relating to disadvantaged people who move frequently. Please use the boxes below to indicate:

The GTLRC is run by a steering group, the majority are Gypsies and Travellers. Many of the steering group members have extensive experience of working in support groups for Gypsies and Travellers. The GTLRC's collective knowledge can be described as expert and significant.

Consultation questionnaire - General views about frequent moving

1. What are the 3 most important changes to service delivery you would like to see as a result of this SEU project?

1/ A greater level of uptake and more open access for Gypsies and Travellers in a range of services such as health and education. (Obviously this will entail the removal of certain obstacles, which at present impede such access).

2/ A greater role in the design, management and delivery of services by Gypsies and Travellers.

3/ The design and delivery of services, which are relevant and culturally appropriate to the Gypsy and Traveller community.

2. Who do you think are the main groups that this SEU project should focus on?

1/ Gypsies and Travellers are probably the largest group of frequent movers who suffer marginalisation and poor access to services.

2/ It is estimated that approximately 4000 caravans are on unauthorised encampments and about one third of the Gypsy/Traveller community are effectively homeless. Recent research for the Office of the Deputy Prime Minister *The Provision and Condition of Local Authority Gypsy and Traveller Sites in England* by Pat Niner (2002), has shown that there is a need for between 2,000 and 2,500 new transit pitches and between 1,000 and 2,000 extra residential pitches by 2007

3/ A range of studies have identified Gypsies and Travellers as having one of the worst health profiles in the UK and as being one of the most at risk groups in the education system.

3. In your experience, what are the factors that make some disadvantaged people move frequently from one place to another?

Many Gypsies and Travellers have a nomadic way of life and it is an important part of their cultural heritage to travel. A major motive for travelling is also to assist in their economic activities, which will entail regional, national and in some cases international travelling patterns.

It is a fact though that a shortage of sites and stopping places is one reason that explains frequent movement by some Gypsies and Travellers, such movement is also forced upon some families as the authorities utilise powers which place legal restrictions on a nomadic way of life.

4. How does frequent moving cause and sustain social exclusion?

5. What are the main problems that people who move frequently can face in accessing services?

Traveller families will often find themselves on a stopping place where they can only stop for a short period before being moved on. It is also extremely difficult to find a stopping place, which the authorities might tolerate for an extended period. Therefore any Gypsy and Traveller family without a secure stopping place is very likely to find themselves having to move frequently.

On account of the geographic constraints of Sure Start programmes, shortage of resources by many Traveller Education Services or the fact that some families are being frequently moved on or are occupying marginal space, they are not being registered by the relevant authorities and offered access to the services they need. Hence, Gypsy and Traveller women, children and families are not receiving the welfare and educational support they need and would benefit from, this has a negative impact on their children's development skills and the literacy levels of Gypsy and Traveller children.

There are strong concerns about the access families are gaining to health services in particular women. Gypsies and Travellers frequently have difficulties in registering with a GP, due to rejection by GP practices (Feder 1989) Gypsies and Travellers' lack of information, or enforced mobility (Webster 1995). Registration is frequently on a temporary basis, undermining holistic, preventative and continuous care. Health promotion targets can reduce incentives for GPs to register Gypsies and Travellers as they may think the inclusion of this minority on their caseloads will lower immunisation rates. An important new study by Parry G, Van Cleemput P, Peters J, Moore J, Walters S, Thomas K, and Cooper C 'The Health Status of Gypsies and Travellers In England': (A report of Department of Health Inequalities in Health Research Initiative Project 121/7500. 2004 - University of Sheffield) demonstrates the need for continued concern in this area.

The report notes that Gypsy Travellers have significantly poorer health than comparators on nearly all indicators. The scale of inequality between the study population and the UK general population was large with reported health problems being between twice and five times more prevalent. Correlations with age, education and smoking did not solely account for the poorer health status. There was some evidence of an inverse relationship between health needs and service use. Qualitative analysis showed the impact of environmental stress and cultural and health beliefs and attitudes on service use.

The report found accommodation was the overriding factor, mentioned by every respondent, in the context of health effects. The report also noted that in relation to Gypsy Travellers' experiences in

accessing health care and the cultural appropriateness of services provided, there are widespread communication difficulties between health workers and Gypsy Travellers, with defensive expectation of racism and prejudice.

