



# Health Needs Analysis of People Living in Vehicles in Bristol

August 2023

Bristol City Council, Public Health

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## 1. Main Points

- The multi-agency working group established in Bristol to provide a strategic lead on 'vehicles dwellers' estimates there are 600-800 people living in vehicles in Bristol.
- Published evidence was reviewed and primary data collected and analysed. This included in-depth interviews with professionals and survey responses from 78 people living in vehicles in Bristol.
- There is a lack of access to basic sanitation, including toilet facilities and water in which to wash. This could be addressed to reduce the risk of infectious disease – symptoms of which were reported.
- A higher risk of respiratory conditions was identified due to very high levels of smoking and the use of solid fuel. Risk can be reduced through advice and support.
- People living in vehicles report being victims of crime and experiencing stigma and discrimination. Models of good practice to reduce stigma and discrimination towards other marginalised groups can be explored to address this.
- The use of postal invitations, e.g., to cervical screening, can exclude this population. Drop-in appointments and text invitations would improve access.
- Further research is needed into the levels of substance use and associated harms amongst people living in vehicles in Bristol. Evidence suggests that wider distribution of naloxone along with advice and training will save lives.
- An evaluation of meanwhile sites could be carried out to assess their effectiveness as a health intervention.
- Some people living in vehicles meet the definition of homelessness and can be considered as part of work to end rough sleeping.

## **2.Acknowledgements**

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### 3. Language and Terminology

A broad range of experiences, heritage and culture bring people to live in vehicles in Bristol. The language used in this report has been selected with this in mind and in consultation with people with experience of vehicle living and professionals with whom they have direct contact.

With a focus on the health impacts of vehicle living, the term “People Living in Vehicles” has been used in this report to frame this as an experience and current living situation.

It is respectfully acknowledged that some people living in vehicles in Bristol feel this way of living to be part of their identity, heritage, or ethnicity – or a mixture of these.

‘GRT’ or ‘Gypsy, Roma and Traveller’ is used to describe communities of all backgrounds who practice a nomadic way of life and/or have a heritage or culture of nomadism.

For the purposes of this report, a vehicle is something which has wheels or previously had wheels and includes cars, vans, caravans, trucks, or tractor units. ‘People living in vehicles’ are those who regularly bed down for the night in a vehicle. This analysis excludes boat dwelling residents.

‘People Living in Vehicles (PLIV)’ may also be Gypsy, Roma or Traveller (GRT) people if they are currently living in vehicles.

‘Bricks and mortar accommodation’ is used to describe living in houses, bungalows, or flats.

## **4.Context**

### **National Context**

‘Inclusion Health’ is a term used to describe people who are socially excluded and experience multiple and overlapping risks to health. These include (but are not limited to) poverty, trauma, homelessness, drug and alcohol dependence, contact with the criminal justice system and migration. People within communities such as Gypsy, Roma and Traveller and other people living in vehicles are considered part of inclusion health. There may be differences in need depending on lived experience which must be understood and responded to appropriately. Not being consistently accounted for in electronic records and experiencing stigma and discrimination, inclusion health populations come up against many barriers to accessing health services (Public Health England, 2021).

‘Core20PLUS5’ is an NHS England initiative to reduce healthcare inequality. The ‘Core 20’ part of the name references that the most deprived 20% of the population experience the worst health outcomes. ‘PLUS’ populations are identified at a local level and could include people living in vehicles as part of inclusion health. The ‘5’ refers to the clinical areas of focus which are: maternity, severe mental illness (SMI), chronic respiratory disease, early cancer diagnosis, hypertension case-finding and lipid optimal managements. (NHS England, 2023).

### **Local Context**

Local Integrated Care Systems (ICS) should consider approaches to improve support for inclusion health groups (NHS England, 2023).

A strategy and a forward plan have been published for the local ICS covering Bristol and the surrounding areas. This references Core20PLUS5, and a plan to address health inequality will be developed. Health services for people experiencing homelessness will be collaboratively commissioned to improve health outcomes (Bristol, North Somerset and South Gloucestershire Integrated Care System, 2023).

## People Living in Vehicles in Bristol

The multi-agency working group established in Bristol to provide a strategic lead on 'vehicles dwellers' estimates there are 600-800 people living in vehicles in Bristol.

There are three permanent sites in Bristol at:

1. Ashton Vale -12 pitches where a mixture of English and Welsh Romany Gypsies and Irish Travellers live.
2. Lawrence Weston - transit traveller site with 20 pitches. It's used for Gypsies and Travellers moving to and from Bristol for work.

Residents are allowed to stay here for up to three months at a time.

3. Showpeople sites - Bristol also has one ethnic Showpeople site with eight plots in Bedminster.

People also live in vehicles at three other types of location in Bristol:

1. Meanwhile sites
2. Squatted sites
3. Parked on the highway individually, in clusters or large groups.

Meanwhile sites were set up in 2020 during the emergency response to COVID-19 in Bristol to support people living in vehicles to comply with lockdown and other infection prevention and control (IPC) guidance.

These continue to provide limited provision with minimal facilities. They provide a safer alternative to living roadside.

A broad range of experiences, heritage and culture bring people to live in vehicles in Bristol.

Some were born into Gypsy Roma and Traveller (GRT) communities. Not all GRT families live in caravans or on Traveller sites. In Bristol, about 95% of this community live in houses or flats. Nomadic GRT families may be in Bristol for the autumn and winter months but are often touring the country during the travelling season that runs from April to October (Bristol City Council , 2023).

A recent publication (Craft, 2020), included analysis of interviews from people living in vehicles in the UK, some of whom were in Bristol. Some reported improved health since living in a vehicle such as less anxiety through improved feelings of control over their living environment. For some, living in a vehicle was felt to be a better option compared to

rented accommodation where they had found landlords did not always keep up with repairs and maintenance. This had resulted in experiences of living in damp and poor-quality accommodation over which they felt they had little control. Participants reported feeling supported by the community of people living in vehicles in a way they had not previously. For some, living in a vehicle was felt to be an alternative to homelessness.

13 people living in vehicles in Bristol were interviewed for another research study and participants commonly reported that they had decided to live in a vehicle to escape rising rents. This sometimes led to an increased sense of freedom and wellbeing. Lower costs of van dwelling can cushion an irregular and insecure income and makes relocation easier (McAllister-Kemp, 2019).

The recent Health Need Analysis of People Experiencing Homelessness in Bristol focused on people experiencing Operational Categories 1-3 of homelessness using ETHOS light categories as shown in Table 1 (Bristol City Council, 2022) (European Commission, 2007).

Some people living in vehicles in Bristol may be considered as “People living in non-conventional dwellings due to lack of housing” (category 5), as highlighted in green in Table 1. Individuals may explain their vehicle living as wholly or partly due to lack of suitable and affordable bricks and mortar accommodation although may not themselves identify as ‘homeless’.

**TABLE 1 ADAPTED FROM ETHOS LIGHT**

<b>Operational Category</b>	<b>Living situation</b>	<b>Definition</b>
1. People sleeping rough	1. Public spaces/external spaces	Living on the streets or public spaces without shelter that can be defined as living quarters.
2. People in emergency accommodation	2. Overnight shelters	People with no place of usual residence who move frequently between various types of accommodation.
3. People living in accommodation for people experiencing homelessness	3. Homeless Hostels 4. Temporary accommodation 5. Transitional supported accommodation 6. Women's shelters or refuge accommodation	Where the period of stay is time-limited and no long-term housing is provided.
4. People living in institutions	7. Health care institutes 8. Penal institutions	Stay longer than needed due to lack of housing. No housing available prior to release.
5. People living in non-conventional dwellings due to lack of housing	9. Mobile homes 10. non-conventional buildings 11. Temporary structures	Where accommodation is used due to a lack of housing and is not the person's usual place of residence.
6. People living temporarily in conventional housing with family and friends (due to lack of housing)	12. Conventional housing, but not the person's usual place of residence	Where accommodation is used due to a lack of housing and is not the person's usual place of residence.

## **Local services**

### **Bristol City Council GRT Team**

All encampments on Bristol City Council owned land are managed by the GRT Team.

Staff engage with people living in vehicles through site management of meanwhile sites, visits to encampments both on squatted sites and the kerbside, liaison with individual site representatives and use a range of other informal ways of working.

The GRT team chair a 6-weekly Vehicle Dwellers Professionals Meeting made up of: GRT Team, neighbourhood enforcement, parking services, anti-social behaviour & street intervention, public health, the police, St Mungo's and Bristol Drugs Project.

Health advice and support is available from a specialist Gypsy, Roma Traveller health visitor. They help to identify health needs early and improve health and wellbeing by promoting health, preventing ill health and reducing inequalities.

### **Bristol City Council Neighbourhood Enforcement Team (NET)**

All encampments on the highway are managed by the Neighbourhood Enforcement Team (NET).

Members of the public can let NET know about people living in vehicles on the road if there are concerns for their health and wellbeing or if there is a negative impact on the community.

### **Bristol City Council Homelessness services**

Some people living in vehicles in Bristol meet the definition of homelessness.

A preventative approach to homelessness and rough sleeping is taken by the local authority. Specific services are in place for people identified at higher risk of homelessness such as those leaving prison. Some services are commissioned to improve access for groups with protected characteristics.

## **ROADS**

The Recovery Orientated Alcohol and Drugs Service (ROADS) is commissioned by Bristol City Council and is a partnership between Bristol Drugs Project (BDP), Developing Health and Independence (DHI) and Avon and Wiltshire Mental Health Partnership NHS trust and BRISDOC. ROADS can help with advice such as getting an opioid substitute prescription, how to reduce the harm substances can cause, needle exchange, nursing support, including wound care, naloxone supply and blood-borne virus support. (Bristol City Council, 2023)

## **SARI**

SARI are part of Bristol's Strategic Partnership Against Hate Crime (SPAHC), working together to tackle hate in the city. They coordinate a number of groups that help to tackle hate and promote equality, including the Gypsy, Roma, Traveller Strategy Group (GR8T+).

## **St Mungos**

St Mungo's is commissioned by Bristol City Council to provide support to people who are currently, or at imminent risk of, rough sleeping in the city. Both the Bristol Street Outreach and Rough Sleeping Prevention Service deliver support to clients to help resolve their homelessness and hold monthly targeted sessions with people that live in vehicles.

## **Avon and Somerset Police**

Representatives from Avon and Somerset Police attend regular Vehicle Dwellers Professionals meetings. Several priority areas in the current Police and Crime Plan are relevant to the work, including a focus on supportive collaboration to improve community safety for all and address anti-social behaviour and drug crime.

## **5.Summary of existing evidence and data**

A scoping review of recent literature was conducted by the author in January – July 2023. The question was: “what are the health problems or needs of people living in vehicles?”.

Searches on PUBMED and Science direct were conducted using several terms for homelessness and living in vehicles, however the results were not specific to our question.

A Google Scholar search for “inadequate housing and health” and “health effects of living in a mobile home” found papers and relevant literature from which citations were followed up.

Although some studies and reports cover the health needs and outcomes of GRT communities, there was little published evidence covering the health needs of people living in vehicles in the UK.

### **Studies from North America**

“Vehicular homelessness” is described as a relatively recent urban phenomenon. In Los Angeles, people living in vehicles reported higher employment rates and were more likely to be actively looking for work compared to those experiencing other types of homelessness (Giamarino. C, 2022).

