"A Good Job for a Traveller?"

Exploring Gypsy and Travellers' Perceptions of Health and Social Care Careers: Barriers and Solutions to Recruitment, Training and Retention of Social Care Students

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Acknowledgements

Foreword by

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This report was commissioned by the Aimhigher South East Healthcare Strand, which is actively concerned with raising the aspirations and awareness of careers and progression routes into and within the Health and Social Care sectors.

There is an accepted requirement to raise the numbers of young people going into these sectors through higher education routes and an imperative to diversify the workforce itself to reflect the population it serves.

Young people from Gypsy & Traveller backgrounds are less likely to progress to non compulsory education and thus less likely to work in these sectors. The objective of this research has been to raise the profile of these issues, identify the barriers to progression that exist for these groups and to begin to examine ways in which barriers can be overcome. We are most grateful to Dr Greenfields for the energy and commitment she has shown in undertaking this work, and I hope that readers find the report illuminating and helpful when actively engaging with the young people involved.

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Introduction

This report consists of a presentation of the findings from an exploratory study of young Gypsies', Travellers' and Showmen's[1] knowledge, experience and attitudes towards employment in the health and social care sector. As discussed further in this report (see under 'methodology', Chapter 2), the project utilised qualitative methodologies to explore the apparent lacuna in take-up of health and social care employment and training opportunities amongst members of these communities.

Aims of the study were to:
- provide explanatory categories for why young people may not consider such options,   and
- consider what steps could be taken to encourage greater recruitment of Gypsies and Travellers into the wide range of available health and social care jobs.

In addition to undertaking focus group interviews with young people (the approach which formed the core of the research), a further strand of this project consisted of seeking the opinions of a range of professional staff (including education, health and youth workers) who have extensive experience of working with young Gypsies and Travellers.

The aims of this secondary element were to:
- explore professionals' view of barriers and solutions to encouraging take-up of health and social care employment amongst Gypsies and Travellers,
- see whether there is a convergence between professional staff and young people's perceptions of 'a good job' and the incentives required to encourage young community members to opt for such employment.

As is demonstrated within the literature review (Chapter 1), Gypsies and Travellers (and to a lesser extent Showmen who have traditionally occupied a niche employment market which tend to be hereditary and undertaken within multi-generational family

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[1] See Appendix One for a definition of Gypsy/Traveller/Showmen and an outline of the history of the groups from which members participated in this project.

groups[2]), experience disproportionately poor health; and have reported (Parry et. al., 2004) communication difficulties with health care providers which may discourage take-up of services. Whilst potentially, negative experiences of accessing health and social care may prove to be a barrier to be overcome prior to building positive images of employment in this sector (Treise and Shepherd, 2006; Mason & Broughton, 2007), the research proposal posited the concept that communities who are excluded in access to health care and who report that many existing services are neither appropriate or accessible for them (Goward et al., 2006), would, with appropriate support, welcome the opportunity to increase the pool of 'Traveller friendly' staff able to deliver services to their own community.

Although (see Chapter 1) a number of highly successful health care training courses for Traveller women have been implemented in Ireland, other than small general health promotion groups, no similar projects exist in the UK at present. Within this study (see under Findings) we therefore took the opportunity to discuss with young Gypsies and Travellers (and in one case with several older women who were the mothers of teenage daughters who subsequently participated in a focus group) their attitudes pertaining to the value of targeted health care training and employment.

It was of interest to note some variations in attitude by generation, as well as differences of opinion over the desirability of health and social care employment amongst individuals of different ethnic/cultural origins. From this study it has been possible to develop an understanding that not only do significant structural barriers exist to employment for some young people, but attitudes towards health and social care as a career appear (for at least some Gypsies and Travellers), to be rooted in cultural expectations of gender roles. For some other respondents, ambivalence towards notions of hygiene and privacy, factors which are clearly related (even if not articulated as such) to traditional concepts of *Mochadi* and *Wuzho*[3], appear to act as an additional

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[2] See Brown (1986) and Murphy (undated) for a history of Travelling (Fairground) Showmen, their employment and traditions.

[3] The rules dividing *mochadi* (dirty/polluted) and *wuzho* (clean) are a code of life for traditional Romany Gypsies/European Roma, who often consider *gorje* [non Gypsy] homes 'dirty' because they may have an inside lavatory, litter bins in each room, and only one sink in the kitchen (Okely 1983). It can be argued that knowledge of *mochadi* is a form of cultural boundary, providing a guide about whom and what are included into, or rejected from,

discouragement to take-up of some types of health and social care work.

The report concludes with a series of recommendations for encouraging health and social care training providers and employers to consider the practical, cultural and gendered expectations and needs of Gypsies and Travellers in a manner which will enable more young people from these communities to access employment opportunities in the diverse roles which are available.

Gypsy/Traveller society (Greenfields & Home, 2007:141). By extension the 'homespace' must at all times be *wuzho* (Kendall,1997). Irish Travellers similarly differentiate between 'clean' and 'dirty' people and places (Griffin, 2002; Ni Shuinear, 1997) although concepts of what constitutes these two categories may vary slightly from that expressed by Gypsies and Roma.

Chapter 1
Literature Review

In this section of the report we explore the background to this study through examining the underpinning structural issues which impact on Gypsies, Travellers and Showpeople as 'identity communities'[4] and which may have an affect on employment opportunities and expectations. Firstly we briefly consider the broad domains of inequality experienced by Gypsies and Travellers in Britain (e.g. access to accommodation; educational attainment and experiences of racism and discrimination) then review the health and social care literature which unpicks the needs, barriers and solutions to engagement with members of these minority communities. Consideration is then given to the findings from the growing range of literature (predominantly reports) on specialist training schemes which have been developed internationally to expand the number of Gypsy/Roma and Traveller health and social care assistants. In order to frame the findings from the study, this latter group of texts is then discussed and contrasted with the limited number of publications which discusses the benefits to be gained and problems to be overcome in recruiting minority ethnic health and social care staff.

Background

> '*All the evidence shows that Travellers and Gypsies are some of the most vulnerable and marginalised ethnic minority groups in Britain. 'No Travellers' signs in pubs and shops can still be seen today, and councils no longer have a statutory duty to provide sites for Gypsy and Traveller families, spending small fortunes each year evicting them, instead. Gypsy and Traveller children are taunted and bullied in school, local residents are openly hostile to them and scare stories in the media fuel prejudice and make racist attitudes acceptable.'*
> (Commission for Racial Equality 2004: 2)

In 2004, at the launch of the Commission for Racial Equality (CRE) consultation which ultimately led to the development of a strategy

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[4] In sociological/community development terms an 'identity-based community' consists of a group of individuals who share characteristics in this case membership of Gypsy/Traveller/Showmen communities, regardless of their location or type of interaction (Dominelli, 2006:5-8). Overlaps in definition and behaviours may also occur between 'identity-based communities' and 'communities of interest' who are groups of people who share common interests, concerns or needs (see further Gilchrist, 2004). In the case of Gypsies, Travellers and Showmen, accommodation (specifically site) needs which are similar amongst all of these groups has at times led to the formation of a community of interest activating around provision of sites and planning permission (see further Greenfields, 2008)

for enhancing equality amongst Gypsies and Travellers (CRE, 2004), Trevor Phillips, the Chair of the CRE stated that for many people, discrimination against Gypsies and Travellers was the *"last 'respectable' form of racism"*; noting that for members of these communities, Great Britain in the 21st Century*, "is still like the American deep South [was] for black people in the 1950s".*(BBC News Website, 2004). As has been demonstrated by numerous studies and Government reports published in the past 30 years[5], inequalities in social status leading to social exclusion, have a disastrous impact on both personal health and wellbeing (Mitchell, et. al, 2000; Nazroo, 2003; Marmot, 2004) and that of family members through the inter-generational transmission of poverty (Jenkins & Siedler, 2007; Blanden & Gibbons, 2006).

It is the legacy of this depth of social exclusion and discrimination which in part is responsible for the focus of this research study, as the multiple domains of exclusion experienced by Gypsies and Travellers (Crawley, 2004; CRE, 2006) have left a well-recognised deficit in equality of opportunity in both educational and economic inclusion terms. Amongst other areas in which these inequalities are played out, the lack of visible Gypsy and Traveller role models in respected professions further depresses expectations and knowledge of opportunities amongst young people who might consider such employment if health and social care was commonly recognised as open to individuals who may have low level (or non-existent) academic qualifications (see further below under Findings) and was perceived of as *"a good job for a Traveller".*

As discussed by some focus group participants, access to secure accommodation is not only a fundamental requirement, (ranking high on Maslow's (1970) hierarchy of need) but also a prerequisite for access to education, employment and the opportunity to consider a range of options which might lead an individual to decide to make a long-term career investment. Whilst only two participants in focus groups and two (slightly older) health/social care workers were currently living on unauthorised (roadside) sites[6]; a number of young people who took part had either

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[5] Government inquiries and publications which attempt to explain and respond to the basis of socio-economic health inequalities include the Black Report (DHSS, 1980); the Acheson Inquiry (1998); and the on-going Programme for Action strategy (DH, 2007). Further information on these initiatives and other empirical research studies are available in the 2006 key text on health inequalities edited by Marmot & Richardson.

[6] All of these participants were New Travellers, the group most likely to be resident on unauthorised or 'roadside' sites (see glossary). The disproportionate number of New

experienced frequent movement or eviction in their lives or had grown up listening to their relatives' stories of the vagaries of insecure accommodation. The impact on young people of either their own experiences of homelessness[7] or their relatives' lack of accommodation stability which has often affected parental education and employment opportunities and thus the family's long-term socio-economic status are therefore profound (see further, Cemlyn et. al., forthcoming).

Although no precise figure exists for the size of the Gypsy and Traveller populations of Britain it has been conservatively estimated that the communities number approximately 300,000 people (CRE, 2004) of whom perhaps half live in housing. What is well evidenced however is that these populations retains extremely strong cultural and family connections and shared beliefs, regardless of whether or not they reside in housing or on sites. Whilst some families have willingly exchanged the difficulties of residence in caravans for house dwelling, others, (as is well documented) have been forced to move into 'bricks and mortar' accommodation as a result of lack of authorised Gypsy and Traveller sites, legislation which makes it illegal to stop at the 'roadside' and the long-term impacts on health and education of having nowhere to call home (Crawley, 2004; Clark & Greenfields, 2006; Niner, 2003). The population is young and growing, with a higher than average number of children born to Gypsy and Traveller families (Greenfields, 2008), averaging around four children per couple.

Within each generation due to lack of suitable accommodation, more and more families are moving into housing, often reluctantly, (for example where they have grown up on sites but had to leave on marriage due to inadequate number of pitches to accommodate the new household unit). Despite the high levels of contact with 'mainstream' society as a result of residence and education

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Travellers living in extremely basic conditions relates to difficulties in accessing the limited numbers of authorised sites which are predominantly granted planning permission for 'ethnic' Gypsies or Travellers. The overwhelming majority of public/local authority sites are only open to Romany Gypsies, Irish Travellers, Welsh Gypsies or Scottish Gypsy-Travellers as a result of historical legal rulings over the legal status which specifies 'who is a Gypsy' and thus able to reside on public sites (see further Clark and Greenfields, 2006).

[7] Under the Housing Act 1996, s175 a Gypsy or Traveller is homeless if s/he does not have a lawful place to put his or her caravan or living vehicle, thus families living at roadside encampments or on their own land without planning permission are technically homeless.

alongside 'gorge' [8]communities, as is discussed below, health status, educational attainment and access to employment opportunities remain poor for many Gypsies and Travellers, even those who have been born and grown up in housing.

Accommodation Issues: It has been argued that the public resources expended in controlling, regulating and often evicting Gypsy and Traveller families from sites (Morris, & Clements, 2002; Crawley, 2004) are quite disproportionate to the size of the caravan dwelling population[9]. Despite both historical assimilationist policies which have led to significant numbers of Gypsies and Travellers residing in housing (see Clark & Greenfields, 2006), and since 2004, a Government policy shift which has meant an increase in the number of Gypsy sites gaining planning permission (Greenfields, 2008); significant numbers of Gypsy and Traveller families are still resident on roadside or other 'unauthorised' (see Glossary) locations.

Despite the hardship and risk of eviction for families living at roadside locations and the stress consistently reported by Gypsies and Travellers embroiled in long-standing planning disputes, Government statistics indicate that total numbers of 'Gypsy' caravans have continued to grow, increasing by over 2400 during the late 1990s). At the time of the last published Gypsy Caravan Count in January 2008, a total of 4067 caravans (21.5% of the total, accommodating perhaps 1000 families) were recorded as being stationed at unauthorised locations, in many cases with only limited access to water, electricity or basic sanitary services (CRE, 2004; Crawley, 2004).

In part, the increase in resort to unauthorised sites is related to the exceptionally long waiting lists for pitches on public Gypsy and Traveller sites. In many locations the wait is estimated to be far longer than to access council housing. However, for many homeless Gypsies and Travellers offered the opportunity to live in 'bricks and mortar' accommodation, their *'cultural aversion'* to

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[8] Romani word for a Non-Gypsy person - see Glossary for terminology used by other Gypsy/Traveller communities.
[9] Official counts undertaken on a bi-annual basis by the Department for Communities and Government currently record (January 2008) some 17,898 Gypsy and Traveller caravans in England, estimated to represent about 10,000 families, or 50,000 individuals. Statistics on caravan counts are available at:
http://www.communities.gov.uk/housing/housingmanagementcare/gypsiesandtravellers/gypsyandtravellersitedataandstat/

conventional housing is such, that it has been legally recognized, requiring a member of these communities to live in housing may be *"as unsuitable…as the offer of a rat-infested barn"*[10]

Image 1: Unauthorised site in England – photographed by Margaret Greenfields, 2007

Showmen too, whilst generally enjoying greater economic resources than Gypsies and Travellers by dint of their pre-planned employment circuit, and family connections which enable families to share income opportunities, also experience difficulties in accessing appropriate accommodation. Planning regulations for Showmen's sites are similar to the requirements for Gypsy and Traveller sites, and in fact Showmen often require a larger overall area to enable them to store rides and equipment over the winter months. Objections to Showmen, Gypsy and Traveller site applications are often hotly contested (CRE, 2006) and the majority of applications for site provision are turned down.

Gypsies, Travellers and Showmen frequently report living in overcrowded accommodation, as to avoid being repeatedly evicted from unauthorised locations, families will often attempt to accommodate relatives on private sites, although this type of provision is also subject to rigid control and overcrowding can lead to the loss of a 'private site' licence and threat of eviction for an

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[10] This description was given by Judge Burton, in his judgement in the case of *Clarke v Secretary of State for the Environment, Transport and Regions & Tunbridge Wells BC [2001]* EWHC 800 Admin at paragraph 34.

entire extended family even though they own the land. Despite their relative wealth (compared to many Gypsies and Travellers) and access to legal advice from the powerful Showmen's Guild (trade organisation) Showmen may be equally vulnerable to homelessness. In one recent study (Greenfields, et. al., 2007) Showmen with no legal place to stop were found to be living on lay-bys whilst storing their equipment worth hundreds of thousands of pounds with relatives on private sites, or in farmers' barns.

The same research identified some Showmen who had moved into housing, and noted that in a few cases Showmen may experience similar difficulties to Gypsies and Travellers in making the transition to 'bricks and mortar'. For Showmen however, access to financial resources which may permit the purchase of a bungalow (the bricks and mortar 'accommodation of choice' for the great majority of Gypsies/Travellers and Showmen who often report a dislike of two-storey buildings which are '*too far from the ground*') in a self-selected area, appears to mean that the worst impacts of making the transition into housing may be mitigated. In addition, the ability to continue travelling on the Fairground circuit undertaking their former mode of employment and living amongst their relatives for many months of the year, means that the 'cultural dislocation' experienced by many Gypsies and Travellers is far less limited amongst Showmen living in conventional accommodation.