Those families on unauthorised encampments, because of the lack of stopping places and transit sites, are denied access to important services. The hardships they suffer are a major factor in contributing to the high maternal death rate amongst Gypsy and Traveller women and high rates of infant mortality. (Several local or regional studies focusing on child and maternal health have demonstrated high infant mortality and perinatal death rates, and high child accident rates (Beach 1999, Feder 1989, Hajioff and Mckee 2000, Linthwaite 1983, Morris and Clements 2001, Pahl and Vaile 1986.) Higher levels of infectious diseases are indicated especially among children (Hennick 1993, Feder 1994, Kearney and Kearney 1999, Thomas et al 1990). Health problems for mothers are shown starkly in the report of the Confidential Enquiries into Maternal Deaths in the United Kingdom, which found that Gypsies and Travellers have "possibly the highest maternal death rate among all ethnic groups" (Lewis and Drife 2001: 41). Harassment and eviction is especially problematic around childbirth (Durward 1990). A national Irish study found life expectancy for female Travellers reduced by 11.9 years and for male Travellers by 9.9 years compared to the settled population (Barry et al 1987). A range of locally or regionally based and sometimes descriptive studies have indicated higher morbidity levels for Travellers than the rest of the population (Anderson 1997, Linthwaite 1983, Pahl and Vaile 1986, Van Cleemput 2000). Lack of sites for many Gypsies and Travellers, and resultant enforced mobility, stress, and lack of access to services are key factors in causing the host of health problems outlined above (Hyman 1989, Kenrick and Clark 1999, Morris and Clements 1999, 2001). A study by the Maternity Alliance ('No Travellers!': Gypsy and Travellers' Struggle to Access Maternity Care) is expected to confirm and provide further detail to some of the disturbing traits outlined above and will make a number of important recommendations.

As part of their submission to this report a spokesperson for the National Association of Health Workers with Travellers declared

"Forced movement causes problems generally in reducing Gypsies and Travellers' access to healthcare-which contributes to late diagnosis, poor follow up and management of chronic illness and exclusion from health promotion, immunisation and screening programmes. Maintaining continuity of care, getting referrals and keeping appointments can be impossible. Few health authorities consider Gypsies and Travellers when addressing health inequalities and sparse provision of adequately resourced outreach services and sometimes discrimination by service providers further reduces their access to healthcare".

New powers in the Anti Social Behaviour Act 2003 give the police increased eviction powers where local authorities are able to provide alternative site pitches or stopping places. It is our belief that because of the limited grants for such provision that if new sites are provided they will be substandard in terms of facilities. Some families will not want to move to sites they are directed to because of their concerns about how they will be received by other travelling groups. Some families will merely take to the road if directed to move on. This could mean a process where families are constantly moved on from one borough to another, unable to return to the previous authority for three months because of the risk of the imposition of the large penalties, which are incorporated into the new powers. Such a scenario will inject a high degree of instability into the lives of many Gypsy and Traveller families. We are very fearful of the impact upon Gypsy and Traveller families in terms of their health and access to services, which for many such highly nomadic families is already an area of critical concern. Evidence suggests that constant eviction causes depression within Gypsy and Traveller families and trauma and bedwetting amongst children. Such problems are especially acute where forced evictions are undertaken by bailiffs without giving families notification of an eviction date.

The location of sites or lack of them accentuates the differences between children from the Gypsy and Traveller and settled communities and stokes the levels of prejudice towards these children. At school Gypsy and Traveller children are subjected to high levels of racist abuse and bullying. The report by

Ofsted *Raising the Attainment of Minority Ethnic Pupils* 1999 declared that "Gypsy Traveller pupils are the group most at risk in the education system" (point 8 page 7). A report by the government inspection agency Ofsted *The Education of Travelling Children* in 1996 drew attention to the fear that nomadism excites amongst the settled population and noted "This has often restricted Travellers' access to education and other public services" (page 9, point 39). In a recent report sponsored by the Department of Education and Skills *Working towards inclusive education: Aspects of good practice for Gypsy Traveller pupils* fears have been made about the willingness of schools to admit Gypsy and Traveller pupils, due to the perceived detrimental effect that Gypsy and Traveller pupils might have on the popularity of the school and the school's performance in league tables, on attendance and academic performance (Bhopal et al, 2000, 35). Such fears are no doubt greater towards nomadic Gypsies and Travellers than more sedentary members of the minority.

