

Protocol for Managing Unauthorised Encampments

Full Equalities Impact Assessment

Introduction

The aims of the protocol are;

- To address the need for an effective, multi agency approach to the management of unauthorised Gypsy and Traveller encampments, whilst ensuring that the rights of the Gypsies and Travellers are met.
- To clarify and agree working arrangements around unauthorised encampments amongst the county, district and borough councils, the police and health sector

The associated objectives of the Protocol are to

- Respond to the needs of Gypsies and Travellers
- To have a shared vision of bringing agencies together.

Background

The screening identified that there were potential adverse impacts for diversity groups within the protocol, as follows;

Gender

- Research indicates that many Gypsy and Traveller women experience mental health difficulties. There is evidence to show a high suicide rate amongst the Gypsy and Traveller community. Alienation from their social and cultural community is often behind mental illness. Without appropriate assessment and linked up services, repeated eviction is likely to further adversely affect mental health.
- Gypsies and Travellers tend to stop where there is work available or where annual contracts are being returned to. Eviction further disrupts established work patterns and in particular adversely affects male Gypsy and Traveller's ability to support the family unit.
- Were a Gypsy or Traveller adult to be undertaking a programme of gender reassignment, eviction may interrupt planned health input and support.

Disability

- Eviction can cause disruption to medical treatment and service provision for disabled Gypsies and Travellers. Disruption can result in exclusion from further services. Traditional families do not agree with segregating children with a disability and institutionalising them away from their family, therefore the early care of a disabled person should receive special attention in health care.

Age

- Research indicates that Gypsies and Traveller's survival rates are significantly less than the settled community (-10 years). Heart disease and diabetes are the most common health conditions affecting survival rates. Eviction causes disruption to medical treatment and service provision for the older members of the Travelling community, further interrupting health care.
- Eviction should be proportionate to the educational needs of the child/ren involved. Where families are actively travelling, their children

attend school sporadically depending upon local provision or other factors.

Faith

- Many Gypsies and Travellers attend Christian conventions and festivals such as weddings and funerals, often in large numbers. These festivals and events take place over a number of days. Eviction can disrupt a family's involvement in an event marking community identity and cohesion.

Baseline data and research

A number of factors prevent the collation of consistent data on the numbers of Gypsies and Travellers, nationally and locally.

- 1/ Gypsies and Travellers are a mixed community comprising of settled, housed and transient families or individuals
- 2/ Data forms do not always provide accurate ethnic monitoring choices, so Gypsies and Travellers tend to select 'White British' as the only available option.

There are however some data sources that can provide a more detailed account of the Gypsy and Traveller communities -

- 1/ The Traveller Education Support Service records all children resident in the area (on sites) with whom they have worked.
- 2/ The district councils undertake 6 monthly caravan counts.
- 3/ Unauthorised encampments are monitored and logged in the county by the Gypsy & Traveller Liaison Officer and data shared between all agencies.

In all circumstances the data collated is not a full record of numbers of Gypsies and Travellers in any given county.

Data collected by the Gypsy & Traveller Liaison Officer is from unauthorised encampments only and includes numbers of children, numbers of adults, ethnicity, health needs, education needs, and reason for their stay. This information is collected and applied to the Initial Welfare Assessment. This information is then fed back to the relevant agencies for further input where required. All information is placed on a database and all locations placed on an active map, which then gives a picture of the routes that Gypsies and Travellers take through Suffolk and at what time of year, effectively charting the seasonal fluctuations.

In 2007 two accommodation needs assessments were undertaken in the county to ascertain pitch provision required by the seven district council areas. The Gypsy and Traveller Accommodation Needs Assessments further provided recommendations to improve access to mainstream services for Gypsy and Traveller families. The assessment informed the development of the Suffolk Gypsy and Traveller Strategy and associated 'action plan'. This protocol is an appendix to the Strategy.

The Suffolk Gypsy and Traveller Accommodation Needs Assessments identified that there are approximately 461 Gypsies and Travellers on authorised sites in Suffolk. This does not include those living in settled accommodation or those on unauthorised sites.

From January 2006 to September 2007, there were 19-recorded unauthorised encampments in Suffolk of which 8 were Irish Traveller families and 11 were English Gypsy families. Of those unauthorised encampments recorded, no one considered themselves as disabled within the context of the Disability Discrimination Act 2005. In terms of estimated caravan pitches on authorised sites (taken from the January 2006 Caravan count), there were 159-recorded pitches. (1 pitch equates to space for 1.7 caravans).

Assessment of impact of particular groups and how the impact will be addressed

Race

The Protocol will mainly impact on the Gypsy and Traveller communities, as they are most likely to be affected due to the transient nature of their lifestyle. The Gypsy and Traveller Accommodation Needs survey has highlighted the shortage of at least 100 pitches over the coming 4 years. Gypsies and Travellers who buy their own land have a tendency to apply for retrospective planning permission and 90% of planning applications are refused. Those who are unsuccessful with their planning applications tend to return to a nomadic way of life, resulting in more unauthorised encampments due to the lack of pitch provision locally and nationally.