Perhaps half of the Gypsy and Traveller population is believed to be resident in 'bricks and mortar' accommodation, and it is clear that in some localities there are large, deeply embedded, well-established communities who often have no desire to travel in caravans other than for holidays, or to attend 'horse fairs' and other cultural events which they share with members of their communities (Clark and Greenfields, 2006; Home & Greenfields, 2007). Amongst second generation Gypsies and Travellers who live in housing significant connections may exist with relatives on sites, and many young people report spending periods of time travelling with family members (anecdotal evidence from specialist agencies working with community members, Power, 2004; Home and Greenfields, 2007; Greenfields and Smith, 2007; LGTU, 2001), as parents and grandparents will often encourage this as a way of both ensuring 'cultural continuity' and giving young people a break from poor-quality housing on large urban housing estates.

For a significant minority of Gypsies and Travellers however, residence in housing is traumatic, has been enforced as a result of lack of alternative accommodation (see for example, Cullen et. al., 2008; Cemlyn et. al., forthcoming) and is regarded as a torment to be endured. There may also be a particular gender dimension to social isolation with women reporting that cultural and gender expectations may preclude their going out to work or mixing with non-Gypsy/Traveller women (see further below). Where racism and discrimination are also experienced, the sense of depression and anxiety are likely to be exacerbated. Greenfields and Smith (2007) reported one woman saying:

> *"It's one of the loneliness things that can happen to a travelling woman. It's alright for the men 'cos they can go off to the markets and everything else. It's the women, men aren't in the house 24 hours, the men probably won't come in until 8pm and they've been out all day and they just go to bed but we've been there all day. It's been really, really hard."*

There is abundant evidence emerging from on-going research into the housing and accommodation needs of Gypsies and Travellers (see Greenfields and Home, 2006 for a discussion on the legal and political background to the national 'needs assessment' exercise) which indicates that in many cases Gypsies and Travellers who are housed by local authorities are accommodated in poor quality, older housing estates (Cullen et. al., 2008; Richardson, et. al., 2007; Home and Greenfields, 2007) and are subject to stringent regulations on the keeping of caravans and the ability to have open fires, which may have a hugely negative impact on their traditional way of life. Where families are relatively large, (as may be common amongst Gypsy and Traveller communities) overcrowding can also be a problem, yet the ability to gather outside (as would occur on sites) is often precluded by the location and type of accommodation available, and also by complaints by non-Gypsy or Traveller neighbours (see below under experiences of racism and discrimination, and further: Power, 2004).

Parry et. al., (2004) reported that Gypsies and Travellers resident in housing had the poorest health profile and were the most depressed of all respondents interviewed in their major comparative study. Anecdotal evidence suggests too, that amongst compulsorily settled Gypsies and Travellers, there may be higher rates of substance misuse and suicide than within the

surrounding population and it has been suggested that this relates to the 'cultural dislocation' (similar to that found amongst some Aboriginal and First Nation peoples in Australia, Canada and America) and sense of loss experienced by people who have had their traditional mode of life taken away from them and who are yet excluded from full enjoyment of the benefits of social inclusion (Health Council of Canada, 2005; Tatz, 2004; Chandler & Lalonde, 1998). The impact of such dislocation may also be felt by second generation settled Gypsies and Travellers. As one participant [now living on a site] stated:

> *"You have a drive down XX High Street and have a look at the boys I grew up with and chat with them, they're either out of their head on drugs or on Tennants Super* [strong beer], *or whatever, because they're getting rid of the day, there's no point in them having a day. They'd sooner be where they are out of their face. They're all stuck in houses now, all stuck in the council estates, they don't want to be there but where they going to go?"* (Richardson et. al., 2007:114)

For newly housed Gypsies and Travellers (particularly where literacy problems exist) not only are the requirements to deal with bureaucracy and pay regular bills such as gas, electricity, phone and council tax, baffling; but budgeting problems can lead families into a spiral of debt (Cemlyn et. al., forthcoming; Gidley & Rooke, 2008). By far the most common complaint made by housed Gypsies and Travellers who had previously lived on sites, is the sense of social isolation. A number of researchers (Parry et. al., 2004; Goward, et.al. 2006; LGTU, 2001; Power, 2004; Greenfields and Smith, 2007; Richardson, et. al., 2007; Cullen et. al., 2008) all report that isolation from relatives and community structures has a profoundly negative impact on well-being, social functioning and mental health of Gypsies and Travellers whose community is predicated on group social and employment practices. For some people, the move into housing leads to their first separation from close relatives (e.g siblings), which has occurred in their entire lives, as prior to being allocated a house or flat, many families would have lived on the same site, no more than a few yards from each other since birth. One woman quoted in Richardson et. al. (2007) narrated how:

> *"'I stayed there [in housing] 12 months and it was the worst 12 months of my life. I ended up in a nutty hospital where I'd*

tried to kill myself. I don't know what it does to us, I think it is because we are away from our people, you can get up every morning and shout over the fence to somebody and they're there [on site]. When the kids go out of the house to school - if you can get them into schools - you're on your own, you are walking around on your own, you go to the shops on your own and you wait until the evening when some of your family may turn up for you and they will do, but after a while they think you are settled and they are going to be moved on……… I ended up in a mental home…they took me there in the end to find out what was happening and it wasn't until [then] I realised it was the house. I just could not be there in the house" (2007:109).

Smith and Greenfields (ongoing research) have found that residence in flats is particularly disliked by many respondents, with numerous graphic statements pertaining to the impact and sense of enclosure e.g. [the respondent was] *'like a rat in a cage, pacing, pacing, pacing, staring out the window'*.

In the research discussed in this report, the majority of young people who participated in focus groups were resident in housing. Whilst at certain points in the focus groups the discussions turned to experiences of living on sites, or travelling with relatives, most participants who were currently housed had been resident in such accommodation for their entire lives, (other than short-term travelling). Although *few* comments were made by young people about the difficulties of living in 'bricks and mortar' they had experienced themselves, at various points (see under Findings) awareness was shown of the need for health and social care support and the disadvantage experienced by *many* Gypsies and Travellers; with a number of young people referring to parents or relatives suffering from disability; poor health or depression; and/or their role as a young carer.

The broad picture of accommodation disadvantage and the legacy this may leave for future generations is therefore an important consideration when exploring both the health and social care needs of Gypsy and Traveller communities; and ways of engaging with community members who may wish to consider such employment.

Educational Attainment:

Although the headline figures for educational attainment masks considerable variation (we are for example, aware of an Oxford graduate whose parents and grandparents are resident on a private Gypsy site and who undertake traditional employment and craft skills; and a Parliamentary candidate of mixed heritage whose Romany parent had left school at a very young age); by and large the low educational attainment of Gypsies and Travellers as ethnic groups, fully supports the Ofsted statement (2003) that *"Traveller pupils are still the group most at risk in the education system. They are one Minority Ethnic group which is too often 'out of sight and out of mind"* (Ofsted, 1999:11).

Despite the intervening nine years since this statement was made, several highly publicised interventions and initiatives, and a great deal of dedicated work by specialist Traveller Education Service staff, only limited improvement has been shown in the academic outcomes of Gypsies and Travellers. In 2003, it was estimated by the Schools Inspectorate that nationally 12,000 Travelling children were not even registered with a school (Ofsted, 2003) and that attendance at school of Gypsy and Traveller pupils was only around 75% of the maximum time possible, the worst attendance profile for any ethnic group. A disproportionate numbers of Gypsy and Traveller children are excluded from school at secondary level (Ofsted 1996; Jordan, 2001) and even where children have been making extremely good progress at primary school, there is a steep decline in attainment and attendance at school at secondary level, with boys in particular to all intents and purposes, often leaving school at the age of 12 (Ofsted, 2003; Bhopal & Myers, 2008; Derrington & Kendall, 2004; Cemlyn et. al., forthcoming).

Whilst for highly nomadic or insecurely sited families structural barriers often exist to accessing education (Save the Children Fund, 2001; Webster, 1995), similar patterns of non-attendance (although to a lesser extent) are observed amongst housed Gypsies and Travellers. A considerable body of research has found that parents are often highly reluctant for teenagers of the opposite gender to attend school together as a fear exists that (for girls in particular) young people will be exposed to inappropriate sexual activity and/or drugs or alcohol use within a school setting (Derrington & Kendall, 2004; Warrington & Peck, 2005; Save the Children Fund, 2001; Levinson & Sparkes, 2003; 2006). A

mismatch in expectations and agreement over the value of the formal curriculum has also been identified as a barrier to remaining in the education system (Bhopal et. al., 2000; Jordan, 2001; Reynolds, et. al., 2003; Levinson & Sparkes, 2003; 2006; Derrington & Kendall, 2004). It is noticeable that where Traveller Education Services and schools support young people aged 14 plus in education which is 'out of school' and involves training in practical vocational skills alongside academic development, this approach to education is generally extremely well received by both parents and pupils who often expressed a shared desire for the young person to learn a trade, as employment equates to entry into the adult world, at an age which is considerably younger than is found in 'mainstream' society (Levinson & Sparkes, 2003; 2006; Derrington & Kendall, 2004; Clark & Greenfields, 2006).

Even for those children who do remain within the formal education system, academic outcomes may be poor. In 2007, only 15.6% of Irish Travellers and 14% of Gypsy/Roma children left school with the expected minimum standard of 5 subjects passed at A*-C grade in General Certificate of Secondary Education (GCSE) exams. A further 33% of Irish Travellers and 20% of Gypsy/Roma children failed to obtain any qualifications (DCSF, 2007; Skidmore, 2007), many of whom were living at unauthorised sites or were members of families whose top priority was seeking a secure place to live, with education a long way down their list of priorities.

In effect, many Gypsies and Travellers experience a cycle of early school leaving (which may lead to functional illiteracy often repeated through generations), with both adults and children experiencing disrupted education arising because of repeated evictions, or work related movement, or leaving school at a very young age as a result of disillusionment with the school system and lack of peer and family support within a culture which traditionally values practical skills over academic ones (Derrington & Kendall, 2004; Bhopal and Myers, 2008; Reynolds, et. al., 2003).

As discussed further below (under racism and discrimination), a major consideration on parental and pupil reactions to education, is the impact of personal and familial negative experiences of bullying and racism which often occurs within the school setting. Abundant evidence exists within accommodation assessments (see for example, Richardson, et. al., 2007; Greenfields, et. al. 2007), and numerous education research studies (Save The

Children, 2001; Bhopal, et. al., 2000; Derrington & Kendall, 2004) that the overwhelming majority of Gypsy and Traveller pupils (in excess of 85%) **and their parents before them**, have experienced racism abuse, ranging from 'name-calling' to physical violence in schools, and that often teachers are seen as powerless to change the culture of anti-Gypsy racism or as themselves, tacitly or openly racist towards Gypsy and Traveller children (Save the Children Fund, 2001; Lloyd & Stead, 2001; Derrington & Kendall, 2004). Parents

The experience of parents and a desire to save their children from the level of abuse they suffered (Derrington & Kendall, 2004; Richardson et. al., 2007) has been noted as a key element in parents' willingness to remove children from school to either home educate (a trend noted by Ofsted, 2003) even if parents' own disrupted education leaves them unable to deliver a broad curriculum, or to simply enter into adult life within the safety of the home and community environment. Despite these alarming statistics and findings, it has been noted (Bhopal & Myers, 2008; Derrington & Kendall, 2004) that increasing numbers of parents recognise the importance of remaining in education and obtaining qualifications. To this end, many families are working closely with Traveller Education Services and schools to keep their children in the education system.

The expectations of hostility and racism within the education system and narratives of early school leaving without qualifications (or low levels of literacy) arose as themes within a number of focus group. Interestingly, in a school which has a high number of Gypsy and Traveller pupils, (where one focus group took place), this was of less importance, reflecting the group's experience of supportive education in a 'safe environment' with other Gypsies and Travellers – a concept which was explored within several focus groups by participants who offered such educational models as a key to encouraging Gypsies and Travellers to 'try' health and social care training.

Experiences of Racism and Discrimination:

> *"It's like anything - if you know someone hates you before you start, you puts up the barrier and think why be nice to these people. It makes you a different person.….we put our hand up to the people [wave] they turn away, and one woman kept coming over [to complain] about the music,*

but it wasn't loud. But the Gorge neighbour had the music twice as loud [and] nothing was said". (Greenfields & Smith, 2007)

The above quote was taken from an on-going study into Gypsies and Travellers experiences of residence in housing, but is reflective of these communities' experiences in the overwhelming majority of circumstances where they come into contact with 'gorge' society. The CRE noted (2004) that abuse towards Gypsies and Travellers is widely regarded as the *'last acceptable form of racism'.* In support of this view, over a third of the adults who took part in a survey on discrimination admitted to being personally prejudiced against Gypsies and Travellers. This was greater than the levels of prejudice reported towards other ethnic minorities including asylum seekers (Stonewall, 2003). The 2007 Scottish Social Attitudes Survey (Bromley, et. al., 2007), found even higher levels of discrimination towards Travellers than were reported in the 2003 research. Power (2004) reported on the racism directed against Irish Travellers which was compounded by considerable anti-Irish feeling in many parts of Britain. For Irish Travellers, who are also often exposed to anti-Traveller racism by Irish people living in Britain, the dual burden of hatred and discrimination was profound, deepening the degree of social exclusion experienced by members of this community who are less likely to reside on authorised sites than many Romany Gypsies, and are thus particularly disadvantaged across multiple domains including access to education and health care.

Morris (2006) reported on the hugely negative reporting on Gypsy and Traveller issues by both national and local press and made explicit the linkages between this type of discourse and racist violence towards members of these communities. Richardson (2006) discusses how the wide-spread public acceptance of anti-Gypsy racism leads to such cases as the well-publicised public burning in effigy of Gypsy Caravans (containing images of children) in 2003, and the racist murder of a young Traveller boy who in 2003 was kicked to death by a group of youths who made repeated reference to his ethnic origins as they assaulted him. Both Morris (2006) and Richardson (2006) argue that the public outcry would have been profound if in the early 21st Century any other ethnic minority communities were subjected to such repeated negative stereotyping and public abuse.

The Commission for Racial Equality (CRE 2006) found that 66.9 per cent of local authorities reported tension between Gypsies and Travellers and other groups in their area, often related to accommodation issues, however less than 10% of councils identified this as an equalities matter or one in which they had a role in relation to their public duties under the Race Relations Act to enhance and develop positive race relations between communities. The negative experiences of the majority of Gypsies and Travellers in relation to public bodies including schools and educational establishments and the apparent unwillingness of many state agencies to counter institutional racism therefore acts for many as a clear disincentive to engagement with schools, training establishments or community cohesion initiatives (Cemlyn et., al., forthcoming), with many Gypsies and Travellers preferring to *"keep our heads down and look after our own"* (Greenfields and Smith, 2007).

In an innovative study published in 2006, which explored children's and young people's experiences and hopes for the future, The Ormiston Trust (a charity working with Gypsy and Traveller communities in East Anglia) found that almost all participants had

> *"experienced, 'name-calling' [and] many children reported exposure to racially motivated threats and attacks against both them and their families… many revealed they had developed a constant expectation and anticipation of encountering racism which often made them wish to minimise or avoid contact with non-travellers. Public areas such as local parks and shops were actively avoided by some children, indicating how racism contributes to a restriction of children's movements and their growing isolation"* Warrington, (2006:1)

For many young Gypsies, Travellers (and to a lesser extent Showpeople), their life-long experiences of personal and institutional racism and discrimination has created a huge barrier which needs to be overcome before enough confidence and trust exists for them to consider take-up of health and social care employment which will involve engagement with 'the establishment' on the State's own (potentially hostile) terms (Parry et. al., 2004).