Compared with those living in bricks and mortar single family houses, participants living in mobile homes were found more likely to have respiratory conditions (Gan.W, 2017).

Approximately 35% of individuals experiencing homelessness in the Los Angeles region utilised their vehicle as their primary mode of shelter. Although a vehicle provided a form of shelter, there was a lack of consistent access to bathrooms, showers, and waste disposal. Reasons for being homeless cited by people living in vehicles in Los Angeles included substance use (12.7%), mental health issues (12.4%) and illness and physical disability (10.9%) (Homelessness Policy Research Unit, 2018).

## **UK GRT communities**

### **General health needs**

Health outcomes for GRT people in the UK have been found to be very poor. Frequently raised as a problem is access to primary and secondary care services (Women and Equalities Committee, 2019).

A review of evidence found that Gypsy, Roma and Traveller populations across Europe struggle to exercise their right to healthcare. The most reported barrier to access were health service issues. This included difficulties registering with primary care and issues such as personnel being reluctant to visit camps. Discrimination and attitudes of health service personnel was a prominent theme as were cultural, language and health literacy barriers (McFadden. A, 2018).

74 out of 100 UK GP surgeries failed to register mystery shoppers who identified as GRT+. (Friends, Families and Travellers, 2021)

Lack of access leads to delayed diagnoses and treatment with potential negative health consequences. Added to this, experiences of discrimination and derogatory attitudes of healthcare providers further undermine access. Gypsy and Traveller people voice concerns about the likelihood of receiving help and fear facing negative judgement. A range of health difficulties are reported including chronic obstructive pulmonary disease (COPD), asthma, diabetes, bladder problems, cancer, and mental health difficulties. Environmental factors, such as site locations and living conditions as well as occupational hazards are believed by Gypsy and Traveller people to be linked to the health conditions, they experience (Office for National Statistics , 2022).

### **Sexual and domestic violence**

Although there is little quantitative data on the extent of domestic abuse and violence against women and girls in Gypsy, Roma and Traveller communities, agencies and individuals report that this is a serious and long-standing problem (Women and Equalities Committee, 2019).

Barriers to support for sexual and/or domestic abuse include:

1. Discrimination and Mistrust
2. Exclusion and Isolation
3. Culture and Moral Codes
4. Education, Literacy and Language

## 5. Risks and Repercussions

(Lime Culture, 2022)

High rates of Caesarean birth, miscarriage, pregnancy loss and/or child loss are reported by Gypsy, Roma and Traveller people and health professionals (Friends, Families and Travellers, 2023).

### **Cancer prevention and screening**

Research was conducted in Wales and Southwest England; Gypsies, Roma and Travellers were interviewed to establish their knowledge of cancer prevention and screening. Although there was found to be an understanding of lifestyle factors, such as healthy diet, stopping smoking and drinking less alcohol to reduce cancer risk, there was a lack of confidence in the effectiveness of these measures, particularly in relation to smoking. Participants described cancer as a taboo disease not spoken about outside of the family. Most women reported that they engage with cervical and breast screening, but few Gypsy/Traveller men would engage with bowel screening due to a conflict with ideals of stoical masculinity (Condon, 2021).

## 6. Professionals

Email discussions and in-depth interviews were conducted with professionals working with people living in vehicles in Bristol from healthcare, public health, support services (both adult and young people) and enforcement. Interviews were recorded and transcribed and combined with email communications. Thematic analysis was conducted on this qualitative data and the following themes identified.

- Health and wellbeing concerns and access to healthcare
- Substance Use
- Amenities
- Communities and individuals
- Wood and fires
- Meanwhile sites
- Caravans
- Communication

### **Health and wellbeing concerns and access to healthcare**

Respiratory health conditions, such as asthma, had been noticed with coughs and chestiness common.

As a result of living in cold and damp conditions, there was thought to be a higher risk of hypothermia.

One professional described lack of access to health services, such as the district nurse being unwilling to make visits to people in vehicles.

However, some health service outreach staff were also known to proactively engage and raise concerns for health.

There are services which use the postal systems to communicate, such as sending invitations to cervical screening. People living in vehicles may not have a postal address or may use one which they check sporadically. They could miss out on an invitation to screening due to the method of communication used.

Some professionals described older people living in vehicles as having intentionally positioned themselves near to a hospital to access their appointments there more easily.

Complex cases were described including pregnancy and domestic abuse.

Poor mental health, loneliness and isolation were described. But also, people supporting each other and having a sense of community.

Smoking was thought to be common and access to dental care difficult.

People living in vehicles are known to be victims of antisocial behaviour and criminal damage, such as slashed tyres.

## **Substance use**

Substance use and risks associated with intravenous drug use were raised as a concern.

Some people using needle exchange services are known to live in vehicles and Ketamine and heroin were both mentioned as substances which are known to be used. There were reports that some clients of substance use services who live in vehicles have sustained bladder damage from Ketamine use. In some, this has led to heroin use to manage the pain experienced as a result.

## **Amenities**

Professionals described amenities that they have observed in vehicles. It was thought unusual to have a toilet or shower in the vehicle, but most are thought to have cooking facilities and a kettle on the stove. Electricity supply was rarely seen and as a result, fridges and freezers were uncommon.

It was thought to be due to access to toilets that living by a park was popular.

## **Communities and individuals**

A wide range of individuals and communities living in vehicles in Bristol were described by professionals.

Living in vehicles and following a nomadic habit of life is understood to be part of the heritage and culture of people from Gypsy, Roma, and other travelling communities. These groups were considered to have a deeply rooted understanding of vehicle living and systems of support, such as the purchase of a new and well kitted-out vehicle for a newly married couple.

More recently, other semi-nomadic habits have developed and are seen amongst people working as lorry drivers, in the entertainment industry and/or at festivals. For some, renting a property in Bristol when they may be elsewhere for many months of the year is not seen as worth the cost. Living in a vehicle allows them to do their job and can also provide somewhere to live while in Bristol.

A common observation was that people live in vehicles because they cannot afford to rent or buy a home in Bristol. Some may be working and saving up for a deposit for a mortgage or for a rental property. Others for example, European workers, most commonly working in service and hospitality industries and health and social care have come to the UK to work and can maximise their earnings by not spending excessively on housing.

Clients of rough sleeping outreach services were sometimes found living in abandoned or rented caravans or cars in Bristol.

It was reported as unusual to see children living in vehicles in Bristol and vehicle living amongst young people was most usually thought to be in a caravan outside the family home rather than on sites or kerbside. This was observed in areas of higher deprivation and thought to be due to lack of space indoors. The young person may live as part of the family unit but with the caravan as their bedroom.

There was also a description of an ex-husband living in a caravan outside the family home.

Given these variations, there are thought to be different levels of understanding of how to live most comfortably and healthily in a vehicle. People who are the first generation in their family or community to live in a vehicle are less likely to have had relevant skills passed on or support available. Whilst they may access information online, this may give an expectation of vehicle living which the reality of doing so in Bristol cannot live up to.

Data collection was thought to be inconsistent, and it was hard for professionals to report exactly how many people live in vehicles.

## **Wood and fires**

Concerns were raised about potential issues with smoke inhalation, especially where the wood being burnt was damp or treated with chemicals. Rubbish on campfires, lack of smoke detectors or carbon

monoxide monitors, and lack of ventilation were also thought to contribute to increased risk.

## **Meanwhile sites**

'Meanwhile' sites were described as helpful in supporting health as they provide a water supply and toilets as well as help with access to services.

However, some professionals mentioned that the temporary nature of the meanwhile sites, very basic facilities and locations meant that it was not possible for people to gain a sense of pride or form communities in the way they can on permanent sites.

## **Caravans**

Professionals explained that older caravans are being purchased and rented to people. Some caravans were described as very dilapidated and often the people who live in them kerbside would otherwise have nowhere to live. This may be less true of people living in caravans on meanwhile sites.

Homeless service professionals reported that they have found clients who were previously rough sleeping now using caravans.

Neighbourhood enforcement teams explained that even when a group of people living in motorised vehicles are already parked up, complaints of anti-social behaviour from residents increase when caravans arrive at a highway or at a squatted site. They also described those living in caravans as having higher support needs and being more likely to need medical attention.

People living in caravans were described as more likely to be younger adults of between 20-25 years old.

## **Communication**

It was suggested that text or email are better ways of communicating with people living in vehicles than post.

“We advise all site users to use a care of address for post, this is because we are not able to provide secure “mail boxes” and want to reduce the risk of mail being tampered with. However, occupants of the meanwhile sites can use the site address as their place of residence on applications for universal credit and other benefits and signing up to

health services, but mail cannot be sent to them at the site. This has caused a few issues with health centres who persist in sending post to the sites, despite this being flagged on their health records, some missing out on important health appointments, which would have been avoided had an email been sent instead.”

## Case examples described by professionals

“One of the individuals on one of my sites has been suffering with all sorts of issues with the lungs for some time and actually being off the roadside and being on a site has enabled them to go and have chest X-ray and blood samples taken to just find out whether it was asthma or whether there was anything going on there.”

“I did have a guy recently on one of the sites who has just come out of alcohol detox.”

“We’ve got a girl at the moment who's in a caravan ...poor mental health ...she shouldn't be there. She's been flagged up a number of times, but nobody can get anywhere with her. No, she won't engage with anybody. There's nothing to her. She's just all skin and bone, it's quite frightening really.”

“We had one guy who had lots of mental health issues. Through St Mungo's homelessness team, he was rehoused, he wanted to go back to London and that was all set up for him. But we have seen him back in the area again, so I don't know what's brought him back. We haven't seen him in a vehicle again yet, but we have seen him around some of our sites. He had health issues. He just looked ill, very bedraggled, very unkept. Obviously wasn't eating properly because there was nothing to him. I would say he was a substance user.”

“We had a pregnant woman who we were trying to support along with St Mungo's. There were domestic abuse issues as well, and concerns because of that. Everything was put in place, and we were kind of acting to keep an eye on her and raise any issues.”

## **7.The voice of people living in vehicles**

As well as a review of data from interviews with local professionals and relevant research and publications, primary data was gathered from people living in vehicles in Bristol. A 30-question targeted survey gained 78 responses (around 10% of the estimated population) between April to June 2023. The survey respondents were self-selecting.

Development of the survey was supported by advice and guidance from the Public Health epidemiology team and questions used were from the Quality-of-Life survey where possible. The respondents to the Quality-of-Life survey are also self-selecting. However, this approach allowed comparison between cohorts. Other questions were developed with frontline workers and the epidemiology team.