Recent research suggests there are still major reasons to be concerned regarding the educational inclusion of Gypsies and Travellers. The OFSTED(Office for Standards In Education) report 'Provision and Support for Traveller Pupils' (ref HMI 455) published November 2003 stated "The vast majority of Traveller pupils linger on the periphery of the education system. The situation has persisted for too long and the alarm bells rung in earlier reports have yet to be heeded" (page 3).

6. How can the quality of service provision be improved to better meet the needs of people who move

Councils are now under a statutory duty to assess Traveller accommodation need and develop strategies to meet those needs. The new measures in the Housing Act 2004 require councils to take such a strategy into account when exercising their other functions re planning, education, social care and housing/accommodation for Gypsies/Travellers. Accurate data collection which build up detailed profiles of local Gypsy and Traveller groups and training and awareness raising of service provision are essential factors in improving the quality of service provision.

A model of good practice is provided by the Northern Ireland Housing Executive, which in 2002 undertook a comprehensive needs assessment of current and projected accommodation. The Northern Ireland Executive assembled a steering group that included Traveller representatives to quality assure and validate the findings of the research carried out.

The Traveller accommodation needs assessment in Northern Ireland evaluated: current tenure of the Traveller population and measured their satisfaction levels with their existing accommodation, the number of Travellers who exercise a nomadic way of life or still have aspirations to travel on an occasional basis, the preferred accommodation choice of Travellers, the extent of the intimidation and harassment suffered by Travellers and the incidence of ill health and disability.

We would also commend as a model of good practice the Traveller Needs Assessment for Cambridge and sub-regional area which will both feed into the Housing Needs Assessment for that area and provide information which can be utilised by a range of service providers (e.g. medical, educational, leisure services, etc.) when planning service delivery for members of the Travelling communities. In undertaking this work the coordinators Dr Margaret Greenfields and Dr Robert Home have worked closely with a Traveller Advisory Group consisting of Travellers, specialists and field-staff (e.g. TES workers). All members of the 'core' advisory group are members of the Gypsy and Traveller communities (consisting of individuals from a range of ethnicities) and they have been involved from the outset of the development of the project, consulting with the coordinators on wording of questionnaires; appropriate outreach to community members (utilising the 'modified Andalusian snowballing technique'); best practice in delivery of information etc. The project is also following the innovative practice of training members of the community to administer the questionnaires, which will be quality controlled and analysed by the academic team. This model of practice both builds capacity amongst Gypsies and

Travellers and promotes 'stakeholding' in the finished project. We would recommend that a similar model of community engagement is utilised in other areas of the country although with the requirement that local authorities do not simply 'transplant' the questionnaire wholesale but take account of local circumstances and the pool of advisors/interviewers within their locality when considering their response to the requirement to consult. We would recommend that the above model of close 'localised' consultation is also followed when considering the most appropriate way of disseminating information pertaining to the new planning processes to ensure that the materials are culturally suitable and/or take account of literacy difficulties which may exist for members of the travelling communities.

The process outlined above may also be utilised to provide 'trickle-down' or 'snowballed' training on the new planning system for Gypsies and Travellers or their representatives. ODPM funding should be available (perhaps supported by the Social Exclusion Unit) to ensure that adequate resources are available to initiate this form of localised planning information training. Organisations such as the GTLRC; Irish Traveller Movement and Derbyshire Gypsy Liaison Group who are already engaged in consultations at the highest level would appear to offer the most suitable mechanisms for the provision of advice and training to localised groups subject to the receipt of adequate financial support for these initiatives. On a more general note we believe that access to and a sense of ownership in projects can be enhanced by increasing the number of Gypsies and Travellers involved in the delivery and coordination of services.

Traveller Education Services have played a major role in helping Travellers increase their level of achievement and participation. However, many Traveller Education Services suffer from a lack of resources. The OFSTED (Office for Standards In Education) report 'Provision and Support for Traveller Pupils' (ref HMI 455) published November 2003 notes the negative impact of a lack of resources. The report largely praised the work of TESs but says; "The apparently intractable problem of increasing enrolment and attendance at secondary level stretched to the limit the resources of each Traveller education service. It is increasingly being recognised that such issues demand co-operation and concerted efforts by various agencies across an authority" (page 10).