Specialist Literature on Research into Gypsy and Traveller Health and Social Care Needs

It is well recognised than an 'ethnic penalty' in health exists, in the sense that minority ethnic community members have an increased rate of poor health and disability; are likely to delay in seeking health care; experience associated difficulties in accessing appropriate care and support (Salway et. al., 2007). In addition, members of minority ethnic communities are less likely to be working in flexible or supportive employment circumstances and often live in poor quality or unsuitable accommodation which may exacerbate the negative impacts of poor health (Platt, 2007). For Gypsies and Travellers the discrepancies are even starker.

The key research into the health status of Gypsies and Travellers in Britain is the Department of Health funded study by Parry et. al. (2004) which found marked health inequalities between the Gypsy and Traveller populations they studied compared to their non-Gypsy/Traveller counterparts from other socially deprived or excluded groups. This discrepancy also held true when Gypsies and Travellers were compared with other ethnic minorities, including Caribbean and South Asian communities who are recognised as being excluded in health terms. Amongst the Gypsy and Traveller study populations Parry's team found that reported health problems were between twice and five times more prevalent than in other comparator groups, with chest pain, respiratory problems and arthritis being particularly common, findings supported by results from numerous accommodation assessments which explore health needs (e.g. Greenfields, et. al., 2007; Richardson, et. al., 2007).

Parry et al (2004) also found an excessively high rate of miscarriages, stillbirths and premature deaths of children; factors, which exacerbated the high rates of anxiety and depression found in their study (see further Richardson, et. al., 2007; Goward et. al., 2006). Richardson et. al. (2007) present findings from a focus group where several women speak of their experiences of child bereavement and the long-term distress suffered when no counselling or support is available, and women are expected to retain responsibility for their care of their other children, often whilst trying to negotiate daily experiences of racism and in some cases eviction from an insecure site. Jesper et. al, (2008) discuss the intensity of grief experienced by relatives caring for a terminally

ill person, and report on the lack of facilities for terminal care on sites for Gypsies and Travellers meaning that death may occur in hospital rather than (as may be preferred) amongst family at home. Van Cleemput et. al. (2007) develops the theme of unresolved grief amongst Gypsies and Travellers noting the impact of bereavement on extremely close knit communities who may see someone on a daily basis throughout their lives, and moreover who are culturally unlikely to access counselling services. Richardson, et. al. (2007) report that bereaved parents stated that GPs overwhelming failed to offer counselling after a death preferring to *'fob them off with a handful of pills'*.

Parry et al (2004) report that Gypsy Travellers identified their poor mental health as being a result of the many difficulties faced, with accommodation being the most frequent and fundamental difficulty discussed; findings mirrored by a study of Irish Traveller women in Eire who considered that healthy eating initiatives and smoking cessation support was largely irrelevant in the light of the multi-factorial disadvantage and insecurity they faced living on the 'roadside' (Hodgins et. al, 2006).

The 1997-9 Confidential Enquiry into Maternal Deaths "Why Mothers Die" (NICE et. al., 2001) reported that Gypsy and Traveller women are at higher risk of death during pregnancy or immediately post-natally than any other community, identifying problems in accessing services during pregnancy or as a result of evictions. The Maternity Alliance in their report 'Maternity Services and Travellers' (2004) highlighted that highly mobile women are at particular risk of failing to obtain continuity of care giving the example of one woman who stated: *'The midwife was due to come back and see me. She was going to bring me milk tokens and some baby clothes ... but the police wouldn't let me wait'*. Elsewhere in the report they note that Travelling women are seen by many midwives as *'being resistant to services'* and *'poor attendees',* although many health care professionals have no idea of the barriers to attendance which exist.

Parry. et. al., (2004) found that despite the greater health need amongst Gypsies and Travellers there is a lower corresponding use of health services, noting that widespread communication difficulties were encountered between health workers and Gypsy Travellers, a theme explored further in Van Cleemput's (as yet unpublished) 2008 PhD thesis which sought to identify barriers and

solutions to engagement between health providers and Gypsies and Travellers, noting particularly the role of front-line reception staff in discouraging use of services. Parry et. al. (2004) noted too, that other barriers to health access were also experienced by many Gypsies and Travellers, including a refusal from some GP practices to register them, or accept them even as temporary patients if they were resident at unauthorised sites (see further Clark and Greenfields, 2006).

Although Parry et. al., (2004) remains (as yet) the definitive study of health inequalities experienced by Gypsies and Travellers both in housing and on sites, numerous other smaller research studies have confirmed anecdotal findings long reported by health visitors and professionals working with these communities. Davis & Hoult, (2000) and Hawes (1997) refer to the lack of take-up of preventative health care amongst many Gypsy and Traveller women, noting that amongst women who have had several children, relatively high numbers have never had accessed cervical cytology screening, greatly enhancing the risk of cervical cancer for this group. Richardson, et. al. (2007) record that participants in a women's health focus group reported that they would feel unable to accept such an intimate procedure from a male health care provider, and would thus rather accept the risk of untreated gynaecological conditions if a female doctor was not available. These findings are similar to that reported by Lehti & Mattson (2001) on gendered approaches to access to medical services and the requirement for Gypsy women to attend for treatment with other females to ensure support and that codes of morality are not breached.

Anecdotal evidence (supported by Van Cleemput, et. al. 2007) indicates that whilst men are less constrained by the gender of a medical or nursing practitioner, the strongly cultured patterns of gender-appropriate behaviour mean that males will often suffer poor health or depression for many years without admitting that they need support or treatment, as to do so would be to breach the stoic behaviour expected of Gypsy and Traveller men. In the light of this evidence it is perhaps unsurprising that Gypsies and Travellers have a life expectancy which is between ten and twelve years less than the surrounding 'mainstream' population (Crawley, 2004).

The increased rates of mortality are often attributed to the combination of increased morbidity resulting from inflated rates of cardio-vascular illness (Roberts, et. al., 2007; Parry et. al., 2004); diabetes (Saunders, 2007); and a reluctance to acknowledge ill health or seek medical interventions. Van Cleemput et. al. (2007) refers to the *"low expectations of health"* and "*normalisation*" of illness amongst Gypsies and Travellers, reporting both fatalism in regard to disability and pain, and an intense fear of death. This latter point articulates with certain findings from focus group data where several respondents referred to their concerns that if they were working in a medical or care home setting they would *"get to know someone*" and they would then "*die*" which would *"break you up"*.

In addition to low life expectancy, high rates of diabetes, cardio-vascular illness, arthritis and asthma; anecdotally (borne out by findings from accommodation assessments which explore health care needs) disability arising from injuries are common, with Beach (1999) noting the very high rate of accidental injuries amongst young Gypsies and Travellers, attributing this to poor quality living conditions on some sites (particularly when travelling) or work-equipment related accidents. Take up of immunisations is often low amongst Gypsies and Travellers and this would appear to be reflective of concerns over the possible ill-affects of inoculations following media scares, and for some, the difficulties associated with accessing clinics when highly mobile (New & Senior, 1991; Feder, et. al., 1993). In the Measles outbreak of 2006/2007, a large number of unvaccinated Gypsy and Traveller children were affected leading to ill-health, disability and in one case death (Nursing Times, 2007).

A very high numbers of Gypsies and Travellers have a disabled relative living in their home, in part this is reflective of the reliance and expectation on family members to provide care and support rather than for a person to live independently, but there is emerging evidence that a relatively high number of families are caring for children disabled through congenital conditions; learning disabilities or epilepsy (see too Richardson, et. al., 2007; Clark & Greenfields, 2006).

Sarah Cemlyn has written extensively on the interface between Gypsies and Travellers and social care professionals, (1998; 2000; Cemlyn & Clark, 2005; Cemlyn et, al., forthcoming) presenting

incontrovertible evidence that for many Gypsies and Travellers intense ambivalence exists in relation to accessing any services, even when these are required. She finds (supported by data gathered in our focus groups for the present study) that social workers are widely regarded as hostile, and only prepared to engage with Gypsies and Travellers in order to remove their children into care. For many Gypsies and Travellers limited knowledge or experience exists of advantages which might accrue from contact with social care providers (Cemlyn, 1998). A number of accommodation assessments have found that even where help is sought in relation to caring for older or disabled relatives, often support is inappropriate, delayed or not forthcoming (see Cemlyn et. al., forthcoming).

That those Gypsies and Travellers who have had contact with social services departments have frequently experienced negative engagement and discrimination from staff who often share hostile or erroneous understandings of Gypsy and Traveller lifestyles (Greenfields, 2002; Cemlyn 1998) has exacerbated community concerns and enhanced poor expectations and fear of engagement with social care departments. Discussions within focus groups on the possibility of employment in social care settings were met with frequent distain *"they only wants to take away the chavvies [children]"; "nobody would want to know you if youse was one of them"* with the majority of participants associating social care with child and family social work and in particular, child protection proceedings. In this reaction, as in so many other settings it is therefore possible to see the legacy of social exclusion and negative contacts with 'authorities' which will need to be overcome in order to encourage recruitment into such employment.

Training and Employment of Gypsies and Travellers in Health and Social Care projects

The overwhelming majority of Primary Care Trusts (PCTs) and social care providers do not employ specific staff to work with Gypsies and Travellers on their specific health and social care needs. In the majority of cases, where specific needs are identified it is expected that casework will be undertaken by health or social care staff working in specialist services for Black and Minority Groups, the Homeless or Asylum Seekers. (Parry et. al., 2004).

Adopting this strategy, whilst perhaps cost effective, often fails to deliver services to the most vulnerable amongst these communities and does not recognise the special health and social care needs of the Gypsy and Traveller communities. Until they disbanded in 2007, the National Association of Health Workers with Travellers (see Appendix 3 for further information on contacts) continued to emphasise the need for culturally sensitive staff that are specifically trained to work with Gypsy and Traveller communities and avoid the mismatch in communication or delivery styles identified by Parry et. al. (2004) and Van Cleemput et. al., (2007).

It has been anecdotally identified, supported by evidence from accommodation assessments (see further Richardson et., al., 2007; Cemlyn et. al. forthcoming), that the oft noted over-reliance on use of hospital Accident and Emergency services by Gypsies and Travellers (in preference to attendance at primary health care settings) owes nearly as much to reluctance to attend at surgeries where they may have experienced racism or negativity from staff, as to problems in registration with GPs. Both settled (sited and housed) and highly mobile Gypsies and Travellers appear to report increased use of Accident and Emergency services when compared to other populations (see further Beach, 2006).

Although specialist health outreach is not common in Britain, there are a number of projects which offer good practice in both offering tailored services (for example the mobile cardiac health project which is taken to sites in Wrexham discussed in Roberts, et. al, 2007) and in a very few cases employing Gypsies and Travellers to engage in health promotion. As has been recognised by Parry et. al., 2004; Van Cleemput, et. al., 2007 and women in the health focus group reported in Richardson et. al., (2007) Gypsies and Travellers are more likely to discuss their health needs with members of their own community, and shared cultural understandings will avoid some of the more common sources of irritation expressed by respondents to needs assessments or focus groups e.g. gendered attitudes; health and social care staff assuming that someone can automatically read instruction leaflets or appointment letters or that 'everyone' has access to a computer. Other conflicts which exist with health and social care staff may relate to professionals' failing to understand the importance of kin-group responsibilities which mean that family demands made by even quite distant relatives may be regarded as higher priority than

professional expectations; or conversely that everyone will gather to support a person having hospital treatment, often breaching rules relating to numbers of visitors or set visiting hours (Lehti and Mattson, 2001).

Friends, Families and Travellers the Brighton based national charity are unique in that they directly manage a team of specialist health outreach workers, including a Health Visitor, Mental Health worker and support workers, a number of whom are members of New Traveller or Romany Gypsy communities who have taken the opportunity to up-skill and develop their qualifications whilst working alongside the Health Visitor and project Manager who is a Mental Health professional. Developing these projects and working directly with community members as service providers has allowed the health team to access Gypsies and Travellers who were previously 'hidden' from mainstream health services and who had often received no health promotion advice or mental health support. The project has developed tools for encouraging healthy eating and health promotion (see Image 2) which are developed in partnership with participants, and also provide ongoing health support for women and their families.

To date the Women's Health group have produced a healthy eating cookbook (see Appendix 5 – selected health resources produced by Gypsy and Traveller communities), using simple language and vivid illustrations which provide healthy versions of popular traditional Traveller recipes. Members of the group are also encouraged to develop their skills through undertaking first aid and other related training which enhances their confidence and acts as a route into work. For example, one woman was supported in undertaking training as a lay midwifery assistant and is now employed by FFT as a health outreach worker.

The range of projects (well-being; mental health; healthy eating and health promotion) operate in an open, non-judgemental manner, using culturally sensitive services allowing the work to *"evolve from provision of a direct service to facilitating a conduit between the statutory health agencies and the Travelling community, helping to reduce the real or perceived mistrust held by both"* (Cemlyn et. al., forthcoming).

Image 2: Health Promotion Wall Banner produced by members of Friends, Families and Travellers Sussex Traveller Health Project: Women's Group (reproduced by courtesy of FFT)

Derbyshire Gypsy Liaison Group (DGLG) in the East Midlands (England), employ two community development workers (the equivalent of one full time post), under the Mental Health Framework, with the remit of improving the emotional health and wellbeing of Gypsies and Travellers through health promotion. They also provide agency training in the support and mental health needs of Gypsies and Travellers. Two qualified and trained (Certificate in Community Mental Health) Romany staff members work with community members and engage them in developing their own health care skills and obtaining qualifications in subjects such as First Aid.

At the time of writing, DGLG are in the process of publishing two reports (available from late summer 2008 on their website – see further Appendix 5) *"I Know When It's Raining*" (concerning cultural aversion to 'bricks and mortar' accommodation and the mental health impacts of enforced settlement) and *"Shoon to o Puri Folki"* (listen to the elders) on the mental health needs of elderly Gypsies and Travellers.

In addition, DGLG have published a series of easily accessible health leaflets for Gypsies and Travellers, (including two on mental health, tailored specifically for Gypsy/Roma and Irish Traveller communities) written in simple language and illustrated with graphic designs with the explicit intention of educating community members about topics ranging from healthy eating to inoculations (see further Appendix 5).

East Nottinghamshire Travellers Association (ENTA) who have worked closely with a range of health care providers on cultural training, improved health communication, and the provision of accessible drugs and substance advice services are active in health promotion work within their local community. In 2005 the ENTA led Traveller Health Steering Group won the prestigious "Better Together" public health award for their work with Newark and Sherwood Primary Care Trust on improving access to health services for local Gypsies and Travellers.

Other community groups such as LeedsGate (Leeds Gypsy and Traveller Exchange) have undertaken community health audits in their local area, and SPARC (Society for the Promotion and Advancement of Romany Culture) have produced a number of accessible information leaflets on health issues. The National Federation of Gypsy Groups (coordinated and hosted by DGLG) have recently been funded to undertake development work with South East Gypsy and Traveller led groups and one strand of their work will encourage the development of health capacity building amongst community projects and cultural competence training within PCTs and other health settings.

During National Federation network meetings (there are currently two area based networks of Gypsy and Traveller led groups one in the North and one in the South) participant organisations share good practice and information on health initiatives and training opportunities which are being undertaken by constituent members

and explicitly encourage capacity building by community groups to enhance the health status of Gypsies and Travellers.