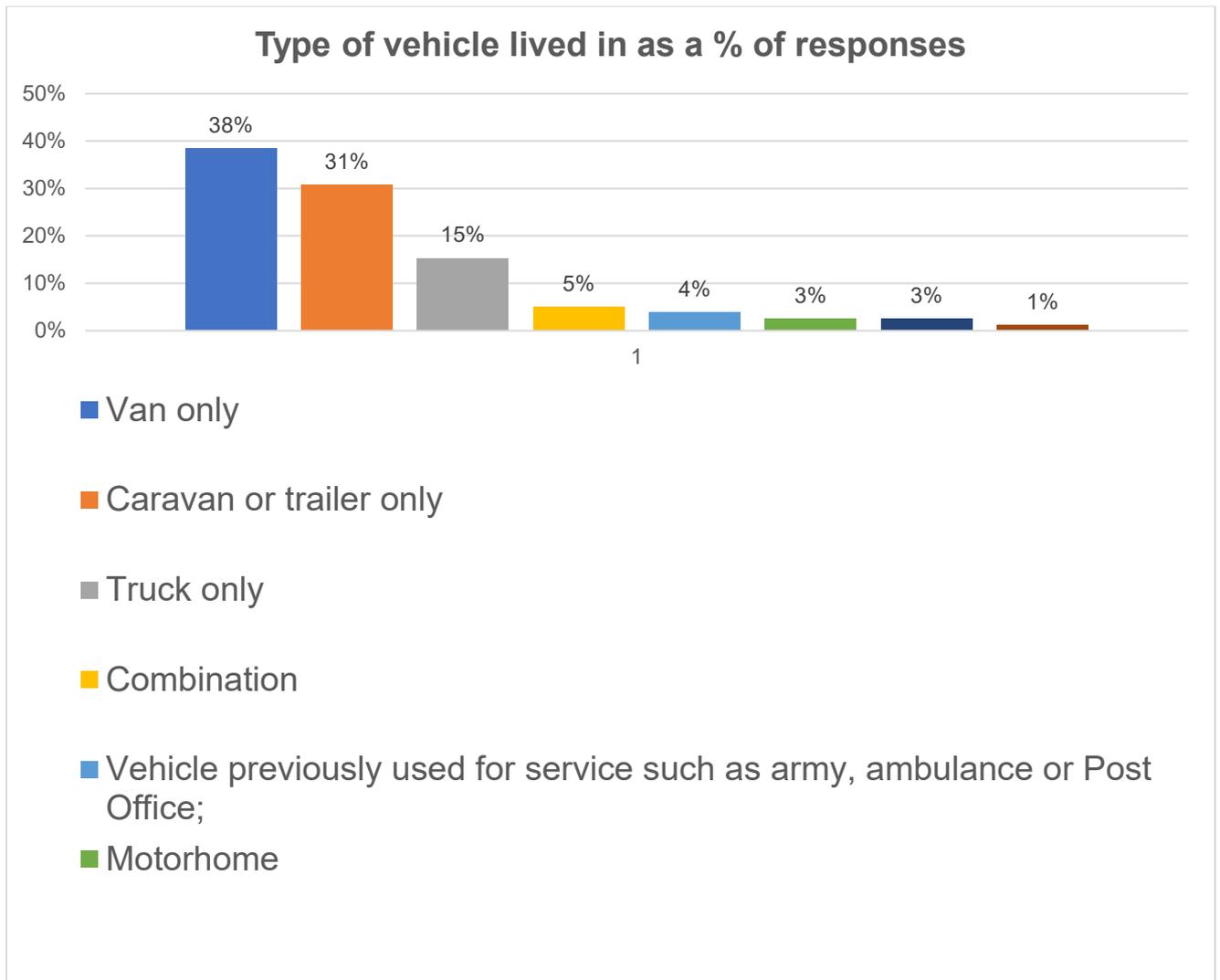
Targeted engagement work was undertaken by frontline professionals from the council's GRT and community teams. Partner organisations supported engagement with, and completion of, the survey.

In addition, a small amount of selected data comparisons were made between data from 184 people who reported living in 'a caravan or other mobile or temporary structure' and the Bristol average from census 2021.

### **Living situation, access to amenities**

71% of survey respondents reported being the only person living in the vehicle. Only nine out of the 78 respondents reported they have children who live with them full or part time.

Figure 1 shows the percentage of survey respondents that reported they live in each type of vehicle. 38% of respondents reported they live in a van and 15% in a truck. 31% reported they live in a caravan or trailer. 5% of respondents reported they have a combination of vehicles they use to live in such as a truck and a caravan. 4% reported living in a vehicle previously used for service, 3% in a car and 1% in a campervan.



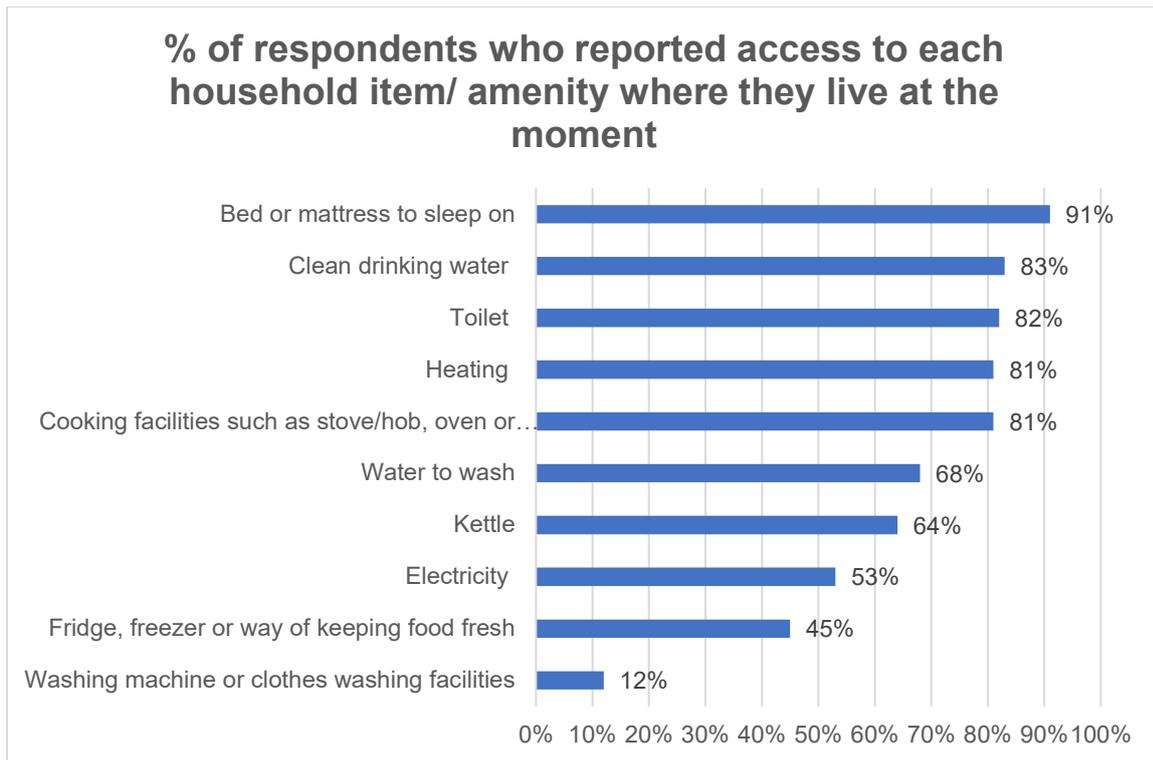
**FIGURE 1**

Respondents were asked to select from a list of standard household items/amenities they had access to where they live currently.

Figure 2 shows the percentage of respondents who reported access to each amenity where they live now.

91% selected that they have a bed or mattress to sleep on while only 12% reported access to a washing machine or clothes washing facilities. Of particular concern was that 17% of respondents did not report access to clean drinking water, 18% did not report access to a toilet and 32% did not report access to water to wash in. 55% did not report access to a fridge, freezer, or way of keeping food fresh.

81% reported they have heating and the same that they have cooking facilities such as a stove, hob, oven or microwave. 64% responded they have a kettle and 53% electricity.



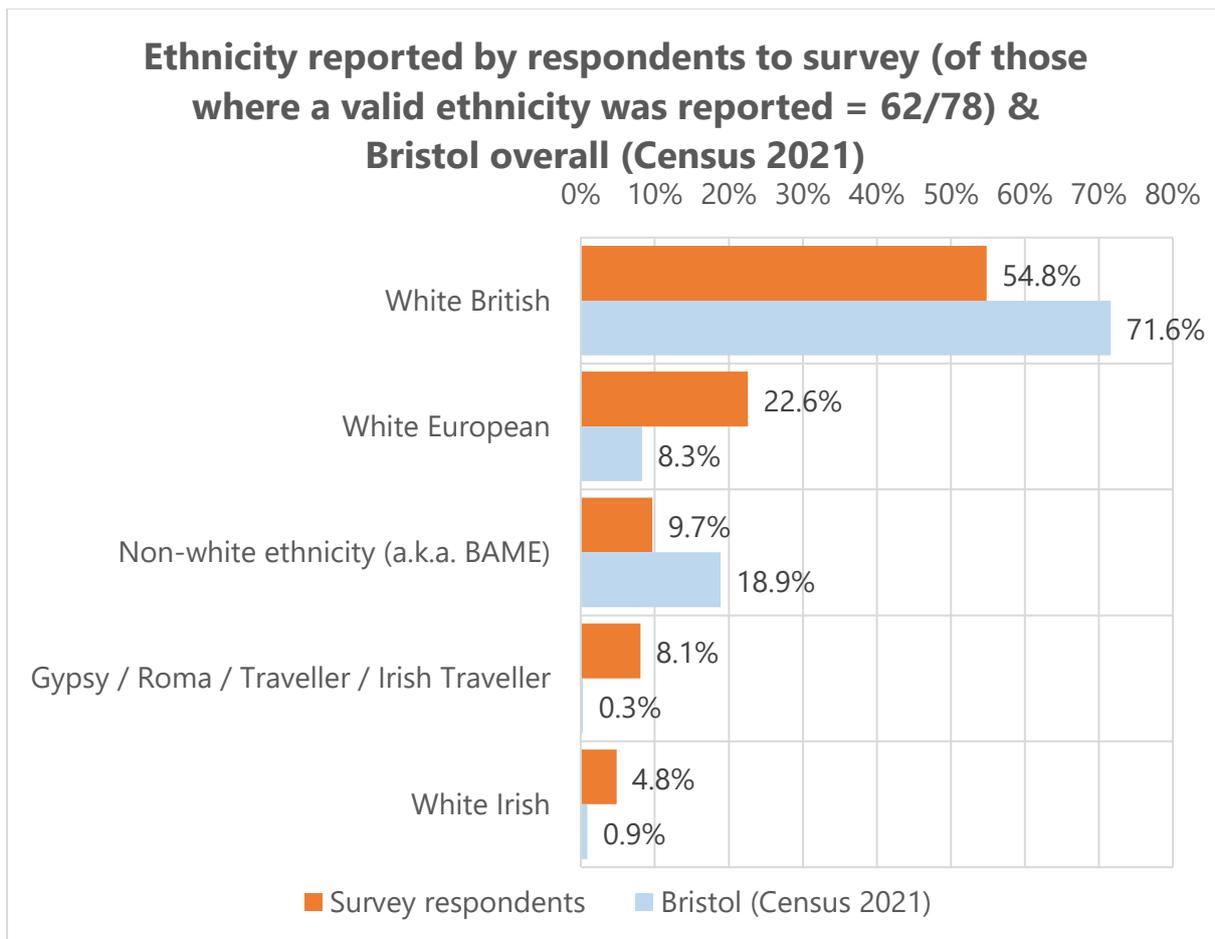
**FIGURE 2**

## Demographics

42% of respondents reported they were female and 54% male. The remainder of those who answered (4%) gave their sex as “other”.

Figure 3 shows the ethnicity reported by respondents to survey (of those where a valid ethnicity was reported) and Bristol overall (from census 2021). 54.8% are White British which is lower than Bristol overall (71.6%). 9.7% selected options within Black, Asian and Minority ethnic groups - lower than that of the Bristol population (18.9%).

22.6% selected that they are white European (8.3% for Bristol), 8.1% GRT (0.3% for Bristol) and 4.8% White Irish (0.9% for Bristol).