The protocol is a tool by which the outcome of an unauthorised encampment can be decided fairly and proportionally taking into consideration the needs and rights of both the settled and travelling communities.

Gender

In 2004 Sheffield University undertook research to investigate the health status of Gypsies and Travellers in England. It stated, "Women were twice as likely as men to be anxious". Frequent eviction should be viewed in the same light as the activity of moving house (settled community). Statistically this activity is placed in the top 3 of the most stressful activities for individuals and adversely affects mental health. Combined with research indicating that Gypsy and Traveller women experience higher levels of mental health difficulties, the protocol is likely to have an adverse impact on their health.

It is estimated only 40% of roadside Gypsies and Travellers are registered with a GP. Gypsy and Traveller Women living roadside are far less likely to access antenatal care, resulting in higher perinatal (death of a child from 20 weeks gestation to 7 days after birth) mortality, 8.2 vs 2.8 deaths per 1000 births nationally, Neonatal (death within 28 days of birth) mortality, 42.8 vs 3.9 deaths per 1000 births nationally and infant (death during the first year of life) mortality, 18.1 – 53.6 vs 5.6 per 1000 births nationally.

The protocol seeks to address this adverse impact through an initial welfare assessment that requests information from Gypsies and Travellers regarding health issues. All relevant agencies are informed of any relevant health concerns and these must be considered at the case conference.

As the main provider, Gypsy and Traveller men determine the stopping places for families, by work patterns. These work patterns are likely to be disrupted by regular eviction.

The case conference must consider the length of stay required and associated reasons for that encampment and impact on the family were they to be evicted.

Disability

It is recognised that in relation to Gypsy and Travellers' experiences in accessing 'health care' and the cultural appropriateness of the services provided, there are widespread communication difficulties between health providers and Gypsies and Travellers. Consequently, the Gypsy and Traveller community apply expectations of institutional racism and prejudice within service provision, resulting in avoidance of negative experience.

The most significant and frequent barrier to health care access, is a reluctance on the part of GP surgeries to register Gypsy and Traveller families. It is likely, that families rely on emergency provision in the hospital services. The presence of institutional racism and prejudice in health care provision further forces Gypsies and Travellers to put more trust in family care than in professional involvement. This situation has serious implications for disabled Gypsies and Travellers. Given that 97% of physical and mental health impairment/long term health conditions that can be classified under the DDA '95 as a disability are acquired in adulthood, the lack of access to diagnosis, treatment and support is likely to impact on life expectancy and participation in public life. Eviction is likely to further exacerbate health exclusion.

The welfare assessment must address the health needs of disabled people within the family and provide a record of known treatment and supports. The case conference must consider the impact of eviction on any health care provision and any plans to address ongoing need.

Age

The average school attendance rate for Gypsy and Traveller pupils is around 75%. This figure is well below the national average and is the worst attendance profile of any minority ethnic group. Children and young people living on unauthorised encampments are at risk of failing to access education and health services. The Government's Every Child Matters strategy clearly states that 'every child' is entitled to a healthy, safe environment and to a good education. A Gypsy/Traveller child's education is adversely affected when eviction takes place.

The welfare assessment takes into account each child's educational needs, which are then addressed further by the Children and Young People's

Service, Traveller Support Team. Attendance rates, current Traveller Support Team involvement and proximity of school vacation periods must be included in the assessment.

The case conference must address the continuity of education provision for children in the event of an eviction, taking into account the findings of the welfare assessment ensuring that service provision and planning are prioritised in the interests of the child.

Older Gypsies and Travellers report significantly poorer health status and higher levels of self-reported symptoms of ill health than other UK-residents; English speaking ethnic minorities and economically disadvantaged White UK residents. They are the least likely racial group to be in receipt of home based social care or residential care. Anxiety, depression and poor mental health indicators are higher than that of their age sex matched comparators. Self reported chest pain, respiratory problems, and arthritis were also more prevalent in the Gypsy and Traveller group although national statistics and associated prevention programmes do not pick up and address this group. Continued eviction is likely to have an adverse affect on the older generations overall physical and mental health.

The case conference must address the health and social care needs of older Gypsies and Travellers in the event of an eviction, taking into account the findings of the welfare assessment ensuring that service provision and planning is prioritised. Action should be taken where eviction is determined, to plan and provide health or social care services.

Faith

Irish Traveller families are predominantly of Roman Catholic faith. For these families, faith based festivals such as christenings, weddings and funerals are celebrated over a number of days and in some cases beyond one week. The manner in which the family and community come together and conduct the gathering will involve extended members of the family and community contacts from across the UK and Republic of Ireland are clearly proscribed and involve detailed means of honouring the birth, marriage and death of an individual and supporting of close family members. The Romany Gypsy community has for the most part adopted the religion/faith of their place of residence. Recently many members of the community have joined the Born Again Christian Church. Their faith is equally celebrated through formal ritual and gathering.

The coming together of the community is often linked to unauthorised developments. A case conference must acknowledge and respect the grounds for the encampment. Length of ritual and/or celebration must be considered within the decision as to potential eviction.