In undertaking the type of outreach and community development health work outlined above, FFT; DGLG and other small UK groups who are setting up health projects, mirror models already successfully utilised in Ireland with Irish Travellers and in mainland Europe with Roma communities - groups who in East and Central Europe are often even more socially excluded than their British counterparts.

It has been recognised by professionals that cultural issues may act as a barrier to engaging in health and social care employment for Gypsies and Travellers; particularly amongst traditional families who retain clear adherence to notions of *Mochadi* and *Wuzho* (see Introduction) and who may be horrified at the idea of working with (or even talking about in mixed gender situations) blood, certain types of disease or bodily fluids, or providing or receiving treatment across the gender divide. For East European Roma these taboos remain particularly strong and thus, it is crucially important that delivery of health care is culturally appropriate in order to engage with patients and service users appropriately. Initiatives have therefore been developed in Europe and Ireland which specifically target the known health and social care needs of Gypsies/Roma and Travellers, delivering care and support in an appropriate manner, provided by specially trained members of the communities in question.

Given the depth of social exclusion and generally low educational attainment of Gypsies/Roma and Travellers across all of Europe, recruitment to these schemes has been tailored to meet the needs of the participants, involving flexible delivery of training, promoting the development of practical skills over academic qualifications (as we have discussed above, this mode of delivery is highly valued by many Gypsy and Traveller community members) and providing on-the-job training and educational opportunities. For many participants in Ireland and East Europe these training courses have provided them with their first ever qualifications and the opportunity to engage in skilled employment. Amongst women who are often bounded about by cultural values which forbid external employment or contact with men to whom they are not closely related, such training may increase the likelihood that community members will receive appropriate support at time of ill-health or

crisis, when external agencies may not otherwise be approached through fear, negative expectations or concerns over gender taboos. For example, one woman who participated in a focus group (Richardson, et al., 2007) referred to the fact that she became extremely ill with a gynaecological condition but it wasn't until she felt able to discuss her personal circumstances with a known, trusted *female* GP that she reported her symptoms, by which time she required a hysterectomy.

As can be seen, training Gypsies and Travellers in the delivery of health care (whether on a relatively basic level which may in turn lead to the opportunity to subsequently qualify at a higher professional level or through direct entry into health and social care employment), can both enhance the health and social care status of their own communities and also enable participants to develop transferable skills which will bring financial benefits to their own immediate families and increase their confidence and sense of social inclusion.

Lundgren and Taikon (2003) in recounting the story of a male nurse in Sweden who made the highly unusual shift from being a traditional craftsman working as a coppersmith to being a circus performer and then a health professional, are careful to refer both to the fact that this man came from a relatively wealthy family and thus has already experienced stability of accommodation and a basic education (although he did not have qualifications); but also that his decision arose in part from 'marrying out' of his Kalderash (Roma) clan and coming into contact with a very different way of life when resident in housing.

As part of his own rediscovery of education through supporting his children in school, Taikon discussed possible employment with a career advisor. On realising that he wanted to *"help sick people"* (Lundgren & Taikon, 2003:115) he faced considerable prejudice from his Kalderash community who felt that *"it was unthinkable that a man would tend the sick… when I used to lift up patients' blankets, pull up their night-clothes to put a pot there or dress a wound, I was doing something immoral… I was classed as unclean by my own relatives".* In the face of considerable opposition from his relatives and racism from Swedish co-workers Taikon studied whilst training, obtained a scholarship and subsequently qualified as a nurse which job he undertook until his retirement, eventually being reunited with his family who over time

came to regard his work as positive and akin to that of the 'Good Samaritan' a concept which is familiar to many of the devoutly religious Gypsies and Travellers of Europe (see Kenrick & Clark, 1999).

As part of the European Decade of Roma inclusion, a number of small scale EU funded projects have been developed to recruit and train Roma to work as social care assistants alongside qualified social workers. Both Roma and non-Roma participants share training in social work values and social partnerships and undertake qualifications in:

- Social Work;
- The Social Security System;
- Roma Culture and Lifestyle;
- Methods of Working with Minorities;
- Communication and Cooperation Skills

Although at present only limited information is available on the success of these on-going projects (Equal, undated) first reports indicate that: *"Roma people have had a chance to influence decision making, to express their opinion and to take initiatives. Thus, in addition to the "official" training, their competence to manage their lives has increased and they have begun to understand that they themselves are responsible for their own welfare".*

In Ireland, Pavee Point the Dublin Irish Traveller centre first initiated training schemes for health care assistants. The schemes proved so popular and brought about such tangible improvements in the health status and employability of Travellers in Dublin that the project won a World Health Organisation award in 2000 and currently employs sixteen trained and qualified Traveller women working with their community in the following ways:

- In-service training for health professionals
- Community based health liaison work
- On-site health education sessions
- Co-ordinating visits to a variety of clinics
- Production of Traveller specific health promotion material
- Undertaking research on and a survey of Traveller health
- Media work
- Organising seminars and conferences

- Representing Traveller health issues on the National Traveller Health Advisory Committee. (Pavee Point, undated).

The model has now been replicated across Ireland and a toolkit produced for Health Executives considering offering similar schemes (Travellers Health Unit, Eastern Region, 2007) which details good practice and lessons learnt from the project. An evaluation of the Traveller Primary Health Care project in County Cork, Ireland was undertaken in 2005 and found overwhelmingly positive benefits arising from the project which not only delivered improved literacy and numeracy skills; encouraged some young people to remain in education but also enhanced confidence and *"gives all participants a real chance of becoming a community health care worker – 'a real job'"* (Traveller Health Unit, Southern Region, 2005:13)

In Ireland, a range of health and social care related training are offered through the auspices of 'Traveller Training Centres' which provide basic literacy and practical skills training and act as a conduit to further education or preparation for entry to 'Leaving Certificate' courses (A Level equivalent) (Irish Traveller Movement, 2007). A range of articles pertaining to training opportunities accessible through Traveller Centres are frequently produced in journals such as '*Voice of the Traveller'*, (a regular magazine for Irish Travellers) ensuring that community members are familiarised with available opportunities, and are confident that training will be delivered in an accessible, culturally comfortable manner and venue. The benefits of comprehensive community based information and positive 'word of mouth' recruitment to these schemes are that Travellers are able to access knowledge from trusted sources and thus moving into such training and employment does not feel as daunting as may be the case if it is offered purely within an academic setting which may be a source of fear for people with limited or poor experience of educational establishments (see under Findings).

Recruiting and Retaining Minority Ethnic Health and Social Care Staff

This section of the literature review presents a brief summary of some existing research into barriers and solutions to recruiting

health and social care staff from a range of minority ethnic communities. It is posited that certain similarities will be identified between the findings from these studies and the opinions provided by Gypsies and Travellers who participated in the focus groups.

The CANDLES project in Slough (Anionwu, 2006) was developed in response to the recognition by health care providers that extremely low levels of staff and students were recruited from amongst certain communities, even though they were well represented within the local population. South Asian and Black Caribbean students were particularly under-represented providing a clear mismatch between the client group and service providers. Staff at Thames Valley University developed a two year project to recruit nursing and midwifery staff from local ethnic communities. As part of the outreach initiative, research was undertaken to explore barriers to recruitment, and publicity and recruitment materials were developed in a range of community languages.

Multi-ethnic representations of nursing and midwifery professionals were also produced to encourage awareness that the health service was keen to recruit staff from a wide range of communities. Extensive outreach work was undertaken at a range of venues including, mosques, temples, churches and community events. The project recruited a significant number of potential students who were signposted to the 'skills escalator' which developed literacy or language skills for those who were not at an appropriate level to enter into university level training. In essence offering a similar route (although at a higher level) to that provided in Ireland for Travellers training as health care assistants. The value of utilising targeted outreach; clear, culturally appropriate information and the use of minority ethnic role models to discuss their experiences of nursing were self-evident from the feedback received from newly recruited students. The desired outcomes of widening participation to 'non-traditional students' and enhancing the profile of the NHS as an employer of minority ethnic staff were met by the project in a manner similar to that recounted by evaluations from the Irish Traveller health care assistant schemes.

Evidence from the CANDLES project, which is of particular interest when contrasting the scheme with the current research, is that only a small number of recruits had relatives working in health care and only a third have ever contemplated working in such a profession. Around 6% of the total number of participants surveyed reported

that cultural beliefs would act as a barrier to health care employment and it is noteworthy that of these, the majority were from South Asian cultures who share certain similarities with Romany Gypsy populations, predominantly rooted in a historical cultural heritage which has guided attitudes towards hygiene and gender roles. A large number of respondents to the CANDLES survey were unaware of the level of salary earned by newly qualified nurses and a significant percentage, were unaware that bursaries were paid to students. The findings from the current research with Gypsies and Travellers replicated these results to a large extent.

Anionwu, (2006:23) reported that project staff believed that students with basic English undertaking the skill escalator in language were most likely to be unaware of the financial rewards associated with nursing, or (p43) that it was possible to enter nursing after following the Health Care Assistant Route - factors which may well hold true for Gypsies and Travellers where they are disengaged from main-stream educational opportunities or (as noted by a number of Professionals) they have not received full information on careers options as a result of absence from school on the dates such sessions took place. In addition, as one young participant said *"they don't tell you about that sort of work, they push you to be a hairdresser or work in a shop if you are a Gypsy"*.

Arnold et. al. (2003) in their investigations into perceptions of the NHS as an employer for both nurses and wider health professionals found that in order to encourage potential recruits it was important to consider flexible routes into employment and particularly to utilise role models (specifically male, as there is often an under-representation of men in recruitment materials or public knowledge and understanding of various NHS roles). In general they found that access courses as a route into NHS roles were very positively received, but that for non-nursing roles, many members of the public had only limited knowledge or experience of what various roles entailed – a finding which was replicated in the current study. Ethnic minority staff and potential recruitments shared similar views on the NHS to white participants, but *"the possibility of discrimination on basis of race, and the importance of avoiding it were more important"* (2003:6). In common with a number of participants in the present research Arnold et. al, found that *"deep-rooted gender roles and stereotypes"* were suggested as barriers to recruitment of males. Males who participated Arnold

et. al's. research reported more concerns over wage levels than did females, a finding which again bears comparison with comments made by the young Gypsy and Traveller men interviewed for the Aim Higher study.

In relation to Social Care employment, studies of experiences of black and minority ethnic staff (who anecdotally are often present in disproportionate numbers at relatively low levels of the career structure e.g. home care assistants) tend to focus on professionals such as foster carers and social workers. Harris and Dutt (2005) found that amongst senior social care practitioners (e.g. social workers) a 'crisis' was in existence with Black and Minority Ethnic staff leaving the service in large numbers. Whilst they noted that the recruitment and retention of all social workers was problematic, particularly in London, they stated *"the situation in relation to black and minority Ethnic (BME) workers is even more serious than the general picture would suggest. The retention of BME workers has been problematic for many years preceding the present crisis. Issues such as low morale, impossible workloads, lack of supervision, health problems, and scapegoating, identified by the Audit Commission as contributing to the present situation; have long been features of the BME worker experience".*

Recommendations in Harris & Dutt's (2005) good practice guide for the retention and recruitment of minority ethnic social workers developed on behalf of the Race Equality Unit would appear to be applicable to any minority ethnic staff working in health or social care. In particular, they note the importance of mentoring frameworks and minority ethnic support groups, factors which would address some of the concerns raised by young people who participated in the Aim Higher research who were concerned about being the *'only Traveller'* on a course or in employment, and thus exposed to racism or scapegoating if something *'went wrong'*.

Black social care staff interviewed by Dutt (cited in Davies, 2002: 12) were also concerned that their own communities would be hostile to their choice of career *"the perception of social workers in the black communities is that any involvement with social care agencies will result in negative outcomes for black people"* a major concern which also resonated with young Gypsies and Travellers, some of whom were adamant that they would be ostracised if they were employed as a social worker. Despite this worry (see Findings) there were some mixed feelings over the benefits which could accrue to their communities if Gypsy and Traveller Social

Workers could be employed to support the elderly and families in crisis. One participant who had family experience of substance abuse was particularly anxious to work in the field of drugs counselling, although some debate took place amongst participants in that group, as to whether such work *was* actually 'social work'. In the light of wide-spread anxieties over being seen to be employed as a social worker it may well be that presentation of particular types of employment using less 'loaded' terminology such as social care professional, may enable potential recruits to debate the benefits as well as the disadvantages of such work.

Conclusion
In the light of the overwhelming evidence of social exclusion and poor health it would appear that there is a definite need for young Gypsy and Traveller health and social care staff who can both work with their own communities, and engage with broader society through the development of skills and qualifications. The popularity of 'tailored' training opportunities for members of these communities in other areas of Europe indicates that such approaches to recruitment and up-skilling may be one way of encouraging take-up of employment in these fields for people who have never before contemplated such employment, or who are anxious that they may experience discrimination if moving into wider employment fields. The similarities in findings on attitudes towards health and social care employment between Gypsies and Travellers and other minority ethnic communities indicates that useful transferable lessons can be drawn from the wider literature pertaining to support for minority ethnic health and social care staff. Recommendations based upon the findings from the primary research (presented in Chapter 3 and 4) are developed further in Chapter 5.

Chapter 2 Methods

The primary research phase of this study consisted of the following stages:

Stage 1
- **Scoping Exercise**: consisting of a Literature Review of relevant research pertaining to the health and social care needs of Gypsies and Travellers and recent reports on the recruitment of minority ethnic health/social care staff
- Review of international literature on specialist training programmes for Gypsies/Travellers/Roma which seeks to overcome educational disadvantage and others barriers which might act as disincentives to community members becoming employed in health/social care work.

Stage 2
- **Face to Face/Telephone Interviews with Professionals:** an open-ended discussion format was used to enable selected professionals (e.g. Traveller Education Staff; Health Worker; Community Development professionals; Youth Workers) working with Gypsy/Traveller/Showman communities to identify their perceptions of key barriers to entry into health and social care employment for members of these communities. In addition, interviewees were asked to consider solutions to these identified problems. In some cases, these discussions enabled the identification of published and unpublished case studies which were incorporated into the literature review. Proposals and comments from this element of the research have been fed into the final recommendations of this report. Table 1 (below) outlines the range of professionals interviewed and (where known) whether they are of Gypsy/Traveller/Showman origins.

Table 1: Professionals Interviewed for Stage 1 of Study

Social Worker/	Health Staff	Education Service	Community Development	Youth Worker	'other' (e.g. academic)
1	2 (1 Romany Gypsy)	5	5 (2 New Traveller; 1 Irish Traveller; 1 Romany Gypsy).	2 (2 Romany Gypsy)	1

In addition to the interviews with professionals undertaken in Stage One, during Stage 2 of the project a further two interviews with New Traveller health and social care professionals (living on an unauthorised site) were undertaken. Both of these interviewees were older than the specified age range for focus group participants but had been selected for inclusion in the study as they are both qualified health and social care staff. One respondent is a nurse and the other a social care practitioner with extensive experience of working with learning disabled children and young people. These interviewees (a couple) were referred for inclusion in the project by a New Traveller professional interviewed in Stage One of the study. Comments from these two respondents are presented within Chapter 4 as they are currently engaged with the vagaries of roadside life and were able to speak authoritively on the problems facing insecurely accommodated Travellers working in health and social care. It is however important to note that despite the great difficulties of their accommodation situation, New Travellers generally (excluding children who have been born 'on the road') have a higher level of education than many Gypsies and other Travellers as a result of their upbringing, culture and historical educational opportunities which are frequently dissimilar from the experiences of 'ethnic' Gypsies and Travellers.