**FIGURE 3**

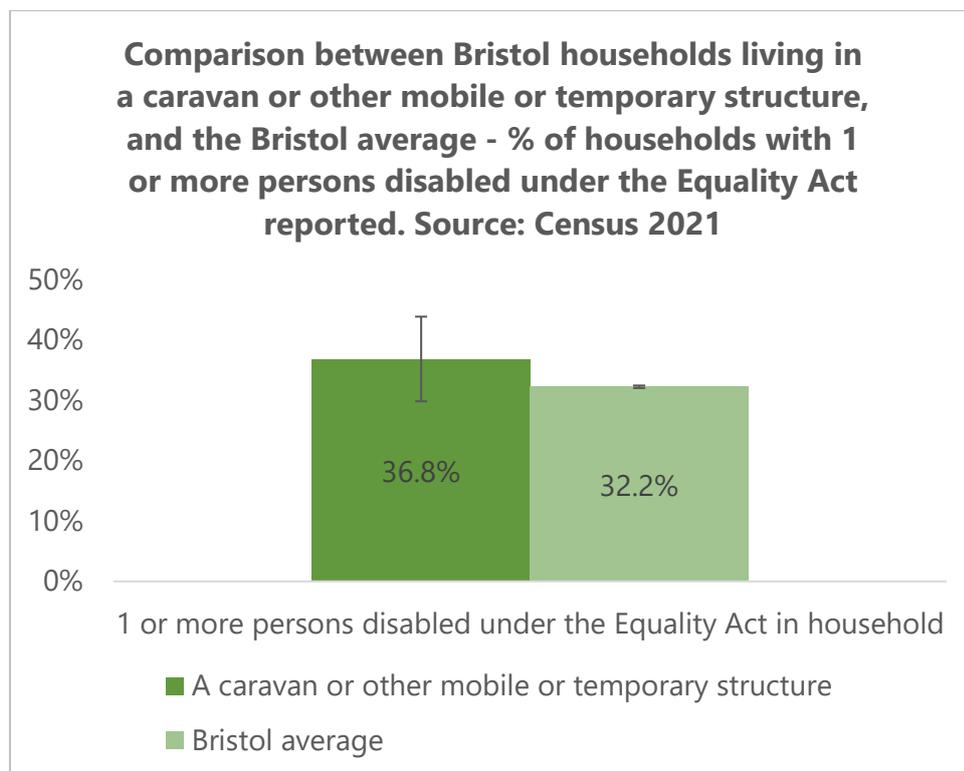
10% of those who responded answered 'yes' to a question which asked if they identify as Disabled. 9% responded that they would prefer not to say.

Further data analysis showed that 24% of caravan/trailer dwellers and 5% of people living in other types of vehicles reported that they considered themselves disabled.

63% of caravan/trailer dwellers and 28% of other respondents reported that they had... 'any physical or mental health conditions or illnesses lasting or expected to last 12 months or more'.

Figure 4 shows a graph using census data. Of those who reported living in 'a caravan or other mobile or temporary structure' 36.8% meet the Equality act definition of 'Disabled'. This is slightly higher than the Bristol average of 32.3%.

## Census data



**FIGURE 4**

Figure 5 shows the age distribution of respondents to the survey (of those whose age was known) and the Bristol overall from census 2021. The oldest respondent to the survey was 79 and the youngest 18 years. Most were between 25 and 49 years. This differs from the age profile of the wider Bristol population which has far more under 25s and over 50s.

A far lower proportion (8.8%) of respondents were under 25 compared to 32.6% in Bristol overall. 14.7% of respondents were in the 25-29 age group compared to 9.4% in Bristol. The age group with the highest proportion of survey respondents was 30-34 with 32.4%, far higher than in Bristol overall (9.3%). There was also a higher proportion of survey respondents who were 35-39, 40-44 and 45-49 (14.7%, 11.8% and 8.8%) than in the wider Bristol population (8.1%, 6.7% and 5.7%). Only 8.8% of survey respondents were aged 50 and over compared to 28.3% in Bristol overall.

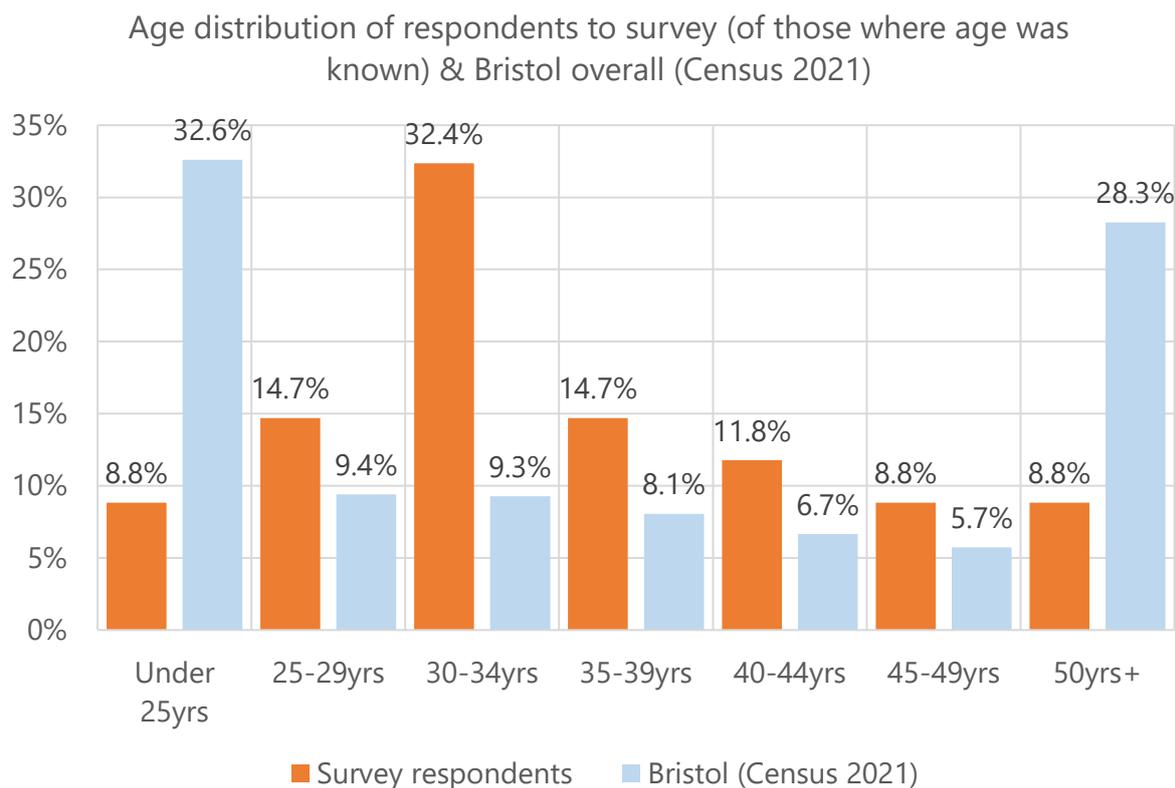


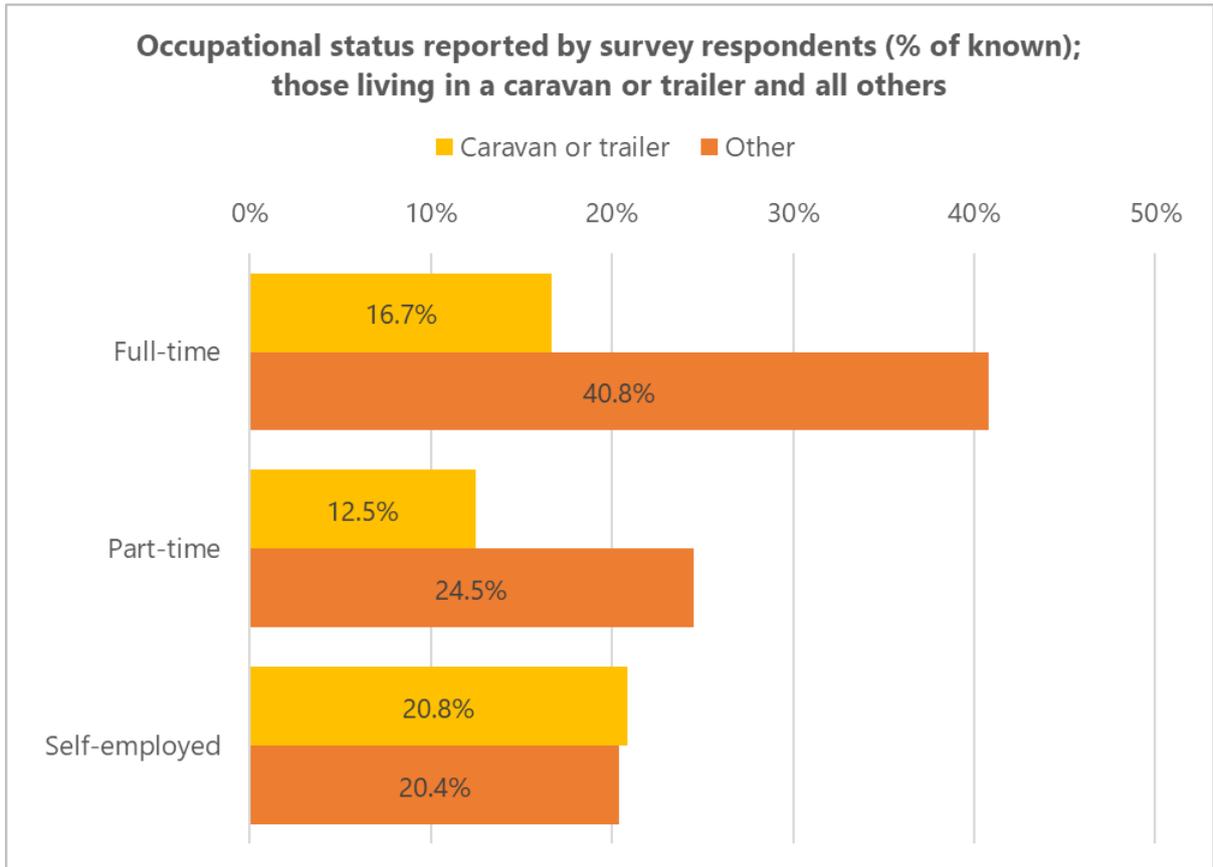
Figure 5

## Employment

Figure 6 shows that although 74% of all respondents to the survey reported being in work, when data were further analysed, differences in reported employment levels were found between people living in caravans and those living in other types of vehicles.

86% of those living in vehicles other than caravans reported being in full, part time or self-employed work. For those who reported living in a caravan, this was 50%.