The fact that some Traveller Education Services are under resourced can lead to such services focusing on the educational needs of the more settled Traveller community in their area and in some cases being unable to assist more nomadic Travellers as much as they would like with distant learning materials or trying to gain temporary access to formal education for highly nomadic Gypsy and Traveller children.

The important new study 'The Health Status of Gypsies and Travellers In England' (see above), makes a number of recommendations. If improvements are to be made in Gypsy Traveller health, clearer lines of responsibility and accountability are needed, as currently there is lack of central guidance, fragmentation of services, and a low priority given to Gypsy Traveller health. The general implication for policy and health provision is that methods are needed to improve access and services. However, planning for improvement of health service provision and access is likely to be ineffective until the central problem of the 'invisibility' of Travellers is tackled.

A category for Gypsies and Travellers on ethnic monitoring forms should be done in consultation with their communities, and requires careful staff training. Improving the cultural competence of health service staff is a priority but with little or no evidence to support the efficacy of cultural awareness training currently provided, any such development should be evaluated in terms of its effectiveness at changing negative attitudes that are at the root of much discrimination. Finally the report concluded that many of the determinants of health status are outside the remit of the Department of Health, inter-Departmental co-ordination with regard to Gypsy Traveller health seems advisable. The Traveller Health Strategy 2003-2005 of the Republic of Ireland is an example of such an approach, developed in response to a key recommendation of the Report of the Task Force on the Travelling Community. A similar inter-departmental Task Force in England would command wide support.

We believe that many local authorities need to be reminded of their duties under the Human Rights Act and Race Relations Acts (1976/2000)

Local authorities are under a statutory duty to offer accommodation to Gypsies/Travellers who reside in a caravan but who have nowhere appropriate to place their caravan. There is also a duty on local authorities to formulate a homelessness strategy. However, Lord Avebury supervised a piece of research which found hardly any of the 157 authorities which had homeless Gypsies in their area even mentioned Gypsies in their initial strategies. Clearly local authorities need to be reminded of this responsibility.

The GTLRC also believes that offering bricks and mortar accommodation, which is usually bed and breakfast accommodation, is unsuitable for homeless Gypsies. Many Gypsies and Travellers have an aversion to bricks and mortar having lived all their lives in caravans, living in conventional housing has been found to cause anxiety and depression for Gypsies/Travellers. We believe that local authorities should offer culturally appropriate accommodation to Travellers namely places for them to place their caravans.

Some local authorities issue Travellers that reside on roadside unauthorised encampments with Codes of Conduct, which outline what the local authority expects of the Gypsies and Travellers. We would prefer to see such codes titled 'Health, Safety and Community Codes' and in addition to outlining what is expected of Gypsies and Travellers outline what services are available to Travellers and expected codes of behaviour from the settled community towards Travellers.

7. Can you provide us with examples of good practice in service provision by the voluntary and community sectors in supporting people who move frequently?

Val Dumbleton and Sara Rhodes (health workers in Northampton and Bristol) are widely respected for the health care delivery services they are involved in for Travellers. They will also be able to supply information on other programmes of effective health service delivery.

Within the Traveller Education Service there are numerous services which offer excellent support to Gypsy and Traveller pupils. For further information contact Brian Foster of the Inner London Traveller Education Consortium (Tel 0208 374 1286).

The following community based groups have also developed a range of innovative community, training and support programmes – The Ormiston Trust (Cambridge Travellers' Initiative), The London Gypsy and Traveller Unit, Irish Community Care Merseyside, Leeds GATE. The Travellers Advice Team offers a helpline service offering advice on legal matters and Friends Families and Travellers provide a range of support services for Travellers who move frequently assisting them on accommodation matters, access to services and cases of discrimination. The National Association of Gypsy Women has also given outreach support, in particular to Travellers facing eviction. The Derbyshire Gypsy Liaison Group has actively been involved in award winning partnership work with Derbyshire police and giving advice and support to Travellers seeking planning advice and guidance.

8. What more could be done to improve co-ordination across statutory and voluntary agencies, such as health, education, housing, employment and benefits, in delivering services to and making referrals for those who move frequently? Please give details of any examples of good practice or promising approaches.

We strongly believe that a national Gypsy/Traveller Task Force would be of assistance in helping the Government and councils develop good dialogue with Gypsies and Travellers and raising their awareness of the work of various departments and policy areas which impact upon the lives of Gypsies and Travellers re planning, education, health etc.