Findings from the preliminary interviews with professionals were used to develop a **Topic Guide** on barriers and solutions to health and social care employment, which was then consulted upon with Professionals and Community Members who had been approached to co-facilitate Focus Groups with young people. The Topic Guide is presented at **Appendix 4**.

Stage 3
- **Recruitment of Community Co-Facilitators:** Contacts with professionals and agencies working with Gypsies and Travellers were utilised to identify suitable locations for undertaking focus groups with young people, and to recruit co-convenors to assist in organising the interviews with young people. Co-convenors were under 24 years of age, were in all cases a member of a Gypsy/Traveller community and engaged in some form of community development work with other Gypsies/Travellers. All were offered training if required and paid a fee in respect of their work in recruiting participants and organising the focus groups.

- As a result of unexpected cancellations and subsequent rearrangement at other locations of planned focus groups (in one case arising from illness or a key respondent and in another following family bereavement); two young people who had expressed an interest in acting as a co-convenor were unable to participate. In these cases we were able (through the auspices of the local Traveller Education Services) to access groups of young people in slightly different locations who participated in the study within the specified time limit. In both cases where TES staff co-convened the session they had an on-going relationship of trust with the students who expressed a willingness to participate in the study during school hours.
- Information sheets on the study specifying the purposes of the research, confidentiality of the information provided and contact details for the Principal investigator were prepared and distributed to all participants recruited by the Traveller Education Services and Community Groups. Community Co-convenors were able to discuss the details of the project with individuals they recruited and were also provided with copies of the information sheet personalised for their specific locality.

Stage 4
- **Focus Groups with young people:** a series of six focus groups took place at different locations across South East England with young people aged between the ages of 12 and 23 (in two cases where the groups took place on family sites, younger children also joined in the discussion at some points).
- In two cases focus groups place on school/educational premises and a suitable donation was agreed with the TES staff in respect of their assistance and the participation of the young people in the project. In all other (four) cases, payment was made to community groups/premises occupiers for use of their facilities, and refreshments and a 'token of gratitude'/travel expenses were made available to young participants. Two older participants with childcare needs had their babysitting expenses refunded**.**
- Locations of the focus groups varied, with two taking place on sites (one privately owned and one local authority); three in community project facilities and one at a school.

- The focus groups varied in duration between 40 minutes and one and a half hours. Participants came from a range of ethnicities and backgrounds **(see Table 2)** and included a total of **11 males (8 English Gypsies; 1 showman and 2 Irish Travellers)**. In addition one male New Traveller was interviewed about his role as a social care worker.
- Where information was provided (over 90% of participants) it has been possible to calculate that **14 participants live on sites (in two cases unauthorised 'tolerated' encampments and in three cases 'unauthorised developments' on owner-occupied land) and the remainder on authorised local authority sites or in housing,** roughly equating to a 2/3rd housed, 1/3rd sited survey population, broadly in line with known data on the type of accommodation occupied by Gypsies and Travellers in Britain in 2008.

Table 2: Background/Ethnicity of Participants in Focus Groups: Stage 2 of Study

Romany Gypsy	Irish Traveller	Showman	New Traveller
23	12	1	2

- **Additional sources of information:** Posting on G&T Youth website ("Savvy Chavvy") asking for opinions and knowledge of health and social care employment received a limited number of responses from young people which have been included into recommendations and discussions.
- Several Irish Traveller women (participating in a community group event) who were asked to give permission for daughters to join a focus group discussed their opinions on health and social care employment.

In total, (all professionals; focus group participants and additional interviews with New Traveller health and social care staff) **56 individuals were directly interviewed in the Aim Higher study, of whom, 47 were Gypsies or Travellers.**

A further five women (mothers and aunts of teenagers) volunteered their opinions on health and social care employment

and five people posted on this topic on the 'Savvy Chavvy' website, including a Traveller Education Service teacher who passed on comments made by her pupils when she raised the topic with them in school.

Transcription, Data Handling and Ethical Concerns
Focus Groups were recorded and findings were transcribed by a professional administrator. Copies of the transcripts were sent to co-convenors for discussion with participants and to ensure clarity existed over information obtained. Tape recordings and other data gathered have been stored in line with Data Protection Act requirements and will not be shared with anyone other than project participants.

Image 3: Outdoor Focus Group for Aim Higher project. Photographed by Margaret Greenfields 2008

All quotations have been anonymised for the purposes for this report. In one case, with the full agreement of participants a photograph was taken during a focus group (see Image 3), and this image has been shared with the young people and staff who took part in the interview session. The location of that or any other interview site has not been included in the report. Any sensitive quotations which might reveal the identity of participants has been excluded from this report.

Key themes from the interviews have been analysed using a simplified version of the 'Framework' manual qualitative analysis system (Ritchie and Lewis, 2003) after coding was undertaken to explore similarities and differences in narratives and concerns by gender and ethnicity of participants.

The completed report has been shared with participants in draft form and amendments incorporated as appropriate.

Stage 5
- **Dissemination Strategy:** Findings to be rolled out in Summer/Autumn 2008)
- A conference presentation of interim findings was made in May 2008 to Aim Higher Professionals who (in several locations) reported a desire to build upon the findings in working with young Gypsies and Travellers.
- Draft report disseminated to professionals and agencies involved in the study for consultation with young participants**.**
- Publication of final report via community group websites (including 'easy read' accessible version)
- Presentation of key findings in August 2008 to conference involving a number of health, social care and education professionals.
- Planned articles include information on targeting health and social care recruitment and education providers; flagging up equality issues for employers and trainers; and encouraging service providers to engage with Gypsy and Traveller community groups by developing 'taster' days in health and social care employment.

Chapter 3
Findings from Interviews with Professionals

Introduction

This section of the report presents the findings and key themes pertaining to barriers to engagement in health and social care which emerged from interviews with Professionals (including those from Gypsy and Traveller backgrounds). Proposed Solutions to overcoming some of the difficulties are summarised in the conclusion and then discussed further in Chapter 5 (recommendations).

As discussed within Chapter 2 (Methods) a total of 16 interviews were undertaken with health, social care and community development staff engaged on a professional level with members of the Gypsy and Traveller communities.

- Three interviews involved 'group discussions' where more than one staff member from an agency was present and were able to volunteer their opinions and experiences in response to on-going dialogue on a topic.
- Eleven interviewees were female and two male.
- Seven of these professionals are themselves members of the communities being studied (see Table 1).

In addition, two supplementary interviews took place with New Travellers (both somewhat older than the age profile identified as the target group for this research) who are qualified and employed in health and social care roles.

Concepts which emerged from the unstructured interviews (which varied in duration from between 10 to 45 minutes), are firstly presented thematically and then (where applicable) explored to see whether professional discipline or ethnicity/background of the interviewee has any impact on responses to the topic under consideration.

Finally, in recognition of the (crudely defined) division in age between professional staff and focus group participants (although three professionals working in community development roles were also in their late teens/early 20s and thus eligible for inclusion within the focus group age range criteria); brief comments from parents of young focus group participants are included within this section of the report.

Thus a multi-level exploration of themes is undertaken by age, ethnicity/background and professional orientation enabling a contrast to be drawn with young people's articulation of their own circumstances and ambitions (Chapters 4 and 5).

Barriers to Entry into Health and Social Care Employment and Training

Racism and Discrimination: Twelve respondents referred explicitly to young people's experiences of racism and discrimination acting as a barrier to entry into professions which are *"out in the field, in the wider community"*. As considered within Chapter One, the overwhelming majority of young 'ethnic' Gypsies and Travellers (and also those New Travellers who have been 'born on the road') will have experienced a lifetime of discrimination and rejection by mainstream society. These early experiences were interpreted by four respondents as leading to *"insularity"* or an *"unwillingness to put themselves out there and fail"* (see further under 'low expectations'). As one community development worker (not from a Gypsy/Traveller background) stated:

> *"once you've experienced racism at a very high level at High School you kind of gauge the rest of your life by that base line and that's what's hard to get across to people, that college is an entirely different ball game, 'cos people see it as further education and 'this is my experience of it, so it's going to carry on and there's more people, and they're older' – and I think it is a definite worry for them"*

A Traveller Education Service staff member noted that:

> *"there is a fear of revealing who they are, having to hide their identity - and this would carry over into professional life – can you imagine what that would be like - working with a racist patient or client who has seen a report about Travellers in the paper on the day you are treating them and who wants to go on about it to you? Some young people from Gypsy and Traveller communities have learnt to hit back very quickly when goaded in a racist way – and make no mistake they are very aware of the consequences – so if someone is working in a care home for example and loses their temper*

with an abusive patient – I can see why they wouldn't want to risk being in those circumstances"

One Romany Gypsy youth worker recounted her own experiences of racist abuse when she was the *"only Gypsy in my class – and nobody should go through that – I don't want to be funny but I think it would only work if you had more people together so that it wasn't just gorge-breds on a course"* a theme which was echoed by many young people in the focus groups (see Chapter 4).

Three other Gypsy/Traveller respondents (one a community worker and two health and social care professionals) confirmed that would also be concerned that young Travellers would experience discrimination in either educational or employment circumstances if their background were known, leading in turn to lower levels of confidence.

"I think they [other students and staff] *would have pre-conceived ideas – so bullying might be a problem"*

"people may feel bad, that they may not be accepted in the health and social work sector so maybe - instead of having the view that they can change that area of work - they might just feel that they won't be accepted at all".

The New Traveller social care professional working in the highly demanding field of young people and adults with learning disabilities recounted that on changing jobs (after the care home he was employed by changed hands and he left as a result of the new management style) he became a victim of discrimination. His former manager had been aware that he lived on a site and had always been supportive. A representative of the new management regime however, telephoned his (potential) new employer when he applied for another post and stated that he was *"an unruly influence… and asked did they know that I lived in a truck".* Fortunately, his new employer was more offended by the telephone call than by the respondent's residence and offered him employment based upon the standard of his qualifications and his other references.

One other health professional (Romany Gypsy) stated that she *"didn't tell anyone at work anything about my life, that's my business and what they don't know can't hurt them or hurt me"*

a feeling echoed by the New Traveller nurse who reported that *"some* [of the other hospital staff] *are quite racist, if I told them, I would be bombarded with questions… I suppose it might be curiosity not prejudice but I'm not about to chance it"*

Interviewees from Gypsy/Traveller backgrounds (and in particular those working in community development or health) were slightly more likely to refer to concerns about racism and discrimination than were other professional staff, in part relating to their own experiences, or decisions they had made as a strategy for *"passing"* in professional circles.

Traveller Education Staff (3 cases) referred to students fears about racism but felt that in a further/higher education setting these concerns would not be so important, a point obliquely confirmed by the academic/activist interviewee who in addition to their current role, had previously had a number of years experience working as a teacher with Travelling children on unauthorised sites. This respondent made reference (in a public lecture shortly after the interview) to a person who had "*experienced racism and bullying at schools for being a Gypsy and then hid their background when they went to school… suddenly it is all 'oh so you're a Gypsy – that's really interesting' when he was at X [prestigious] University.*"

The short discussion held with Irish Traveller relatives (mothers and aunts) of focus group participants, confirmed that for family members, there is a combination of ambition for young people to succeed and fear that they would be exposed to racism and discrimination if they seek employment in 'mainstream occupations'. The findings from this section of the analysis therefore articulate with the views of professionals (see below) on family and cultural issues which may act as a barrier to young people entering training/employment in this field, and also comments made by some young people about their parents' *"worrying"* about them if they are away from their home environment.

> *"people might not want [feel safe about] their girls going out there into the homes and the colleges"*

> *"Yes but they wouldn't let a Traveller girl have that type of job – not once they knew she was a Traveller, she'd be worrit*

[harassed] *to death by them* [non Traveller staff and students] *"*

Low Expectations and Ambitions: Almost as a logical sequence arising from experiences of discrimination, social exclusion and [for some Gypsies and Travellers higher value placed on 'practical work' rather than investing in long-term training], **all** discussions with education, community development and youth workers referred to the lowered expectations and paucity of ambition articulated by the majority of young people with whom they came into contact.

Three education staff and two youth workers expressly commented on the foresightedness of Aim Higher for commissioning the current study as even merely raising the topic of health and social care careers with Gypsies and Travellers was perceived of requiring young people to *'think about a different sort of work – not just me going on about 'you can do what I do, you can be like me' – but talking about it with each other and thinking about the problems and how to get round them – sort of group counselling and careers advice "* (Romany Gypsy Community Development worker)

Traveller Education Service staff were particularly articulate about the need to raise the ambitions of young people. In particular they commented on the need to support Gypsies and Travellers in engaging in the modern world in competition with other sectors of society, and also the ways in which family and cultural pressures (see further below) can counter-balance the influence of schools. Gender expectations (a key theme articulated by many Gypsy/Irish Traveller young people) were also perceived of as a barrier to consideration of certain careers.

> *"even the most able boys – there is a sort of glass ceiling – they don't think beyond manual trades"*

> *"young people need more Gypsy and Traveller role models… their aspirations needs to be raised – helping them to break out of stereotypes of working - having a little job - until they get married* [girls] *and getting a well-paid job (self-employed by preference) and supporting their family* [for boys]"

*"It is almost as though they need other Travellers to 'give them permission' to do something different – their expectations, concerns (and there **are** real worries about discrimination and racism) lead them to not want to engage with authority, so they in a sense almost reject themselves. Now if there are more role models…. "*

Image 4: Single-gender group discussing horse-trading and enjoying Stow Fair (older men participated in similar activities some distance away). Photographed by Margaret Greenfields

The academic interviewee theorised the paucity of ambition of many Gypsies and Travellers as resulting directly from the inherent power imbalances within many State educational and employment structures; thus self-limitation through avoiding situations where a person may fail in a chosen ambition is *"an ontological issue resulting from a marginalised people's fear of racism"* a theme picked up a community development worker who stated that

"the idea that… I won't be able to do it, so I won't try – [I don't know] *whether that is because of failure experiences in school, failed job interviews, perceptions that they've experienced in the past which been quite negative which*

then leads them to think that nobody will take them on anyway"

Parental concerns to protect young people through ensuring that they are employed in 'safe' environments, or by and within their own community, whilst understandable (and in many ways highly commendable) were also cited by several Traveller Education staff as potentially responsible for blighting ambition or opportunity:

"a lot of Traveller families don't want their children to go on work experience with a stranger"

"there is definitely an element of parental expectations – 'would my parents approve of what I'm doing?'"

"the fear of racism – needing to reach a critical mass [of Gypsies and Travellers] *to undertake any new initiative – essentially Gypsy and Traveller society operates in a much more collective way, their whole way of thinking about themselves - and this doesn't go with the modern way of working. If you employ a Traveller in the education service for example, in a sense you take on the whole family – if you employ a daughter her mother will want to know what she is doing and who she is seeing – but we have to work in an environment which privileges the individual over the collective".*

Thus, as articulated by the Teacher above, a broadly collectivist approach to family responsibilities (see further Chapter 4) and the blurring of boundaries between employment and home-life creates situations where employment disputes may occur between Travellers and their sedentary community employers. This potential for conflict is therefore similar to that referred to within the Literature Review when considering the experiences of Gypsies in housing and their experiences of living amongst *'gorges'.*

Mutual failure to appreciate different approaches to employment and the priority of home life to Travellers and Gypsies can exacerbate suspicion and anger over the motivation of the other party in any dispute, and the value of employment of/working with non Gypsies and Travellers. Thus a vicious circle can develop further with Gypsies and Travellers considering that it is only worth working with members of their own community, and non Gypsies

and Travellers who perceive that they had negative experiences of employing travelling people, being reluctant to repeat the 'experiment'.