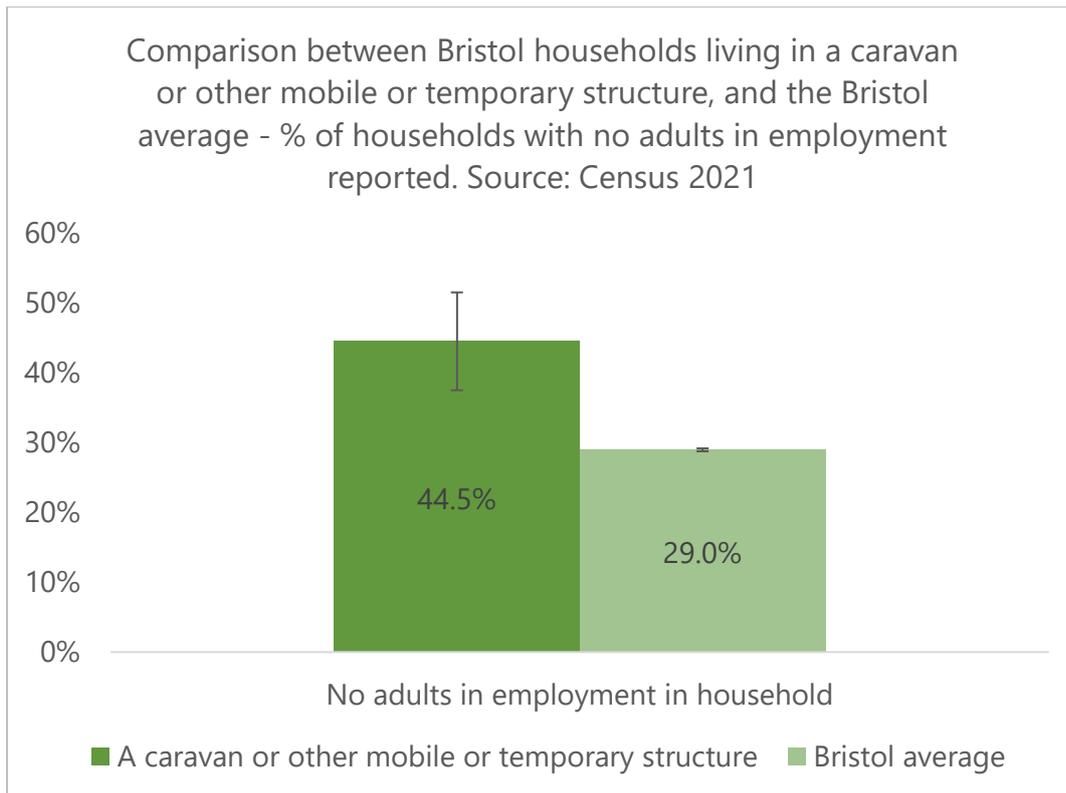
The largest difference in reported employment type between people living in caravans and those in other types of vehicles, was in the percentage of those in full time work. 16.7% of those living in caravans reported being in full time work compared to 40.8% of those living in other types of vehicles. For part time work, there was also a large difference – 12.5% vs. 24.5%. However, the proportions of those in self-employed work were similar for the cohorts at roughly 20%.



**FIGURE 6**

**Census data**

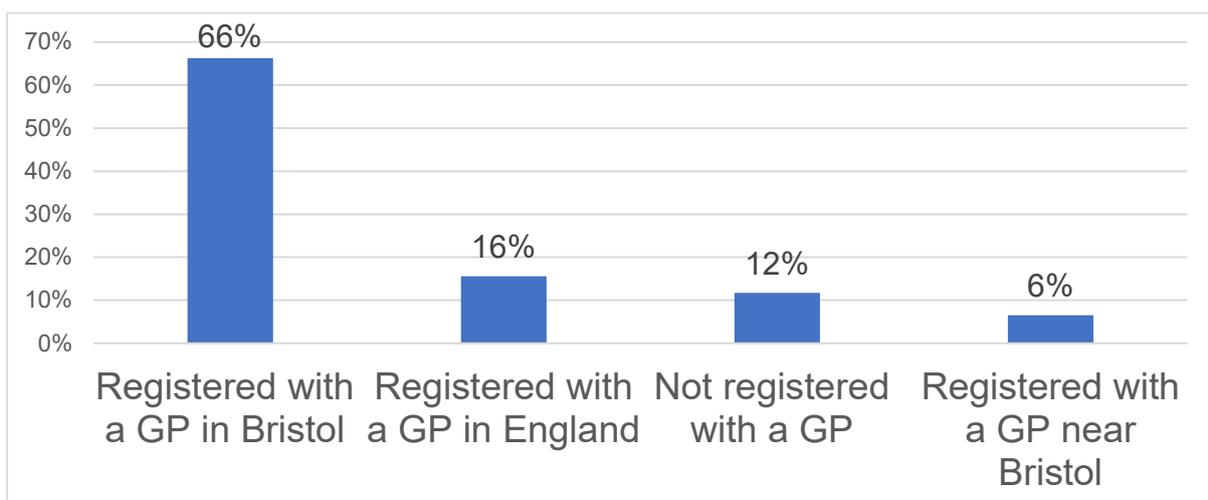
Figure 7 shows that 44.5% of census respondents who identified as living in a caravan or other mobile or temporary structure reported that there were no adults in employment in the household, compared to a Bristol average of 29%.



**FIGURE 7**

## Engagement with health services

Figure 8 shows that 66% of respondents reported being registered with a GP within Bristol or the surrounding areas of Bath, North Somerset or South Gloucestershire (6%). 16% Reported being registered elsewhere in England and 12 % not registered with a GP.



**FIGURE 8**

Figure 9 shows that 52.6% of respondents reported they had accessed a GP or nurse at a surgery within the last 12 months. 15.4% had attended

an emergency A&E department and 2.6% had been admitted for an overnight stay in hospital (including both planned and unplanned). 16.7% reported having seen a dentist for a checkup and 15.4% for help with a dental problem.

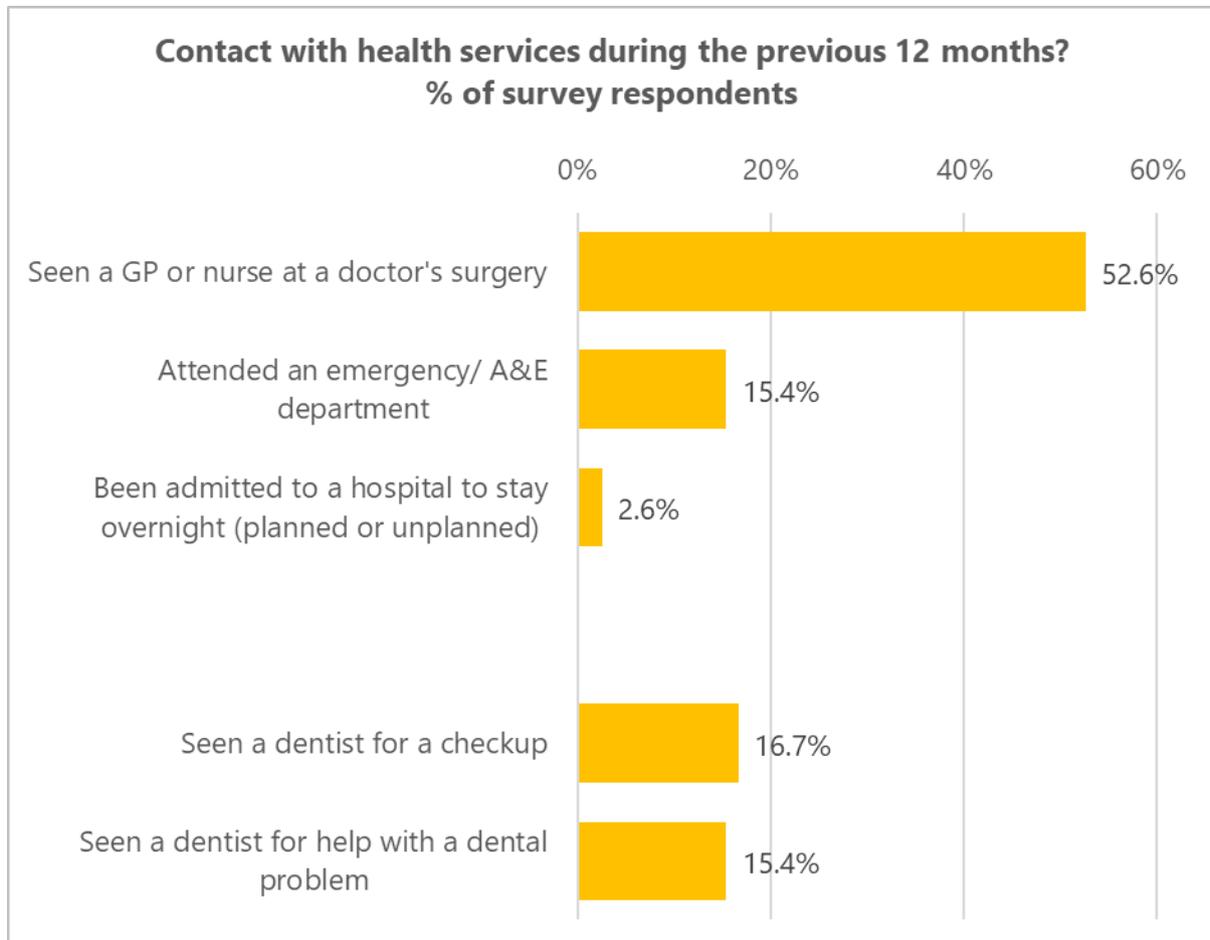
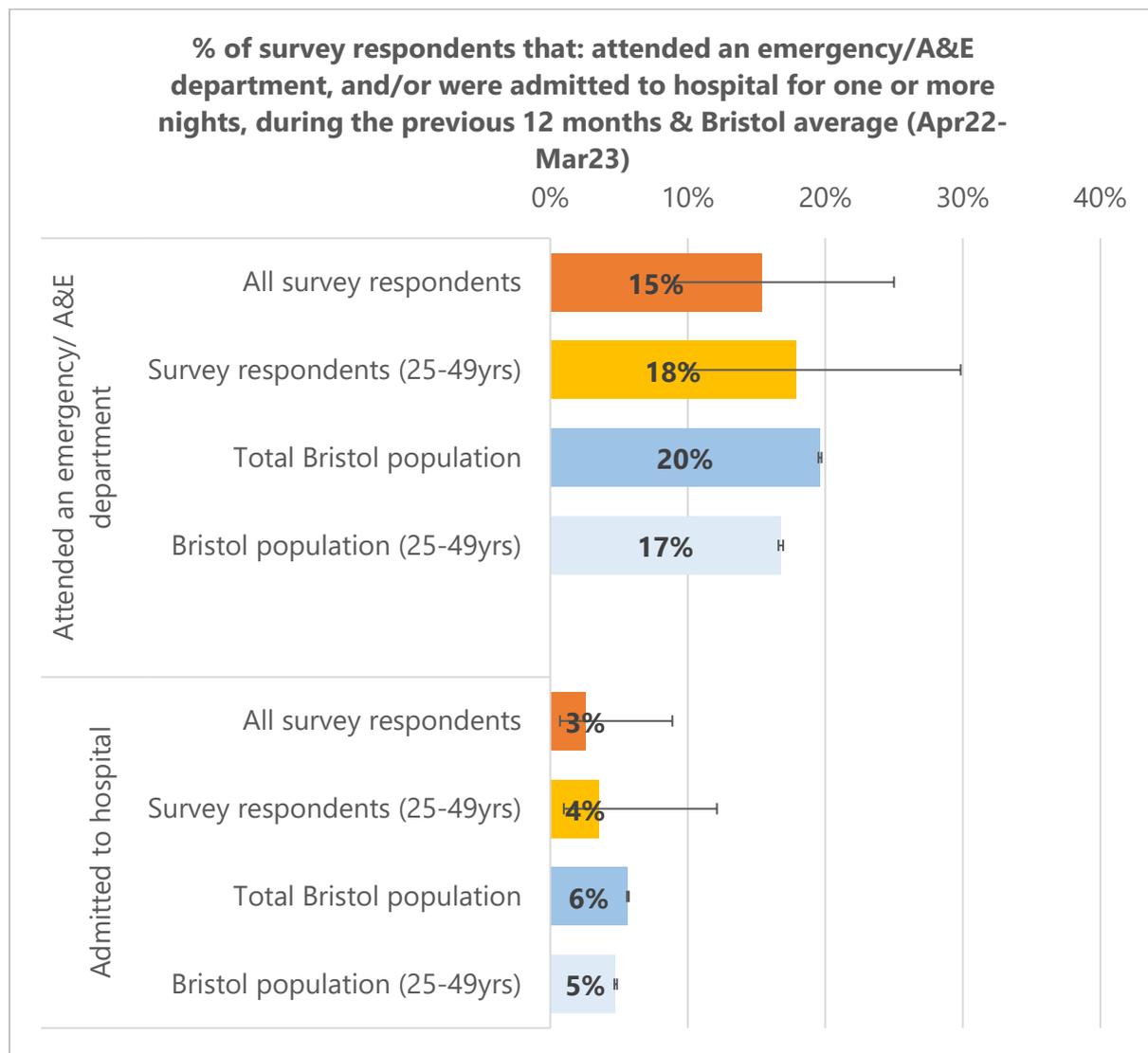