Consultation

The consultation was part of the preparation and publication of the protocol for Managing Unauthorised Encampments.

1/ Face to face consultation with the Gypsy and Traveller communities in Suffolk.

Gypsies and Travellers were consulted on the fairness, relevance and proposed actions contained within the Protocol. The evidence for this is filed within Social Inclusion and Diversity at Endeavour House, Suffolk County Council.

In the main the Gypsy and Traveller community judged the Protocol to be a fair response to the needs of both the settled and travelling community. They prioritised the need to acknowledge and respect culture, heritage and well being. Additionally the timescale between the identification of the unauthorised encampment and the case conference actually taking place was a reasonable one, enabling them to identify a more appropriate location.

The consultation further highlighted for the Gypsies and Travellers that the protocol is for the first time a means of acknowledging and addressing the needs of their community. Health, faith, education and gender were as important to the well being of the consultation group as they are to the settled community.

2/ Desk top research

A Better Road, an information booklet for health care and other professionals, Sheffield University 2004,' Investigation of the health status of Gypsies and Travellers in England, Equality Impact Assessment Suffolk County Council 2006, Gypsy and Traveller Accommodation Needs Assessments, Inetrent resources.

3/ Diversity and Equality Specialists

Throughout the preparation of the protocol and in conducting the Equality Impact Assessment (screening and full assessment), members of the Suffolk County Council Diversity team were involved.

Specifically the Services Equality Manager assisted in the design of consultation, identification of appropriate research and completion of the assessments.

Further support and information was provided by the Suffolk Constabulary Diversity Officer.

Monitoring Arrangements (Policy Clearing House)

Following the completion of the EIA screening the Chief Executive's Directorate (CED) Policy Clearing House (PCH) commissioned the Full EIA to address the adverse impacts identified in the screening. A timescale for completion was established with referral back to the PCH upon completion of the report. CED will consider the report for approval and publication on 11th December 2007.

Subject to approval, the CED PCH will have responsibility for monitoring the EIA action plan and protocol's ability to mitigate the identified adverse impacts and update as necessary.

The day to day operational monitoring of the protocol and EIA Action Plan will be responsibility of the Gypsy & Traveller Liaison Officer in partnership with Gypsies and Travellers, Suffolk PCT, Gt Yarmouth & Waveney PCT, Suffolk Constabulary, Adult and Community Services, Children and Young People, District and Borough Councils and Suffolk County Council Diversity Team.

Publication of EIA

The EIA report will be published on the Suffolk County Council Internet www.suffolkcc.gov.uk . It will be available through the library service, county wide Gypsy and Traveller Steering Group and through respective partner agencies.

Conclusion

Race

The protocol is a tool by which the outcome of an unauthorised encampment can be decided fairly and proportionally taking into consideration the needs and rights of both the settled and travelling communities.

Action - The fair and consistent application of the protocol to all unauthorised encampments by all public agencies.

Gender

The protocol seeks to address this adverse impact through an initial welfare assessment that requests information from Gypsies and Travellers regarding health issues. All relevant agencies are informed of any relevant health concerns and these must be considered at the case conference.

Action – Completion of the welfare assessment by the Gypsy & Traveller Liaison Officer with further input from the specialist agencies regarding the physical and mental health of women.

Action - Case conference to ensure that the health needs of female Gypsy and Travellers are identified, planned and provided regardless of outcome.

The case conference must consider the length of stay required and associated reasons for that encampment and impact on the family were they to be evicted.

Action – Case conference to establish length of stay required by the family and reason for encampment taking account of the work patterns of family members.

Disability

The welfare assessment must address the health needs of disabled people within the family and provide a record of known treatment and

supports. The case conference must consider the impact of eviction on any health care provision and any plans to address ongoing need.

Action –Welfare assessment will identify the health needs of disabled people within the Gypsy or Traveller encampment and this information signposted to specialist agencies for treatment and support. The specialist agencies will inform the case conference of any adverse impact eviction will have, on the health care provision and ongoing need of treatment.

Age

The case conference must address the continuity of education provision for children in the event of an eviction, taking into account the findings of the welfare assessment ensuring that service provision and planning are prioritised in the interests of the child.

Action – Welfare assessment will identify initial educational needs of the children on the encampment and inform the Traveller Education Support Service. The case conference will address continuity of education and the impact of eviction on the children’s education.

The case conference must address the health and social care needs of older Gypsies and Travellers in the event of an eviction, taking into account the findings of the welfare assessment ensuring that service provision and planning is prioritised. Action should be taken where eviction is determined, to plan and provide health or social care services.

Action - Specialist agencies will be informed of health and social care needs of older Gypsies and Travellers, identified in the initial welfare assessment. The case conference will take into account the findings of the specialist services and action taken to plan and provide health or social care services where eviction is determined.

Faith

The coming together of the community is often linked to unauthorised developments. A case conference must acknowledge and respect the grounds for the encampment. Length of ritual and/or celebration must be considered within the decision as to potential eviction.

Action – Case conference to establish the length of stay required for the ritual and/or celebration and acknowledge and respect the grounds for the encampment.

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