For professional staff, who invest time and energy encouraging young people to consider alternative career options, low levels of confidence and lack of self-esteem can prove frustrating, even when they are aware of the reasons behind the difficulties which hinder them from engaging in education and employment. A community health practitioner [non Gypsy/Traveller origins] explained that:

> *"there is one young woman – she has such a potential to work in health care, she wants to be a counsellor among her community to help people with drug problems.. but her education level is so poor… she has the literacy levels of about 7/8 years old….we tried to help her with this but she backed out of the initial interview with someone who would help assess her literacy……..she would be so good…it's such a shame it didn't happen but when I saw her the other day she had lost interest"*

A Romany Gypsy health advisor however explained that barriers to entry into further education and training may be fear of failure or embarrassment over low skills disguised as loss of interest:

> *"if for example… having Gypsies and Travellers learning together - 'cos I find when they're mixed and the majority are gorges then the Gypsy and Traveller youth don't want to put up their hand if they don't understand, or say to the tutor 'I won't understand what your saying' 'cos they're embarrassed. But if they were in their own community, with people who were the same as them, and they are all Gypsies, then they haven't a problem…there is nothing to be ashamed of, as you're are all the same"*

In confirmation of this theory, another Romany Gypsy community worker explained that:

> *"I was the only Gypsy or Traveller in the whole school, and this is what they used to say about me 'oh Gypsies can't read or write and are scum', so **if** I put my hand up and told the teacher I didn't understand what she was saying, I was*

proving them right. So I never used to put my hand up. I just used to cause trouble so that I would get kicked out of that lesson – so then I didn't have to do the work"

As discussed under 'recommendations' all Romany Gypsy and Irish Traveller respondents, two New Travellers and several Traveller Education Service and Community Development professional staff noted the importance of encouraging groups of young Gypsies and Travellers to enrol together on training courses or to apply for work at the same location:

- *"it's about getting a combination in – to feel supported"*
- *"enough people to feel supported so then people would think about doing the courses if they had that group and support with reading and stuff to help get through"*
- *"it builds people's confidence as well, they feel they're not going to be judged so much by the community they're training in"*

In essence therefore, a number of professionals (including Gypsy and Traveller community members) are requesting (even where they have no prior knowledge of the Irish projects) an amended model of the Community Health Training successfully utilised in Ireland, identifying this is an appropriate method for delivery of training to students with low confidence levels.

Family Responsibilities and Cultural Issues
Twelve professionals referred to family expectations and cultural understanding of appropriate behaviour for Gypsies and Travellers acting as a barrier to engagement in particular types of work.

Two health workers (one of whom has Romany origins) referred to family and gender expectations impacting on the ability of young 'ethnic' Gypsies and Travellers to consider entry into health and social care employment:

> *"There are gender constraints… brothers aren't expected to do things around the house, and so there are expectations that a girl will prioritise her family, anything else is seen as 'outside work' and that can include studying"*

"many of the barriers to health overlap and involve barriers to education and employment…..fatalistic attitude: what will be, will be, so there isn't much point in working towards changing one's life in any way…not being able to say 'no' to children so children start off in life with very little discipline, so when they start school, they disengage very quickly as it is not easy to accept the structure of school…[this] also contributes to peers 'laughing' and looking down on any Traveller that actually wants to learn and pursue a career to it's full conclusion. So [young Travellers] are met with additional barriers of peer pressure".

In total five interviewees (all from Gypsy/Traveller backgrounds) pointed out that whilst health care employment might be regarded as a suitable job ("*for a girl*" males interested in such employment would face considerable barriers "*they would be laughed at, someone would say they were 'gay'* (see further findings from Young People's focus groups) *because there just aren't the role models for men working in these jobs in our communities*". New Traveller professionals however were clear that no such gendered expectations existed in their community

> *"it's a good job – people might say 'oh you're a carer' what do you do – but I'd recommend it to anybody. You are making a difference to somebody's life and hopefully your own experience of experiencing discrimination means that you can empathise with the people you are working with"* (male New Traveller care worker)

> *"we could do with more Travellers working as drugs counsellors – that might be something which would interest New Travellers, you can see a lot of alcohol and substance issues on sites…. Gender? Gender isn't a problem for any sort of health or care work"* (New Traveller community development worker)

Some Traveller Education staff were frustrated at the apparent unchanging nature of Gypsy and Traveller society *"it's sexist, the expectations of gender, a girl's role is to be nurturing – even if we can keep girls on to get their GCSEs, they then see their way as leading into marriage and then they stop work"*

> *"the job-list you gave - halfway through the interview – even though* [Traveller boy] *gave you very positive views about those jobs it's not something that would ever be considered…*[boys typically choose] *agriculture, mechanics, farming, tree surgeon"*

> *"well there is a problem* [for females] *– a lot of Traveller boys – they wouldn't want you – wouldn't allow you - out working every day"* (unmarried Romany Gypsy youth worker)

> *"the older generation, they are fearful, afraid of loss of their culture – cultural erosion - so sometimes it isn't so much the parents but the grandparents who put pressure on young people not to behave in a certain way, or want them to leave school, or not to mix outside of their communities – and parents listen to their own parents because they* **are** *respectful of their elders"*

One young community worker (Romany Gypsy) spoke feelingly of the breach which could potentially occur in family relations when someone stepped outside of their 'prescribed roles', a penalty which for many young Gypsies and Travellers would be too high a price to pay for a career:

> "*For instance, my Granny found out I was moving up here [*some distance from her home, although still living with another Gypsy/Traveller family so remaining within a traditional environment] *and she found out I was leaving my community and family home and she wasn't very happy and she was quite ignorant with me. Whenever I saw her, or phoned her - it was like – she was quite angry at me"*

The theme of negative family responses and *"lack of support – some parents don't want their children doing anything different from them and how they were in the 'old days'"* (Gypsy community worker) was also emphasised by a social worker with considerable experience of working with New Travellers at unauthorised encampments

> *"to be honest, sometimes the kids are having to fight the parents' attitudes – they* [parents] *were the ones who left houses and went on the road so they don't understand why the children might want something different - it is a rejection*

of everything they [the parents] *believe and stand for so they don't give any encouragement to young people and sometimes, quite often, the parents are so busy leading chaotic lives and dealing with evictions and things that they don't support the young people in their choices – which means the young people only aspire to the things they see around them such as being a mechanic or very traditional jobs "*

Despite these somewhat negative views expressed by many professionals (including those from Gypsy and Traveller backgrounds) findings from a number of focus groups gave a somewhat contradictory picture, as the **majority** of young participants (although not all) reported that their families would be supportive to them working in whatever career they selected.

These differences in opinion, may indicate that the age differential between focus group participants and professionals is masking the beginning of a cultural shift in community approaches to education and employment and a recognition that (as that one teacher working in a school with a large number to Traveller pupils stated):

> *"some people are breaking out of stereotypes.. the brighter students, those with more experience, they don't allow the definition of being a Traveller - expectations of what a Traveller 'does' - to define them".*

Attitudes towards careers in Health and Social Care

Two distinct themes arose from the interviews with professionals pertaining to attitudes towards employment and training in the social care field:

Firstly: Two Traveller Education staff, one health professional and a community development worker (none from Gypsy and Traveller communities) raised the issue of relatives/older people's attitude towards young people working in employment which might be seen as *'unclean'*, (see further the discussions outlined in the literature review Chapter 1) Although not explicitly referred to in those terms, this concept does to some extent articulate with a number of statements made by young people pertaining to the acceptability of certain types of employment and a preference for working with children rather than *'ill people'*.

Although several Romany and Irish Traveller respondents acknowledged that substance abuse can be a "*big problem in our community.. and I don't see that there is any support out there for users*" the concept of being employed to work with substance abusers were identified as one which relatives may regard as "*stigmatising*" .

> "Y*ou know, people – our people – they don't like to admit that there is a drug issue in the community, my granny is one of those.. wouldn't want it known you're working with people with drugs problems because it is a bit like going around with a label and people might think you had a problem too*"

Some ambivalence was also expressed by Gypsy and Traveller professionals in relation to the reaction of Gypsy/Traveller community members towards someone working in a mental health setting:

> "*people will not acknowledge it - there is a lot of people – a lot of boys, men who are very depressed but the shame of not being able to cope is extreme so they are obsessively trying to manage their lives, so maybe it might not be regarded as a good thing to work in that field*" .

> "*it is a case of will your parents want you – and support you - to put yourself in that same danger zone?*"

> "*I'm really doing that now but I'm not going in as a mental health worker, I'm saying I'm a support worker because there is so much stigma attached to mental health*"

One Irish Traveller mother (discussion in relation to development of focus group) said "*it wouldn't be safe, you wouldn't want your girls going into places like that…. and their homes might be dirty, you never know what you'd come* [up] *against*".

The subject of potential contamination (and concerns over other safety issues) was also raised by a community development worker (non-Gypsy/Traveller).

> "*the problem with health and social care [employment] is that one of the things that Traveller culture is particularly hot on is health and hygiene and germs. And the thought of sending a*

family member into a place where they are possibly going to be infected would be a massive problem. Shift work would again be a problem because it's the safety issue about getting home late….it could also be the situation when they work in Casualty that anyone could walk in off the streets so from [their perception of] safety aspects that could come into play and be a problem"

Secondly: Whilst acknowledging the need for social care professionals within Gypsy and Traveller communities this type of employment was predominantly associated with social work, a profession regarded with some ambivalence: "*well there is a need – let's be honest - but who would want to do it?*" In common with many young people who took part in focus groups, Gypsy/Traveller community development staff and youth workers were alert to the negative attitude towards such professionals, articulated by members of their own community:

> "*they do have an association with social workers taking children away, so they would want them off site as quickly as possible"* (New Traveller community development/advice worker)

> *"the thing about social workers is this historical thing and cultural background and children. It's not being removed but always the perceived threat of being removed, so for a Traveller to become a social worker, I think that would almost be, you're going against us, you are working for the enemy you cannot any longer come to my house. But, if you come in – your talking about social care, where they're going in sorting out meals on wheels and home help for elderly people - then that would be more acceptable because it's not nosing into people's private business"* (non Gypsy/Traveller education worker)

> *"I think for a Traveller young person to become a social worker, they will be walking on very shaky ground. Obviously some areas of their work wouldn't pose a problem but some would and I think as soon as they say to their friends or relatives 'I work with social services' they would be tarred with that same brush"* (Teacher, non Gypsy/Traveller)

"there are a lot of problems on some sites, heroin, alcohol, a lot of young people have had no support – from their parents or social workers - , and some have had really, really bad experiences in care. They would be really hostile to social workers but some have also expressed an interest in what I do, learning the skills we use, because they don't see it in the same way" (Social Care professional working for a specialist project engaging predominantly with New Travellers)

"No – no, you wouldn't want to say to your family and people on the site, people you know, that you are a social worker even though you might do some of the same sort of things" (Gypsy community development worker)

Essentially, whilst recognising the need for social care professionals, and acknowledging that some types of 'softer' social work (e.g. supporting elderly people) would be acceptable to Gypsies and Travellers; a consensus of opinion existed amongst most professionals that community social work would need to be disguised in some manner in order to make services accessible to community members. Several interviewees expressed surprise that in Ireland and East Europe community members are recruited as specialist social care staff *"well I suppose that would be alright – depends what they were doing"* Irish Traveller support worker

"I would have thought it might be difficult walking into someone's home openly as a social worker, it's like wearing a sandwich board – if they're getting help and money for the families though…" (Romany Gypsy respondent)

As discussed above (see under family issues) several professionals referred to gender issues and attitudes which might also impact on choice of employment *"funnily enough, someone who was Gay - well they could probably work with women, in health care, but the men still wouldn't like it"* (Gypsy community worker)

"I couldn't have a man midwife or anything like that, but if they were Gay well - maybe" (Romany youth worker)

"some girls would go – I can't do that because my husband won't let me – that don't go for all, but quite a few" (Irish Traveller, aunt of young focus group participants)

Literacy Issues/Social/Study Skills
Somewhat surprisingly, literacy issues were regarded as less of barrier to employment than some other topics – in part because of awareness (in some cases arising from discussion of this project) that alternative skills-based and "literacy escalator" routes into health and social care employment exist.

In total, six professionals (one New Traveller care worker; a non-Gypsy/Traveller nurse; two community development workers (one New Traveller and one Romany) a Traveller Education Service staff member and a social care worker (both non Gypsy/Travellers) raised concerns over the level of support available to Gypsies and Travellers with poor literacy skills, relating this back to narratives of young people's disillusionment, early school leaving and experiences of failure (see above).

"I was alright [literacy and numeracy] *but I know some people – particularly those who have been on the road with their parents might have problems – especially if they are being moved on – I don't see how they could remain at college. I did my training, built up [skills] on the job and got NVQs, while I was living in a flat and then moved out into a vehicle again"* New Traveller Social Care professional

"we do have some very bright female pupils – but some of them are struggling with school work and then they have other responsibilities and social problems" [Traveller Education teacher]

"I've known people on [site] *they went to school, but since they've left school, they can read and write, but since they've left they haven't built up, haven't used those reading and writing skills so they haven't really caught up any more"* [Irish Traveller professional]

One Social care professional working predominantly with New Travellers added to the theme of literacy skills by noting that for some New Travellers who may have only intermittently entered the education system while growing up on sites they *"may not have any boundaries – they are really nice kids but you have to say to*

them, don't swear at people, they don't listen to you, talk across you – they don't realise – you are driving along with them hanging out of the car window and they will suddenly shout at someone – 'are you looking at me', and start swearing at them – and the person wasn't even looking at them. They just don't realise what they are doing, are suspicious and hostile and don't have any social boundaries".

Another respondent noted that lack of knowledge of expectations in professional settings (whether in behavioural terms or the extent of writing required) can also cause disrupted placements for young people, leading to failure in employment. In total three professionals referred to the problems for young people in making the transition into education and employment with an increasingly 'professionalised' workforce:

> *"you can't just have someone threaten a colleague or walk off the job because they don't like the way a more senior member of staff talks to them"* (community development worker)

> *"we have one young person, they've gone to college, really struggled, she had low skills, her literacy was poor but she managed and we were so very proud of her. She was so determined and the college supported her and she won a prize for her determination. But then, once she was on a placement – they complained about her attitude, her verbal and social skills weren't what they expected – so sometimes we don't help by giving unfair expectations to young people of what it is going to be like for them out in the world"* (Youth Worker, non Gypsy/Traveller)

Criminalisation: Although this theme was given greater prominence in the narratives of young people, four professionals (one nurse, two community development workers and a social worker) all referred to the issue of criminalisation acting as a barrier to entry into employment, or (in the case of the New Traveller nurse) a constant threat which would impact on her career:

> *"because it is so easy to get caught up in evictions, and on unauthorised sites, well we are illegally squatting which I think could break my code of conduct or something. If I break*

the law - well with the number of CRB (criminal record bureau) checks you have as a nurse…"

"a lot of the kids we work with have criminal records, driving offences, minor assaults, shoplifting, so as soon as they need a CRB check for work or training purposes – well that's it" (Social Worker)

"I know that some people – they wouldn't even want to risk applying for jobs because of the difficulties – you need to give five years for a CRB check – all the addresses, and if you've moved around a lot, been evicted and living on sites. Then there are others with violence convictions – might be because someone was racist towards them, but it is still a conviction" (New Traveller community development worker)

The issue of fast-tracking into the criminal justice system and high rates of criminalisation amongst young Gypsies and Travellers for minor offences has been raised as a matter of concern by a number of policy practitioners and researchers (see further Cemlyn, et. al. forthcoming). For individuals who would wish to work in the field of health and social care even one minor conviction is likely to be enough to end the possibility of such employment, as recounted by a focus group participant in relation to a third year trainee nurse who was *'kicked off'* her course following conviction for being 'drunk and disorderly' over an argument in a pub about smoking, shortly after smoking indoors became illegal *"so she chucked it on the floor to put it out and they thought she had the wrong attitude and threw her out and then she tried to get back in to get her coat so they called the police and then because she got a caution for being drunk and disorderly she had to tell the nursing [council]"*

Evictions/frequent moving: this theme was only discussed by Irish Travellers (who had often had experience of high degrees of mobility and New Travellers (all of whom were either living on unauthorised sites or had done so in the recent past).