The GTLRC welcome the fact that the ODPM Select Committee recommended the creation of a Task Force on Gypsy/Traveller issues. It is extremely disappointing that the ODPM in its formal response to that report felt that such a Task Force may not be needed and may duplicate the work of other bodies and initiatives. It is a sad fact that these initiatives do not actively involve Gypsies and Travellers. The Task Force is a policy demand that has come from the Gypsy and Traveller community itself and a decision to create such a body would be a symbolic and valuable development in improving dialogue and community cohesion.

Para graph 23 of the UN Committee for the Elimination of Racial Discrimination report on the UK calls for appropriate modalities of communication and dialogue between Roma/Gypsy/Traveller communities. We feel that the UK government is not sufficiently addressing the political exclusion of Gypsies and Travellers.

We support the establishment of a National Health Strategy for Gypsies and Travellers similar to the successful one developed in the Republic of Ireland.

9/ What practical things can be done to promote better understanding and cohesion between communities and disadvantaged people who move frequently?

The lack of site provision is a key factor in accentuating the exclusion suffered by Gypsies and Travellers and lack of community cohesion between the Traveller and settled communities.

We welcome the pledge by the government that Housing Corporation money will be available to Registered Social Landlords to construct and manage sites. We also welcome the fact that in the new draft planning circular on Gypsy and Traveller sites that the ODPM is talking about an obligation being placed on councils to identify land. New Regional Spatial Strategies will also lead to targets being set for site provision as will be the case with housing. Intervention by central government where councils fail in their new responsibilities will be crucial in ensuring that the required number of new sites are delivered, which in turn will have a profound impact on the level of inclusion enjoyed by the Gypsy and Traveller community.

We have also noted that John Prescott MP, Secretary of State at the ODPM, declared at the Labour Party conference in 2004 that Labour would help create affordable housing by releasing government owned land for development. We hope that this will be extended to the Gypsy and Traveller community for site development.

On a more general level we still contend that the new planning guidance and Regional Spatial Strategies should be complemented by a statutory duty to provide/facilitate sites. The report by the Institute for Public Policy Research (Moving Forward, 2004) declared that such a duty would send out a clear message to councils and reinforce the effectiveness of Regional Spatial Strategies. This measure is still

supported by the Commission for Racial Equality, National Farmers Union, Local Government Association amongst others. It should also be noted that the recent ODPM Select Committee report on Gypsy/Traveller accommodation, after reflecting on the Government's proposals re Regional Spatial Strategies, continued to advocate the need for a duty. We hope that after the election that the Government will reconsider this option or failing that introduce the amendment tabled by Lord Avebury to the Housing Bill in October 2004 which proposed that the Secretary of State may, if at any time it appears to him to be necessary to do so, give directions to a local housing authority, requiring it to exercise its powers under S 24 of the Caravan Sites and Control of Development Act 1960, to provide such sites for Gypsies, for the accommodation of such numbers of caravans, as may be specified in the directions. The Secretary of State would not give any directions under subsection (1) unless either

(a) there were Gypsy caravans on unauthorised sites in the area of the local authority at the previous January count, or

(b) Gypsy families had been evicted from unauthorised sites in the area of the local authority during the previous calendar year.

This would come into operation on the day two years after the day of passing of the Housing Act, thus giving councils ample time to respond to new government guidance and other requirements and recommendations related to Gypsy/Traveller accommodation.

Conclusion

We hope that the Social Exclusion Unit will meet a large number of Gypsies and Travellers and those involved in delivering services and will not rely overtly on written submissions. We hope that part of the research will involve consideration of the impact of forced movement and eviction and recognise like so many other studies have done in the past that a shortage of Traveller sites is a key component in the exclusion of the Gypsy and Traveller community, which needs to be addressed.

REFERENCES AND FURTHER READING

ANDERSON, E (1997). "HEALTH CONCERNS AND NEEDS OF TRAVELLERS" IN *HEALTH VISITOR* (70) APRIL, 148-50.

BARRY, J, HERITY, B, SOLAN, J (1987). *THE TRAVELLERS HEALTH STATUS STUDY: VITAL STATISTICS OF TRAVELLING PEOPLE*, DUBLIN, HEALTH RESEARCH BOARD.