Figure 9

Hospital Episode Statistics (HES) provide data on healthcare contacts reported by NHS services for all Bristol residents. Figure 10 shows comparisons between HES data and survey responses for hospital admissions and A&E attendances. 15% of survey respondents reported they had attended an emergency A&E department in the previous 12 months compared to a Bristol average of 20%. For the 25–49 year-old age group, this was 18% and 17%.

3% of survey respondents reported they were admitted to hospital in the last 12 months compared to a Bristol average of 6%. For the 25–49 year-old age group, this was 4% vs 5%.

Overall, there appears to be a similar or lower likelihood of survey respondents reporting use of hospital services over the last 12 months compared to the Bristol average.

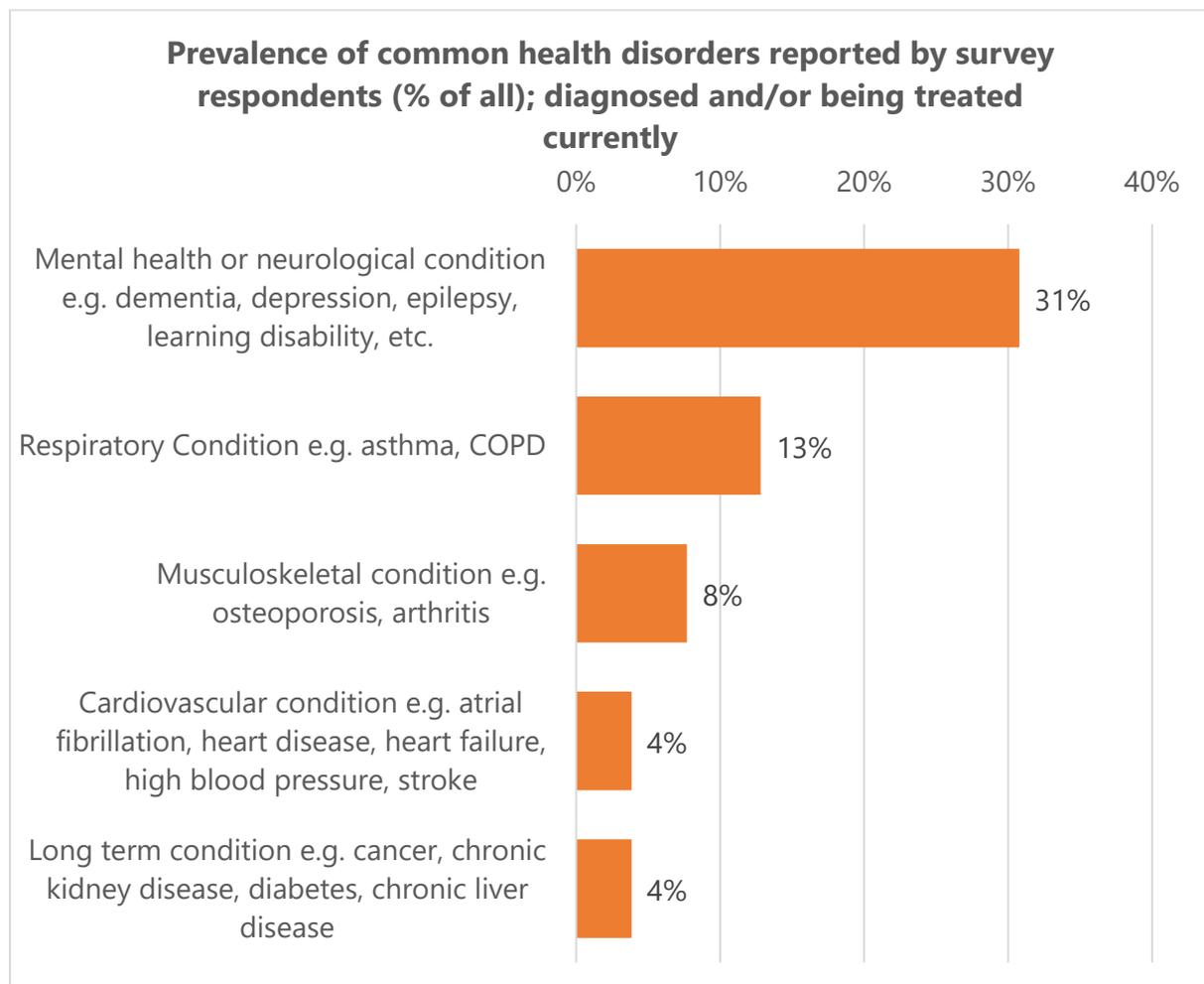


**FIGURE 10**

### Common Health Disorders

40% of respondents reported that they have physical or mental health conditions expected to last 12 months or more (including problems related to old age). For respondents living in a caravan or trailer, this was 63%. The Bristol average from the latest Quality of Life data is 24%. Participants were asked to select from a list of common health disorders, any that they had been diagnosed with or were being treated for.

Figure 11 shows that ‘Mental health or neurological’ was the group of conditions which the highest percentage of survey respondents reported they were diagnosed with or being treated for. Respiratory conditions such as asthma and COPD were selected by 13% of participants, Musculoskeletal conditions by 8% Cardiovascular conditions by 4% and long-term conditions (such as cancer, chronic kidney disease, diabetes or chronic liver disease) by 4%.

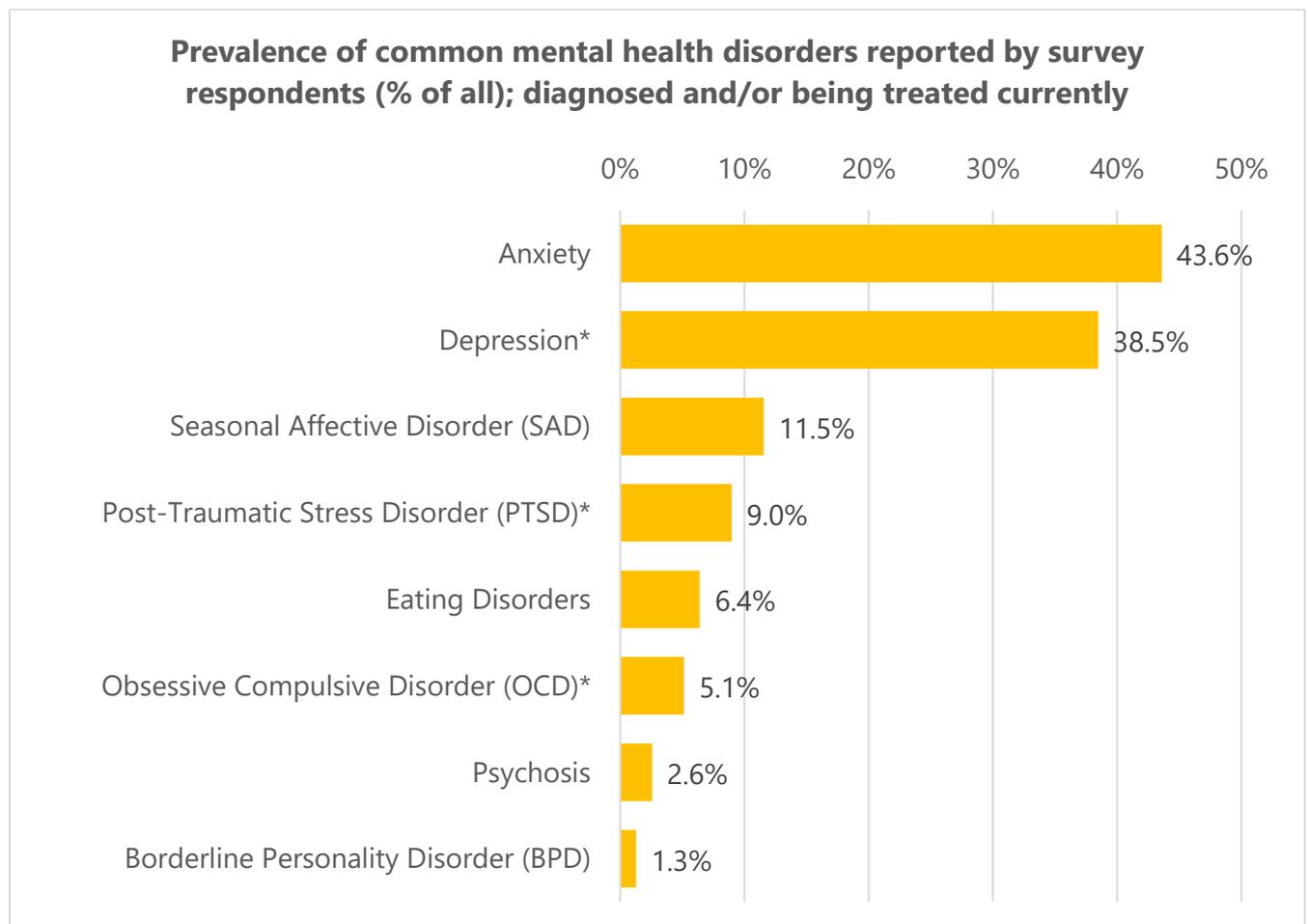


**FIGURE 11**

Although a direct comparison is not available, of patients registered with GP practices in 2021/2 in Bristol, 1.7% are recorded as being treated for Chronic Obstructive Pulmonary Disease (COPD) and 6.3% for asthma. This suggests that the prevalence of these conditions is much lower in the wider Bristol population than in survey participants.

## Mental health conditions and social connections

Figure 12 shows the prevalence of common mental health disorders reported by respondents. A diagnosis or treatment for anxiety was reported by 43.6% of respondents; depression by 38.5%, Seasonal Affective Disorder (SAD) by 11.5%, Post Traumatic Stress Disorder by 9%, an Eating Disorder by 6.4%, Obsessive Compulsive Disorder (OCD) by 5.1%, Psychosis by 2.6% and Borderline Personality Disorder by 1.3%.



**FIGURE 12**

\*Comparisons to the wider population prevalence of mental health conditions are difficult due to the absence of reliable and recent comparator data, but approximate comparisons can be made for some conditions to England averages estimated in the Adult Psychiatric Morbidity Survey 2014:

Adults ever diagnosed with...