For these particular professionals, a clear awareness was articulated of the problem in disguising their origins in an educational setting or dealing with the vagaries of eviction when they are supposed to be in college or on placement:

"turning up in muddy trousers and muddy shoes and stuff… you can't always have a hot bath or shower, not every morning or night".

The New Traveller nurse currently living on site reported that she had only moved into a vehicle with her partner in the final few months of her training *"I was lucky, it was a long-term tolerated site so we were OK"*, keeping her residence extremely quiet from other staff members. Although she is currently on maternity leave and feels that without access to a stable site or moving into a house (which she is reluctant to do) it will be impossible to return to nursing, the respondent spent a considerable period of time prior to the birth of her child *"getting onto my shifts an hour early so I could use the showers, my uniform never left the hospital so that it didn't get muddy, washing and scrubbing and keeping clean"* . Her partner who is still employed as a social care professional working with disabled young adults reports that:

"I'm an agency worker so it is OK although I've had to cancel one or two shifts if we've been moved on. If you were facing eviction, and were being moved on and needed to be at one place for a particular time it would be really difficult, you might let people down. As it is, last time we were evicted I worked all day getting ready to move and then did a night shift so I wasn't there when we had to leave".

One Irish Traveller respondent noted that *"you've got more to worry about than doing the training or being in college – you'll be needed to help with the babies and stuff if youse being moved"*, a point echoed by a young focus group participant (Irish Traveller, previously insecurely sited) who recounted that when she has been needed by her family and has failed to attend school or has been collected from lessons *"they don't like it if she [older sister] comes and gets me out and says we've got to go"*

The difficulties in attempting to balance *"chaotic lives, evictions, crises"* whilst learning a new skill could appear overwhelming to many young people *"unless they are really determined – I've heard one young woman who wanted to learn so much that she did it being called 'selfish' by her mother"* (Social Worker) . It is in fact a specific strength of the Irish Traveller health training schemes (Traveller Health Unit, 2005), that account is taken of the complexities of many Travellers' lives and flexible attendance on

courses is permitted (as at the Friends, Families and Travellers health promotion projects).

Lack of Knowledge of Available Training Schemes/Alternative Entry Qualifications. The final barrier to engagement identified by health care professionals was a wide-spread lack of knowledge amongst both young people and professionals of 'non-traditional' entry qualifications, and also limited knowledge of the range of health and social care employment which exists – a finding which replicates data recorded by Arnold et. al. (2003).

In total eight individuals mentioned this topic, with only one Traveller Education Staff member having any awareness that interested students could obtain *'on the job'* qualifications and training if they elected to work in health and social care employment. At one project, community development workers who had helped support a Traveller woman in obtaining her midwifery assistant training were familiar with the fact that it was possible for someone to *"get trained by other means"* . In general staff reported that

> "*we don't have this information, we leave it to Connexions staff and if the young people aren't in on the day when they do a session, they don't know about it, or if we don't see the leaflets we can't tell them"* Traveller Education Service Teacher

> *"there is not enough information on health care training in schools, when it is time for young people to crystallise their options they tend to take what is offered, and if it is traditional – be a hairdresser, train as a builder – that is what they do. We also need to involve parents more in options"* Teacher

> *"you just don't get told about this stuff – they think all Travellers wants is to be a beautician – not get our hands dirty – but if we don't even know about it"* (Youth Worker)

Solutions to Encouraging Gypsy and Traveller Recruitment to Health and Social Care education/employment

In the main, very few clear solutions to structural barriers were outlined by professional staff, with both non Gypsies and

Travellers and 'community members' recognising that some changes required political will (e.g. provision of sites which will enable potential students/employees to obtain stability whilst training) and that others will require a long-term cultural change – which in itself may not be without poignancy and ambivalence for Gypsy and Traveller professionals. Some more minor difficulties (e.g. career information dissemination to professionals working with communities) are however easily solvable, merely requiring enhanced communication between agencies.

The proposed suggestions listed below are presented in recommendation form in Chapter 5, in which chapter are found interwoven advice from both young people and professionals, and policy recommendations for engaging young Gypsies and Travellers in health and social care employment.

- **Provision of specialist advice sessions on health and social care employment for Gypsies and Travellers – emphasising the benefits to individuals and community members of having staff who** *"understand our lives"*
- **Enhanced use of role model/peer mentoring to encourage young Gypsies and Travellers that:** *"you can do what I do – I didn't just go to school for fourteen years, I had to learn because I wanted to improve my life and for my children and I was so embarrassed that I couldn't read a book with* [oldest son] *that I sat down and cried… then I learnt to read and write"* (Romany Gypsy Youth Worker)
- **Taster days on skills/career options taken to sites/community centres to encourage young people to consider careers they haven't** *"necessarily thought about"*
- **Encouraging employers and education providers to be aware of the support needs of Gypsies and Travellers and** *"to be realistic about what is needed and what it is like – it's no good paying lip-service 'oh yes we want to recruit Travellers' and then not offering support or complaining that someone isn't in college because they are being evicted or there is a family crisis which <u>has</u> to take priority "* (Social Worker)
- **Development of range of materials on health and social care materials which can be shared with parents and families** *"the key is to get the whole family involved – building good relationships with mums, and aunties and grans"* (Teacher)

- **Awareness of cultural and gender issues and attitudes. Willingness to meet student's needs flexibly without compromising on quality** *"don't just say well you 'can't say that' or 'of course beauty therapy training isn't just for girls' - it might not be palatable but if we simply ignore their deep-held beliefs and try to get the boys to train in hair and beauty and the girls to be welders then they (and their families) will vote with their feet… you might have to be a bit devious to get people to consider new ways of doing things"* (Community Development worker)

Chapter 4
Findings from Interviews with Young People

Introduction
Within this chapter we discuss findings and key themes which emerged from the six focus groups held with young Gypsies, Irish and New Travellers and one Showman. Additional data is included from the "web-postings" made by the five young people and one Traveller Education professional who replied to a Gypsy-Traveller youth website in response to questions on this topic, and (where applicable) from the interviews undertaken with two New Traveller health professionals who are also cited in Chapter 3 (interviews with professionals).

Recommendations and solutions to encouraging take-up of employment and training, and findings relating to areas of interest (or clear data which indicates practitioners and professionals are *"wasting your time trying to interest Travellers in that "*) are presented at the end of the chapter and where appropriate discussed further in Chapter 5 (recommendations).

A total of 6 focus groups were undertaken in diverse locations across the South-East Region of England. In 4 cases these focus groups were co-convened by members of Gypsy/Traveller communities and in 2 cases by co-convenors from Traveller Education Services.

Approximately two thirds of respondents are resident in housing and one-third (which includes Irish Travellers, New Travellers and Romany Gypsies are resident on a mixture of authorised public sites; unauthorised developments and unauthorised encampments (see under Glossary).

Two focus groups took place on sites; two at community premises and two on educational/local authority premises. On two occasions (one with New Travellers and the other with a 'mixed' gender/ethnicity group) unexpected events such as illness/eviction/ *"sister having a baby"* and '*signing on day being changed'* meant that attendance at the sessions was smaller than planned and anticipated. However wherever possible, further information was then gathered from other participants/co-convenors who in some cases either knew the absent participants well (in the case of Traveller Education Service staff) or who were asked to *"pass on*

these comments". In several other cases, more attendees than had been anticipated were present. The size of focus groups ranged from two participants plus one co-convenor to eleven participants and two co-convenors. Three focus groups consisted of members of one ethnicity only (Irish Traveller; Romany Gypsy and New Traveller) and the remainder had a mixture of participants. Two focus groups which had coincidentally been planned as mixed gender were in practice single-sex only (one with males, one with females); and a further group consisted of both Irish Traveller and Romany Gypsy females.

As has been noted elsewhere in this report, the important of retaining flexibility when working Gypsy and Traveller community members is important and accordingly the study proceeded regardless of whether two or eleven respondents were present. The planned number of participants had been between 5-7 individuals for each focus group but the mixture of group size, ethnicity, age and dynamics of each discussion session has increased the richness of the data and permitted (on some occasions) a deep exploration of topics which may not otherwise have been considered.

Participants ranged in age from 12 to 23 (with occasional interjections from younger family members who intermittently joined in with the focus groups which took place on sites) and comprised 27 females (71%) and 11 (29%) males (figure excludes the two older New Traveller professional health and social care workers living on unauthorised sites). Four participants were mothers (in three cases married).

Table 3 Focus Group Attendees by Gender/Ethnicity

	Male	**Female**
Romany Gypsy	8	15
Showman	1	-
Irish Traveller	2	10
New Traveller	-	2
TOTAL	11	27

The mode of analysis used to examine findings from the focus groups mirrors that used to explore the responses from Professionals – see above under Chapter 3.

Extent of knowledge of Health and Social Care Careers
In all but one focus group (Irish Traveller respondents, resident on public site), some participants had relatives working in the field of health and social care (identified by a total of 18 participants). The roles undertaken by family members varied from care assistant work in *"old people's homes"* where *"my sister wipes people's bums"* to registered nurses/midwives.

- *"my step-dad's mum* [non-Traveller] *– she is a midwife"*
- *"my cousin, she washes the old people"*
- *"my auntie, she lives in France and comes over here sometimes to do things with people with learning difficulties… my other auntie is a nurse"* (New Traveller with one Romany grandparent).
- *"X is a carer* [with learning disabled adults] *and she has to work in this care home thingy.. she takes them out to town and that"*

Although one Romany participant had a sister who had begun to train as a *"pharmacist"* through on the job training*,* when the chemist closed down and *"she was made redundant",* it was not deemed practical or suitable by her family for the young woman to travel a significant distance for employment and she was currently employed in a supermarket *"'cos it is in the village and easy to get to"*.

Employment as care home assistants were cited by the largest number of respondents, with several individuals in each group being aware of someone who had at least *"lasted a little bit"* in such a job. Several participants referred to the fact that their mothers had undertaken such work once they were a little older as it fitted in quite well with family responsibilities once older children were in secondary school or had left education. *"When my sisters were bigger my mum did it – for about eight years" "my mum worked* [in a care home] *for six or seven years"*. One participant noted that his mother's *"friend…is one of those people in reception, but they sometimes help the doctor. My mum's mate is one and they can even inject you and stuff"*, presumably, referring to someone employed in the role of receptionist/nursing assistant. It was noticeable that the majority of the participants had little

concept of the details of the work undertaken by their relatives working in health and social care. This lack of detailed knowledge of **types** of health and social care employment and also what is entailed in the **role** itself, supports the data gathered from both young people and professionals on the need to provide accessible information on different types of employment, and/or 'taster days' where young people can obtain hands-on experience of such work.

By and large when asked to name different types of health care employment, very few respondents were able to identify careers other than *'doctor'; 'nurse' 'working with children' 'in an old people's home' "being a midwife, helping with the babies".* After prompting, some respondents acknowledged that they were aware that physiotherapists were employed in health and social care. No individual identified chiropodists, radiographers or laboratory staff as included within this 'family' of employment. The most common health and social care career cited by Gypsy and Traveller participants was *'working with children'* predominantly, (as identified through probing), in the role of a nursery assistant, followed by care assistant in an elderly people's home.

A total of three young women (Two Gypsy and one Irish Traveller) had undertaken work experience in care homes, and in one case, a participant was able to reassure a slightly younger girl who had initially stated *"I wouldn't want to work with old people"* that *"it's more fun* [than undertaking work experience in a nursery] *'cos the older people… you can chat to them"* . One participant had however had a negative experience in her placement, as family expectations had intruded leading to her being *"sacked…when my cousin kept coming over and getting me over* [to speak to her] *and I got fired"*. Other concerns (articulated by the young woman who had enjoyed her placement working with the elderly) were that *"some of the things I saw I didn't like… the way they treated people, I didn't like watching that".*

One Irish Traveller participant was extremely well informed about the range of employment opportunities available in health and social care. In particular, she was articulate on the fact that it is not always necessary to have 5 GCSEs to enter into professional training, citing the case of her mother who had left school at a young age without qualifications and who had followed a health care career path:

> *"she is a doula (community birthing assistant/post-natal support carer) – a midwife - and she trained up, got her qualifications. Before that she used to work in care homes……the nurses there they said she should become a nurse or someone to help them so she went on from there with the little bit of qualifications she got from there she went onto doularing* [birth assistant training] *and then she went onto big college… now she is a social worker…. took three year"* [employed by a Gypsy/Traveller project as a social work assistant undertaking community outreach]

No other young participants (other than the New Traveller care worker who had followed a similar employment pattern himself), were aware that it was possible to gain on-the-job training and qualify to a fairly high professional level through this route.

Amongst Gypsies and Irish Travellers, all relatives and friends working in health and social care (other than two male educational welfare/social workers mentioned positively by young people) were female. Other than the Irish Traveller social worker assistant/doula referred to above, close female relatives (sisters, mothers, aunts) were more likely to be working in care homes undertaking relatively un or low qualified work *"me mum helps to feed people"* than to be working in nursing or social work roles. The two participants who referred to having aunts or (one case) a step-grandmother working as registered nurses or midwives, were explicit that these relatives were not Gypsies/Travellers, but from sedentary 'gorge' communities and who were thus more likely to have experienced an unbroken education and perhaps greater knowledge of employment opportunities/less family responsibilities. In connection with this final point, one (very articulate) Irish Traveller aunt of a focus group participant stated that *"I had always wanted to be a nurse but I couldn't do it – a Travelling girl just couldn't back then, nobody would let you - and I didn't have the qualifications".*

As discussed in Chapter 3, one male New Traveller works as a carer for disabled young people. All New Travellers participants reported having male relatives and friends in health and social care positions *"carer"; "mental health counsellor" "drugs worker",* indicating that (as expected) no gender barriers to care work exist within this particular travelling culture. In addition to the New

Traveller 'professional' couple (see Chapter 3), one New Traveller focus group participant (in her early 20s) had also worked in health and social care employment:

> *"I got a job with [people with] disabilities. A couple of months before I moved into the vehicle and for over two years I was living on sites and working in day centres, residential homes with adults with learning disabilities."*

One young married focus group participant (English Gypsy) reported that she had just begun working with disabled children when:

> *"I fell for* [became pregnant] *X* [her first child] *– so that was that".*

Although participants from Gypsy and Irish Traveller/Showmen backgrounds were aware of care assistant, nursing, medical and social work employment options, very few had heard of (or made the connection to) work opportunities in professions allied to medicine e.g. radiography, physiotherapy or chiropody.

Explanations of these varying types of employment were met with some interest by participants, leading to considerable debate on the acceptability of such work. Professions associated with taking blood or analysing bodily fluids were broadly regarded as taboo:

- *"that's really nasty, who'd want to do that"*
- *"no, not anything to do with needles".*
- *"you don't know what they would have in them"*

Interestingly, a clear gender division existed in relation to degree of knowledge of, and interest in, particular types of employment.