BEACH, H (1999). *INJURY RATES IN GYPSY-TRAVELLER CHILDREN*, MSc IN COMMUNITY CHILD HEALTH DISSERTATION, UNIVERSITY OF WALES COLLEGE OF MEDICINE.

BURNETT A AND PEEL M (2001A). HEALTH NEEDS OF ASYLUM SEEKERS AND REFUGEES. *BRITISH MEDICAL JOURNAL* 322: 544-547.

BHOPAL, K (2000). *"WORKING TOWARDS INCLUSIVE EDUCATION: ASPECTS OF GOOD PRACTICE FOR GYPSY TRAVELLER PUPILS"* DEPARTMENT FOR EDUCATION AND SKILLS.

CEMLYN, S (1994). HEALTH AND SOCIAL WORK: WORKING WITH GYPSIES AND TRAVELLERS. *PRACTICE* 6 (4), 246-261.

CEMLYN, S (1995A). TRAVELLER CHILDREN AND THE STATE: WELFARE OR NEGLECT? *CHILD ABUSE REVIEW*, 4, 278-290.

CEMLYN, S (2000A). FROM NEGLECT TO PARTNERSHIP? CHALLENGES FOR SOCIAL SERVICES IN PROMOTING THE WELFARE OF TRAVELLER CHILDREN. *CHILD ABUSE REVIEW* 9, 349-363.

CEMLYN, S (2000B). ASSIMILATION, CONTROL, MEDIATION OR ADVOCACY? SOCIAL WORK DILEMMAS IN PROVIDING ANTI-OPPRESSIVE SERVICES FOR TRAVELLER CHILDREN AND FAMILIES *CHILD AND FAMILY SOCIAL WORK*, 5 (4), 327-341.

CORNWELL, J (1984). *IMPROVING HEALTH CARE FOR TRAVELLERS*, LONDON, KINGS FUND.

DOYAL, L, CAMERON A, CEMLYN, S AND NANDY, S (2002). *THE HEALTH OF TRAVELLERS IN THE SOUTH WEST REGION: A REVIEW OF DATA SOURCES AND A STRATEGY FOR CHANGE*. A REPORT FOR THE SOUTH WEST PUBLIC HEALTH OBSERVATORY.

DURWARD, L (1990). *TRAVELLER MOTHERS AND BABIES: WHO CARES FOR THEIR HEALTH?* LONDON, MATERNITY ALLIANCE.

EDWARDS, D M AND WATT, R G (1997). ORAL HEALTH CARE IN THE LIVES OF TRAVELLERS IN EAST HERTFORDSHIRE. *BRITISH DENTAL JOURNAL* 183: 252-257.

FEDER, G S (1994). *TRAVELLER GYPSIES AND PRIMARY HEALTH CARE IN EAST LONDON*, LONDON: PHD THESIS, ST THOMAS'S HOSPITAL MEDICAL SCHOOL, UNIVERSITY OF LONDON.

HAIJOFF, S AND MCKEE, M (2000). THE HEALTH OF THE ROMA PEOPLE: A REVIEW OF THE PUBLISHED LITERATURE. *JOURNAL OF EPIDEMIOLOGY AND COMMUNITY HEALTH*, 54, 864-869.

HAWES, D & PEREZ, B (1996). *THE GYPSY AND THE STATE. THE ETHNIC CLEANSING OF BRITISH SOCIETY* (BRISTOL, THE POLICY PRESS).

HAWES, D (1997). *GYPSIES, TRAVELLERS AND THE HEALTH SERVICE. A STUDY IN INEQUALITY* (BRISTOL, THE POLICY PRESS).

HENNICK, M, COOPER, P AND DIAMOND, R (1993). *PRIMARY HEALTH CARE NEEDS OF TRAVELLING PEOPLE IN WESSEX*, LONDON, UNIVERSITY OF SOUTHAMPTON/ DEPARTMENT OF SOCIAL STATISTICS (WORKING PAPER 95-01).

HYMAN, M (1989). *SITES FOR TRAVELLERS*, LONDON: LONDON RACE AND HOUSING RESEARCH UNIT.

KEARNEY, P M AND KEARNEY, P J (1999). THE PREVALENCE OF ASTHMA IN SCHOOLBOYS OF TRAVELLERS FAMILIES *IRISH MEDICAL JOURNAL* 91 (6).