**Depression – 20.9%**

**Obsessive Compulsive Disorder (OCD) – 1.1%**

**Post-Traumatic Stress Disorder (PTSD) – 1.9%**

However, several respondents mentioned improved mental health through vehicle living due to less financial stress compared to living in rented accommodation in Bristol. Being in nature, feelings of freedom and community were also reported as positive impacts of vehicle living on health and wellbeing.

Survey respondents were asked a series of questions that can be used to calculate a measure of overall mental wellbeing.

Analysis indicated that in most respects the mental wellbeing of the survey respondents was typical of the Bristol average.

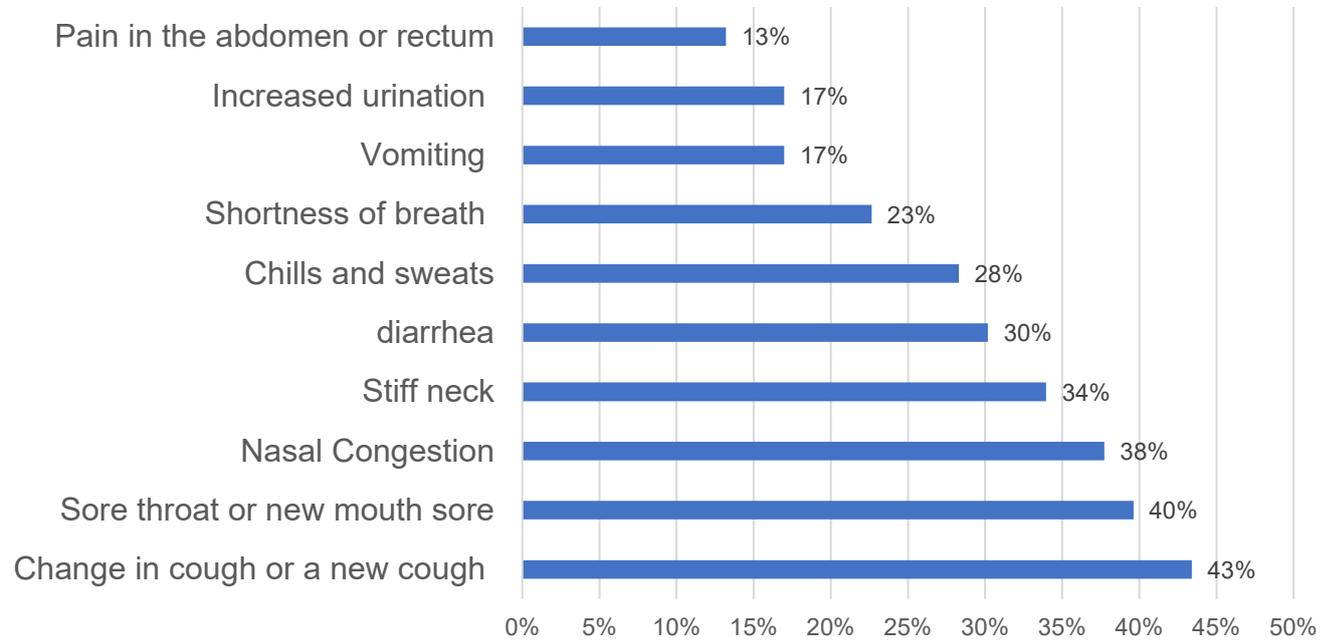
However, when data for people living in caravans or trailers was removed, the results included a higher frequency of high scores indicating better mental wellbeing than the Bristol average.

## **Symptoms**

Figure 13 shows the percentage of respondents who reported they had experienced each symptom in the last 12 months, from a list provided in the survey, all of which can be symptoms of infectious disease.

43% reported they had had a change in cough or new cough and 40% a sore throat or new mouth sore. 38% reported having had nasal congestion, 34% a stiff neck and 30% diarrhea. Chills and sweats were reported by 28% and shortness of breath by 23%. 17% reported shortness of breath and the same proportion increased urination. A pain in the abdomen or rectum was reported by 13%.

## Percentage of respondents who reported each symptoms of infectious disease within the last 12 months



**FIGURE 13**

Not included in Figure 13, Dental pain and joint pain were reported as experienced in the last 12 months by around quarter of the respondents.

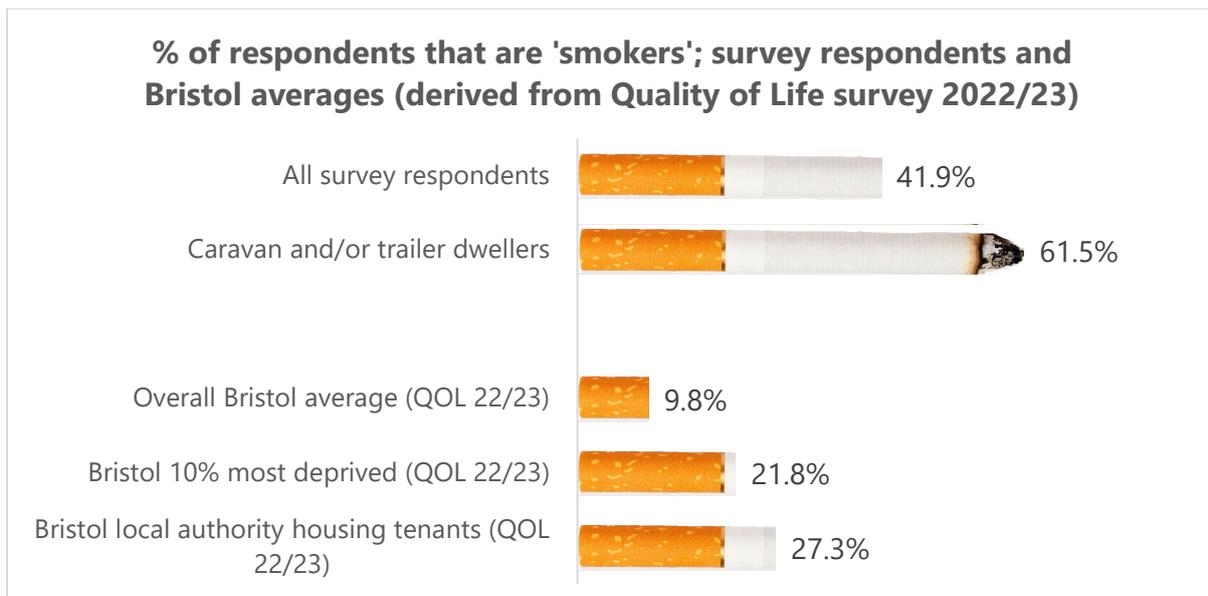
### Respiratory health – smoking and wood burners

Figure 14 shows the percentage of Quality-of-life survey respondents in Bristol average who said they smoke is 9.8%. A higher percentage (21.8%) is reported from people living in areas of deprivation and 27.3 % amongst those who live in local authority housing.

People living in vehicles who participated in the survey were far more likely to report they smoke.

Of 76 people who answered, 41.9 % said they smoke and this was even higher amongst people living in caravans or trailers at 61.5%.

In addition, 29% of respondents reported they burn solid fuel 5 times a week compared to the Bristol average from Quality of Life which is 1.3%.



**FIGURE 14**

## Use of alcohol and other drugs

Based on analysis of responses, an estimated 19% of survey respondents are likely to be drinking more than the recommended 14-units of alcohol per week, and 27% of those that live in a caravan and/or trailer.

Data for the wider Bristol population for the three years 2015-2018 shows that 29.7% drink over 14 units per week (Office for Health Improvement and Disparities , 2023).

16% of respondents to the Quality-of-Life survey were assessed as at higher risk of alcohol related problems (Bristol City Council , 2023)

A list of substances was included for respondents to select that they had used in the last month, the last year or not applicable.

From the responses received, it appears a wide range of illegal substances are regularly used by some people living in vehicles.

Printing errors on the surveys along with low response rates to this question meant that further meaningful analysis was not possible.

## Victims of crime

People living in vehicles were significantly more likely to report being a victim of crime than the Bristol average and harassment and discrimination were mentioned as a negative impact of vehicle living.

The percentage of survey respondents who reported they have been a victim of crime during the last 12 months was compared to the Bristol Average from Quality of Life 2022/23 responses.

25% of survey respondents reported having been a victim of crime within the last 12 months, much higher than the Bristol average of 13%.

## **Health and wellbeing impacts of vehicle living**

Included in the survey was the following question:

“What effects (positive and negative) do you think living in a vehicle is having on your health and wellbeing?”

Analysis was carried out on responses and themes identified. The following is a list of these themes along with an example quote:

### **Positive Themes**

#### **1. Escape from high rent, poor living conditions, feeling tied down, financial stress and difficulties**

“I don't have to deal with landlords who treat you badly and hike up prices and rooms are mouldy. I have more control over my life/money. I am able to eat well because all my money doesn't go on rent.”

#### **2. Better Mental Health**

“Living with my family and friends is very important for my mental health and wellbeing. We all support each other in our group.”

#### **3. Own Space and freedom**

“I have my own place only for me.”

#### **4. Being in nature**

“I find living in a vehicle more positive in general, as I'm more connected to the seasons.”

#### **5. Sense of community**

“Living in a vehicle overall mostly has a positive impact as my mental health suffers without a community around. It also

means that I get support when I need help with shopping and certain tasks due to health.”

## **Negative Themes**

### **1. Harassment and discrimination**

“The negative effects tend to be consequences of public opinion more than the vehicle dwelling itself.”

### **2. Winter- Seasonal Adjustment Disorder and feeling cold**

“It's a struggle working full time in the winter due to cold and lack of solar power during the winter months.”

### **3. Extra time and effort involved in vehicle living**

“Simple things like making sure you have enough water and gas and having to go off-site to wash all take time out of my day, which can all add up if you are also trying to maintain a social life as well as working full time!”

## **Meanwhile sites**

Meanwhile sites are unused land owned by BCC which has been set aside for future redevelopment. Until such sites are used for their intended purpose, some are used ‘meanwhile’. Sites come with fresh water, waste disposal and chemical toilets.

Although no specific questions were asked about the sites, five respondents chose to feedback on these using space for further comments provided at the end of the survey.

The following are quotes from this feedback which also further illustrate themes identified of positive and negative impacts of vehicle living.

“I am thankful to the council people involved with making meanwhile sites possible. It is really great to feel entitled and heard about my lifestyle choice for the first time in years. I personally live this way by choice, and the biggest difficulties have been previous to meanwhile sites, as even if it is a choice, it hasn't been easy when living roadside or living in unauthorised encampments. It was very difficult then to keep on top of living, managing work as well as health issues, and

having to move all the time. I would really hope that it can carry on, giving people the choice to live in a vehicle in a legal way.”

“Living in a vehicle overall mostly has a positive impact as my mental health suffers without a community around. It also means that I get support when I need help with shopping and certain tasks due to health. I used to feel a lot worse mental health and support wise when I lived in a house. Meanwhile sites have also had a positive impact, since it has taken away the most negative parts of living in a vehicle, like feeling vulnerable, being moved on often and the inability to always stick to the community I have chosen and want to live around.”

“Living with a mutually supportive community has been very positive for me. Previously I was curbside for several years which was not so good as I experienced some harassment and hostility, suffered more with anxiety and insomnia. Living in a vehicle generally shouldn't necessarily have any negative health effects - I've been living this way for decades and know how to manage and keep warm in winter etc.”

“My life improved a lot since I moved to my fully equipped campervan self-converted. As well the site provided by the council makes me feel secure and my belongings safe as well.”

“Community living has huge benefits to my mental wellbeing as I feel supported. This has been especially important following the loss of a close family member. Not having a stable base for my van/being moved on has affected me. Meanwhile site has been very helpful especially a community that works.”

## **8. Summary**

### **Homelessness**

Previous studies have found that for some, living in a vehicle is a form of homelessness.

Representatives from outreach services described clients of theirs who have previously been rough sleeping now living in caravans.

In the United States, the term “Vehicular homelessness” is used to describe people living in vehicles who would otherwise have nowhere to live. This term may be useful in considering where homelessness and vehicle living overlap and what might be done to ensure access to appropriate support services.

Bristol reported 58 street homeless to the at the 2022 (Autumn) National Rough Sleeper Street count, 10 fewer than the number reported to the same count in 2021 (Bristol City Council , 2023)

However, vehicle living has increased in Bristol. This is of particular concern where people with high support needs who would otherwise be rough sleeping, are living in rented caravans on the highway or squatted sites.

Professionals reported that people living in caravans often had higher support needs and poorer health than those living in other types of vehicles. This was reflected in analysis of survey data.

The proportion of survey respondents that live in a caravan who reported they smoke was very high (61.5%)

People living in caravans were found to be far less likely to be in full or part time employment compared to people living in other types of vehicles or the Bristol average.

They were also more likely to report they have a long-term medical condition and to report they are disabled compared to those living in other types of vehicles or the Bristol average.

### **Access to health services**

Studies of GRT communities suggest difficulties with access to health services including difficulties registering with a GP.

However, most respondents to the survey reported being registered with a GP and over half had visited the surgery within the last 12 months.

The number of attendances to A&E and stays in hospital appears similar in survey respondents to that of the Bristol average.

Whilst GP and dental services tend to use text to contact patients, some health services such as screening programmes e.g., cervical screening use the postal system. People living in vehicles may be missing out if they do not have a postal address.

## **Access to amenities**

Professionals reported similar levels of access to facilities and common household appliances observed in people living in vehicles as the survey respondents themselves.

Highlighted were – lack of access to a toilet, water to wash in, facilities to clean clothes or keep food fresh.

Possibly linked to this, some symptoms of infectious disease were reported by survey respondents. Although no comparison data has been identified to assess whether these are more common in this population than the Bristol average.

## **Mental health**

Of a range of medical conditions which respondents could choose from, the most reported was mental health or neurological conditions. A diagnosis or treatment for anxiety or depression was reported by over a third of respondents.

Survey respondents also reported that living in a vehicle supports their mental health. This was thought to be due to reduced financial stress and escape from poor living conditions. An increased sense of freedom, being in nature and living within a supportive community were all thought to be beneficial.

Seasonal affective disorder (SAD) was mentioned by several respondents. Some reported that vehicle living helped alleviate this whilst others explained that SAD, along with the cold, made winters particularly hard.

## Respiratory health

Previously published studies showed higher levels of respiratory condition such as COPD and asthma in GRT communities. Respondents to the survey also reported these conditions in proportions higher than are seen in the general population.

Professionals described high levels of smoking amongst people living in vehicles in Bristol and use of wood burners.

These risks to respiratory health were also identified though survey data from respondents who were far more likely than the Bristol population to report burning solid fuel 5 times a week in the winter months and reported much higher rates of smoking than the Bristol average.

Of particular concern, 61.5% of survey respondents living in caravans or trailers reported that they are a smoker.

Chestiness and coughs were described as common by professionals and 'change in cough or a new cough' was the most reported symptom experienced over the last 12 months by survey respondents.

Cold and damp conditions and feeling cold were described by survey respondents and professionals.

The Chief medical officer has highlighted the importance of reducing harm from both indoor and outdoor air pollution to protect against associated impacts such as asthma, stroke and cancer (UK Chief Medical Officer , 2022).

## Substance use

From survey responses, levels of alcohol use appear similar to the Bristol average.

Professionals described use of alcohol and other drugs amongst people living in vehicles. Survey respondents self-selected and many did not complete the section on substance use. It was not possible to draw meaningful analysis from the survey data.

Given that vehicle living can be considered a type of homelessness, it is likely that the risk of harm from substance use is higher than in the general population.

Bristol's Drug and Alcohol Strategy includes:

- Reduce harm and provide appropriate support.
- Re-define, and strengthen resilience in, the multi-agency city-wide approach to addressing harmful use of alcohol and other drugs amongst at-risk groups and those with complex needs, such as the homeless (Bristol City Council, 2021)

## **Harassment and discrimination**

In studies, GRT people report that they experience discrimination and derogatory attitudes from health service personnel which creates barriers to access. This lack of access to health services leads to delayed diagnoses and treatment.

Survey respondents were significantly more likely to report being a victim of crime than the Bristol average and reported harassment and discrimination as negative aspects of vehicle living.

## **Meanwhile sites**

Respondents fed back positively on their experience of staying on meanwhile sites and professionals were also broadly supportive.

As sites offer water, toilets, and improved access to support services, they are likely to impact positively on health.

In the United States, the model of Safer Parking Programmes (SPP) has been used in recent years to support those experiencing vehicular homelessness. There are some similarities between these programmes and Meanwhile sites in Bristol although SPP operate on a larger scale and offer more facilities and support.

## **9.Areas for action**

A combination of factors has led to a rise in the number of people living in vehicles in Bristol in recent years. These factors and the health and wellbeing of the individuals themselves can be considered as part of long-term strategic work in Bristol to address rough sleeping and other types of homelessness.

In the shorter term, several areas for action are offered to support a reduction in health inequality, along with how these align with the Core20PLUS5 approach to reducing healthcare inequalities (NHS England, 2023).

- Signposting and support with access to services and facilities
- Suggestions for further research and analysis
- Address stigma and discrimination

### **Signposting and support with access**

Local authority staff from the GRT team and Neighbourhood enforcement, as well as those from partner organisations, who have contact with people living in vehicles can assist individuals by signposting them to facilities and health services. If the team document health concerns this data can be analysed which will help in future planning.

Relevant Core20Plus 5 areas:

- NHS England Core20Plus5 aim to diagnose 75% of cancer cases early by 2028.
- Core20Plus5 recommends that interventions are data driven and strengths based.
- Core20Plus5 aim to focus on COPD and improve uptake of relevant vaccinations.
- Co-production approaches are recommended.

Examples of services which people living in vehicles can be supported to access:

### **Access to cervical cancer screening**

To help provide access to screening for women living in vehicles recommendations such as the use of text reminders can help improve uptake (UK GOV, 2020).

The needs of women living in vehicles can be advocated for in local work towards women's health hubs which may provide access to cervical screening (Bristol City Council , 2022) (Department of Health and Social Care, 2022).

In Bristol, Unity Sexual Health offer free and confidential services. Cervical screening is available for vulnerable women who do not have a GP. This could be promoted to women living in vehicles locally.

### **Support for respiratory health**

Smoking cessation support is needed. A smoking cessation health needs analysis is currently underway and the learning from this report will be incorporated into it.

The Department for Environment Food & Rural Affairs (DEFRA) advises that burning fuels such as wet wood, releases harmful smoke into the air. Bristol has a smoke control order in place, and this means that residents must not emit smoke from a chimney unless burning authorised fuel or using an exempt appliance. A practical guide is available from DEFRA for people that use wood burning stoves or open fires, to reduce environmental and health impacts This can be used to support advice and guidance to people living in vehicles (Department for Environment, Food & Rural Affairs, 2023), (Bristol City Council , 2023), (Department for Environment, Food and Rural Affairs, 2022).

### **Substance use support**

The substance use related health risks of individuals living in vehicles can be identified early in order to support access to ROADS services.

There is an association between naloxone administration and a reduction of opioid overdose related deaths. (Advisory Council on the Misuse of Drugs, 2022).

People living in vehicles can be considered as part of local work to improve naloxone distribution and training to use it.

It is important to note that naloxone must be administered by someone other than the person experiencing the overdose. The widespread availability of naloxone cannot reduce opioid overdose related deaths unless accompanied by training on how to use it and messaging about not using alone.

Bins to collect sharps (needles) and collection of these can help to reduce drugs litter around areas where people are living in vehicles.

### **Support to access vaccination catch up**

One of the key whole system deliverables and milestones from the One City Plan, referenced in the forward plan for the local Integrated Care System is to deliver a reduction in inequalities in vaccination rates (Bristol, North Somerset and South Gloucestershire Integrated Care System, 2023).

As the health system in Bristol develops plans to enable younger adults to catch up with vaccinations they missed out on as children, this group needs to be considered for inclusion.

### **Examples of facilities which people living in vehicles may be signposted to**

Lack of access to toilet, bathing and washing facilities is of particular concern. Public Health advice to reduce the spread of infectious diseases is through supporting access to washing facilities including soap and water.

The following are examples of facilities which could be signposted to, if found to be accessible:

#### **Welcoming spaces**

Most welcoming spaces are run by local people for local people and are informal. They may include access to computers, free Wi-Fi and charging points, welfare and mental wellbeing. Access to showers is available at a handful of these spaces. Further investigation is needed into whether these may be used by people living in vehicles. (Bristol City Council , 2023).

## **Community toilet scheme**

The Community Toilet Scheme is run with businesses and organisations in Bristol that are happy to allow members of the public to use their toilet facilities. The toilets must be made available to all members of the public without exception or discrimination. Although there is the right to refuse entry to any people who would normally be refused entry to the premises. Further investigation into whether these may be used by people living in vehicles is needed (Bristol City Council, 2023).

## **Support services and facilities in the Caring handbook**

Caring in Bristol produces a handbook which is available online and in printed form. This provides practical information to those experiencing homelessness and crisis such as:

- Accommodation advice
- Details of agencies and organisations which supply food to homeless and vulnerable people
- Medical, dental and other health services including drug, alcohol and mental health support services
- Legal and benefits advice
- Showers, laundry and toilets

(Caring in Bristol , 2022)

Information from this resource can be shared with people living in vehicles.

## **Address stigma and discrimination**

Stigma occurs when an individual's entire identity is defined by others via a single, 'negative' attribute (Carlisle.V, 2021).

Models of good practice such as those used to address stigma and discrimination towards people who access Opioid substitution treatment (OST) can be learnt from.

Research suggests that better understanding of adverse childhood experiences may reduce stigmatizing attitudes (Sumnall. H, 2021)

Training has been identified as a key mechanism through which stigma could be reduced (Carlisle.V, 2021).

## Suggestions for further research and analysis

Research into; the use of alcohol and other drugs amongst people living in vehicles; risks to health and harm reduction interventions, would help improve our understanding of how to improve the health of people living in vehicles. Bristol Drugs Project (BDP) are scoping methods to gain a better understanding of substance use amongst people living in vehicles locally, learning from which may inform future research.

A formal evaluation of whether meanwhile sites are an effective health intervention in Bristol has not been conducted to date due to lack of resources. A mixed method evaluation will help ensure that meanwhile sites are optimised to support improved health outcomes.

A model used in Los Angeles in the US is called “Safer Parking LA” has been running since 2017 to support those experiencing ‘vehicular homelessness’. Evidence from this may provide useful learning for work in Bristol (Giamarino. C, 2022). A review to find what interventions may be most effective and cost effective is needed.



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