KENRICK, D & CLARK, C (1999). *MOVING ON. THE GYPSIES AND TRAVELLERS OF BRITAIN* (HATFIELD, UNIVERSITY OF HERTFORDSHIRE PRESS).

LEWIS, G AND DRIFE, J (2001). *WHY MOTHERS DIE 1997-1999 THE FIFTH REPORT OF THE CONFIDENTIAL ENQUIRIES INTO MATERNAL DEATHS IN THE UNITED KINGDOM*.

LINTHWAITE, P (1983). *THE HEALTH OF TRAVELLER MOTHERS AND CHILDREN IN EAST ANGLIA*, LONDON, SAVE THE CHILDREN FUND.

MORRIS, R (1999). THE INVISIBILITY OF GYPSIES AND OTHER TRAVELLERS. *JOURNAL OF SOCIAL WELFARE AND FAMILY LAW*, 397-404.

MORRIS, R AND CLEMENTS, L (EDS) (1999). *GAINING GROUND: LAW REFORM FOR GYPSIES AND TRAVELLERS* (HATFIELD, UNIVERSITY OF HERTFORDSHIRE PRESS).

MORRIS, R AND CLEMENTS, L (2001). *DISABILITY, SOCIAL CARE, HEALTH AND TRAVELLING PEOPLE*, CARDIFF, TRAVELLER LAW RESEARCH UNIT.

NELIGAN, D (1993). *REPORT OF SPECIALIST HEALTH VISITOR FOR TRAVELLING FAMILIES MAY 1990—NOVEMBER 1992*. BRISTOL, UNITED BRISTOL HEALTHCARE NHS TRUST.

NINER P (2002). *THE PROVISION AND CONDITION OF LOCAL AUTHORITY GYPSY AND TRAVELLER SITES IN ENGLAND*, UNIVERSITY OF BIRMINGHAM.

NINER, P (2004). "*COUNTING GYPSIES AND TRAVELLERS: A REVIEW OF THE GYPSY CARAVAN COUNT SYSTEM*", UNIVERSITY OF BIRMINGHAM.

OFSTED (1996). "*THE EDUCATION OF TRAVELLING CHILDREN.*"

OFSTED (1999). "*RAISING THE ATTAINMENT OF MINORITY ETHNIC PUPILS.*"

PAHL, J AND VAILE, M (1986). *HEALTH AND HEALTH CARE AMONG TRAVELLERS* (CANTERBURY, UNIVERSITY OF KENT).

PLAFKER, K (2002). *THE SOCIAL ROOTS OF ROMA HEALTH CONDITIONS*.
[HTTP://WWW.EUMAP.ORG/ARTICLES/CONTENT/90/903](http://www.eumap.org/articles/content/90/903)

POMYKALA AND HOLT (2002). *ROMANI WOMEN. A PRIORITY FOR EUROPEAN PUBLIC HEALTH POLICY*.
[HTTP://WWW.EUMAP.ORG/ARTICLES/CONTENT/90/903](http://www.eumap.org/articles/content/90/903)

THOMAS, A, PHILLIPS, A, WALKER-SMITH, J A, (1990). *CRYPTOSPORIDIUM, CHRONIC DIARRHOEA AND THE PROXIMAL SMALL BOWEL*, UNPUBLISHED PAPER (P7) PRESENTED AT THE BRITISH PAEDIATRIC ASSOCIATION 62ND ANNUAL MEETING.

THOMAS, P A AND CAMPBELL, S (1992). *HOUSING GYPSIES*, CARDIFF: CARDIFF LAW SCHOOL.

VAN CLEEMPUT, P AND PARRY, G (2001). HEALTH STATUS OF GYPSY TRAVELLERS. *JOURNAL OF PUBLIC HEALTH MEDICINE*, 23 (2), 129-34.

WEBSTER, L (1995). *A REPORT FOR THE CHILDREN'S SOCIETY ON THE IMPACT OF THE CRIMINAL JUSTICE AND PUBLIC ORDER ACT ON THE LIVES OF TRAVELLERS AND THEIR CHILDREN*.

VAN CLEEMPUT, P (2000). "THE HEALTH CARE NEEDS OF TRAVELLERS" *ARCHIVES OF DISEASE IN CHILDHOOD*, 82(1), 32-37.