Several English Gypsy, Showmen and Irish Traveller males expressed some mild interest in physiotherapy
- *"like with the football"*
or radiography
- *"you wouldn't need to touch a man or a woman so that's OK"*

All male participants dismissed employment options such as working as a care assistant or in nursing as *"gay – only for gays",* or *"not a man's job".* One boy stated that *"I wouldn't want to wash*

a man, well I couldn't wash a woman either". For Gypsy and Irish Traveller males, the taboos (or even repulsion) articulated at the thought of being in physical contact with another man were extreme (and see further under gender expectations). One male participant noted that, despite the inherent modesty in the presence of the opposite gender, found amongst both male and female Gypsies and Travellers:

> *"now like a nurse or doctor. If something's wrong say 'downstairs' they've got to check it out and if it's a man –* [shake of head] *then let a woman do it"* (Showman, agreement articulated by male Romany Gypsy participant)

Perceptions of required entry-level qualifications

One Irish Traveller participant (see above) had a clear knowledge of the fact that it was possible to enter health and social care employment and gain training *"on the job…work your way up"*; other respondents however had limited awareness of the potential for career enhancement, as their family members had often worked as care assistants, generally entering employment *"without any papers… she left school at thirteen"* in local care homes and either leaving when they had children, or working on a part-time basis with no interest in, or expectations of progression.

New Travellers tended to have a wider knowledge of the varieties of health and social employment available and that it was possible to obtain NVQs whilst working in the field of social care. The male New Traveller social care worker reported that he *"got my NVQs while I was working, stayed there until I was qualified"*

Attitudes towards different types of employment

Care of the Elderly

Although a relatively high number of participants had relatives who had in the past, (or currently) worked as care assistants; reactions to working with the elderly were quite mixed, ranging from total rejection of the idea:

"*no – they are old – I don't want to do any old person thing"*
 "older people they shout and punch you.. I don't think I could cope with like feeding, [their] *dribbling and bathing them"* to awareness of the social value of such work:

"It is a good thing to do – you know some of them don't have anyone at all so you are there to talk to them"

"older people, the ones who are still there [mentally alert] *you can chat to them"* .

A significant number of participants (Irish Travellers, Showman and English Gypsies) referred to fears around bereavement - concerns which were often raised by relatives who had worked with the elderly

- *"you get too close to them and they would die and it would break you up".*
- *"she got to know the old people and she got kind of sad when they started dying"*
- *"Imagine sitting getting to know that old person, helping them, washing them, feeding them, being with them every day and helping them to die. I couldn't cope with that - I'd go hang myself".*

The theme of bereavement anxiety discussed within the literature review (and see Van Cleemput et. al., 2007) is therefore of considerable important for a number of focus group participants, impacting on attitudes to career choice

- *"you'd just have a nervous breakdown"*
- *"you would got to have a strong heart.. there's lots as can't do it"*

Accordingly, it is recommended that when if recruitment of young Gypsies and Travellers into health and social care employment takes place, specific attention is paid to training relating to reactions to bereavement and care of the dying, in the light of the literature indicating excessively strong (culturally determined) grief and fear reactions to such phenomenon (Van Cleemput, et. al., 2007; Jesper, et. al., 2008)

Childcare/Care Home Assistant working with disabled children

Amongst female focus group participants (of all ethnicities) childcare or working with disabled children were the most commonly cited social care employment options when they were

asked to contemplate career choices in the health and social care field. In total eleven young women referred to working with children:

- *"I wouldn't mind working with chavvies [children]"*
- *"I had work experience at school – I worked in child care and I had a certificate saying I was good with children… but I lost it"*
- *"I would like to help with the children – that would be good but you would have to be careful nothing happened to them like they fell over, or you would get in trouble and arrested"*
- *"my brother is disabled and the woman who comes to see him and my mum – I think that would be a good job"*
- *"with child care… you have to be with them all the time and make sure they don't run about and hurt themselves – make sure they're fine"*

The concern over responsibilities and being *"blamed"* if anything happened to a child in their care was mentioned by three young women as a cause of some anxiety, or a factor which might potentially impact on their choice of work:

> *"I babysit X's children sometimes but Mum gets worried just in case like you give them a biscuit and they choke or go to the top of the stairs and fall down and then we get the blame for it and have to go to prison"*

> *"you would have to be so careful – even though you wouldn't never harm a chavvy but if anything was to happen - you're a Traveller who would they believe? Not a Travelling girl"*

Clear gender dimensions and expectations around working with children emerged during the focus groups. A number of girls referred to the fact that acting as a childminder or nursery nurse converged with their experiences and expectations of being a member of an extended family *"you help your sisters and cousins and that - so it is the same but they pay you".* That such employment role also had the ability to fit in with domestic responsibilities once a woman was married and a mother herself, was also valued, re-emphasising the oft-stated importance of not allowing a career to dominate family life:

- *"just for a bit, like some* [hours of work] *in the day"*
- *"not like a career which takes up all your life – something you can do and not do and pick up again"*
- *"well I'd like something to do during the day when everyone else was at work – when you've got nothing to do like if you just sat at home"*
- *"I don't want a dedicated job ….even if you was to do with children and special needs children if they relied on you to have them every weekend, that's pressure, but I personally couldn't do that"*

There was a clear consensus from both males and females, English Gypsies, Irish Travellers and the Showman that males would find it extremely difficult to be accepted within the Gypsy and Traveller communities if they were working in a professional role which involved *caring* for [as opposed to medical treatment such as might be offered by a doctor] small (e.g. pre-school) children:

- *"they'd be something the matter with him"*
- *"they sent a man nurse and my husband and father wouldn't let him in - they sent him off. It was disgusting why would he want to see a baby with nothing on?"*
- *"why would a man want to do that?"*

In contrast, neither male nor female New Travellers reported holding fixed views pertaining to gender roles or the suitability of particular types of employment for either sex, supporting findings from Greenfields (2002) and Earle et. al. (1994) on gender-neutral occupational behaviours amongst this population. The (male) New Traveller social care professional was a keen advocate for the value of his work and reported that he:

> "*had told other people about it… it is such a life-changing thing to do* "

Mental Health
A number of participants expressed a strong awareness of (and mixed feelings about) high rates of depression in Gypsy and Traveller communities *"I've known a lot of people who have killed themselves".* In several cases reporting that while it might be possible for people to speak to their *'own kind'* more easily than

mainstream psychology services, they personally would be reluctant to break cultural taboos associated with being seen to be interfering:

- *"you keep your own business"*
- *"I tell you it's the shame in our community"*
- *"I wouldn't just sit there and tell her my business….I find it easier to tell an Englishman* [than a Traveller]" (Irish Traveller participant).

In general, young people were quite reluctant to discuss mental health nursing as a career, feeling that it was *"frightening – you never knows if someone will kill you"* and stigmatising *"you can't always tell the patients and the staff* [apart]".

As discussed in the previous chapter, parents of young people were also ambivalent towards the thought of their daughters working in mental health nursing, fearing that they would be exposed to violence, *"the support wouldn't be great for it… now would your parents want it?"*.

One young person (triggering an interesting debate on the way in which constant experiences of racism and discrimination lead to depression) also expressed concerns about the well-being of staff members *"you'd just get more depressed yourself"*.

Only a very few participants commented positively on mental health careers (after encouragement to explore how they might be able to help members of their community if trained in such work). Despite their reluctance to consider such careers, three focus group members were able to identify that they would be in a privileged position to assist Gypsies and Travellers with mental health problems through building *"trust"* or *"understanding their lives"*.

Midwifery
This particular form of health care employment attracted a significant degree of interest from both Irish Travellers and Romany Gypsies. Overwhelmingly, the young women who discussed this topic with some animation – often recounting experiences where they had been present with a close relative in early labour, or had discussed childbirth with older sisters or cousins - reported that if they were to undertake such training they

would prefer to be employed as a midwifery assistant, rather than undertaking a full three year training course.

- *"helping now – that would be good – although it's enough to put you off having your own"*
- *"the pain – ah I thought the child* [speaker's older sister] *would die with it"*
- *"why do you need to do all that work at college to help?"*
- *"I'd love that job, to go round the site and help those girls to give birth"*

A number of young women expressed concerns over the amount of writing which would be involved in training as a registered midwife, preferring the role of assistant who would be involved in the delivery of practical care and support to the labouring mother.

- "*like my gran – she birthed lots of babies"*

Despite the commonly held belief that women would not want a full-time career once they were married, and that shift-work was unsuitable for someone with family responsibilities, midwifery or being a midwifery assistant were fairly widely regarded as a suitable job for a woman, most particularly, one who was married, and who had given birth to her own children.

- *"but not until you've had your own… you'd not ever want them otherwise"*
- *"you wouldn't know what it was like if not, so couldn't help her best"*
- *"it would be more than shameful until you are a mother"*

Interestingly, within several focus groups participants expressed a certain degree of negativity towards *"conventional"* or *"Gorge"* midwives who might be unwilling to assist at home births or who were reluctant to visit on sites:

"they're useless, she'd rather have it [by] *herself".* (Irish Traveller)

"couldn't get a midwife who wanted to come out" (English Gypsy)

> "*X* [New Traveller who was to participate in interview] *she was meant to be here .. she's due to have another baby – she's 4 months pregnant now - but they've put her in temporary housing and told her she's not allowed to live on site… the midwife went to visit her in her trailer and they told her…. they're not going to accept her having a new born baby in the state of her caravan….so now she's in a homeless hostel with a young child and hasn't got a support network around her. So instead of taking people out of the environment they are used to - if it's not up to standard they should help – there's more value in improving the conditions people are living in*" (New Traveller living on unauthorised site).

The benefits of being a community midwife were clearly identified by participants of all backgrounds as:

> "*going on and off the site, helping all the mothers*"

> "*a Traveller understands a Traveller, like an Asian person understands an Asian*".

> "*not judging - knowing we are ordinary people*".

Despite the enthusiastic support for the concept of Gypsy and Traveller midwives and midwifery assistants, participants were somewhat cynical about the opportunities available to their community members. As one participant noted wistfully:

> "*most of them… they* [universities/health authorities] *just wouldn't take on someone if they knew… well I shouldn't imagine that there are that many midwives or nurses or stuff that actually live on Traveller sites… if they knew they wouldn't employ them*" (New Traveller)

General Nursing
Although a significant number of focus group participants were able to identify general nursing as a health or social care role, no participants expressed any real interest in this type of employment other than reflecting with surprise on the salary level of a newly qualified nurse:

> "*that's good – I didn't know that they got that much*"

"that much – not bad is it"

One or two young women referred to the fact that a registered nurse *"could get a job anywhere"* but by and large, such employment was not identified as attractive or high status. A limited number of comments were made on the cultural difficulties of *"washing men"; "putting them to the toilet and that"* although it was freely acknowledged that care worker assisting the elderly undertook these roles. Although not expressly stated or pursued within focus groups, it may perhaps be posited that the age or degree of disability of people in care home 'de-gendered' them, but providing hospital care to relatively young or otherwise healthy men could potentially be more problematic.

Four focus group participants (all female) also referred to the difficulties of *"going into somebody's home",* in one case expressing a worry that: *"it might be dirty in there".*

For a number of young people, shift work was perceived of as a major concern, as was the necessity of balancing family commitments around employment duties.

> *"how would you get back – there is no hospital near us, and the buses are bad – anyway you couldn't go on your own on the bus so if your mummy can't pick you up after a shift, how can you do it?"*

> *"well if it was nine to four when your children are older maybe - but you couldn't do the nights – not if you have a family"*

> *"yes but what about the childcare? You couldn't have someone else look after your children"*

> *"but once you are married, you are expected to respect him, look after the children, have that place clean, food for the husband when he gets home…. it would be very difficult"*

An additional factor, (implied rather than explicitly stated) was the fear of racism and anti-Traveller discrimination which might be experienced within a clinical setting (and see further below under 'racism and discrimination'). Several young people recounted

negative experiences with general nurses (often within community health/GP settings) which appeared to colour their attitudes towards this type of employment:

> *"she was ignorant, left me sitting there and I had blood in my hair, my head was rolling"*

> *"we understand that everyone has to wait their turn, but when it is something serious like that, and she was taken there by ambulance.. you would imagine they would at least put her on a bed where she could rest…..the nurse was really rude to me"*

> *"people who don't know us…whenever* [non Traveller relative employed in a health setting] *talks about me, even though I don't know them, they turn around and say 'oh she's a Traveller isn't she' and just – an image kind of thing, they just have that stereotype of what a Traveller is"*

Van Cleemput (unpublished PhD thesis, awarded in 2008) identified a number of barriers to good communication between Gypsies, Travellers and health care staff as linked to stereotypes and sensitivities around fear of racism. It is therefore likely that this factor, rooted in previous experiences, may be of some significance in terms of recruitment to general nursing roles, where Gypsies and Travellers would be required to be *"out there, in their world".* One Irish Traveller participant noted however, that:

> *"if more Travellers were working in the NHS (or working as a police officer or in the fire brigade) then we'd all blend in, and all be friends then we wouldn't have those problems".*

Drugs Counselling
Three focus group participants (and one young woman whose narrative was recounted by a professional in Chapter 3) expressed an interested in working in this field, in all cases as a result of personal family experiences such as living with a sibling or parent who had experienced substance misuse issues. All of these young people referred to their belief that substance abuse services were failing Gypsies and Travellers *"there isn't any help"* a finding endorsed by Cemlyn et. al. (forthcoming) and Unite (2006) who noted that members of these communities are either ignored by

service providers, or that existing facilities are unknown, or culturally inaccessible to, Gypsies and Travellers.

Several young people noted significant cultural taboos around acknowledging substance abuse in their communities *"the shame";* or in discussing the topic of drugs use within general health or education settings *"look - Gypsy women don't sit down and talk about it* [to their children]". These elements were seen both a factor militating against Gypsies/Travellers obtaining help, and as potentially stigmatising staff engaged in this form of health and social care:

> "*it would – I think in some ways it would be good to work with them, but it would be in one ear and out the other – because there is no such thing as drugs advice* [utilised within the community]. *The parents are the next best thing* [to professionals] *and then the sisters after that"*

However as some young people stated, in the absence of any real pool of knowledge on the impacts and treatment of substance abuse within the Gypsy and Traveller community, family members:

> *"they don't know what to say, so they don't say anything, and you get a boy what is* [heavily involved in substance abuse] *and they pretend it isn't happening".*

> *"I recognise that drugs is a big issue …. There is no support out there at all and there is no-one* [from the Gypsy and Traveller communities] *for people to come and talk to, not just to pressurise them, but to advise and give them the support they need"*

One young woman whose family had been affected by heroin use noted explicitly that:

> *"I want to run a rehab unit… where someone can come and get sorted out and people know that I know what it is about 'cos I'm not a gorge-bred".*

For the majority of young people however, the taboo on being seen to interfere in other families' private lives, or concerns about intra-community gossip were considered as major barriers to be

overcome for anyone who might wish to work in this particular field of health and social care:

> *"I don't think so, we wouldn't like to be telling our business and they'd worry you'd be talking to someone else about them"*

> *"in the end – we can't tell anybody else what to do – because it is their life"*

> *"there is big stigma – if someone saw you coming onto the site and you was a drugs worker – well you know what they would say…. their mummy and the family wouldn't want you to see them because then everyone would know that the boy had troubles"*

Social Work

Participants in focus groups expressed an overwhelmingly negative attitude towards this profession. Over seventy five percent of participants who expressed an opinion were (at least initially) hostile to the suggestion of training as a social worker:

- *"I don't like them"*
- *"they – the social services – they just take the kids"*
- *"we know social workers take kids away from them, it's not very nice"*
- *"the whole community I don't think they will like it as they think social services do the one thing, and one thing only which is take their children away"*
- *"if you had a social worker come down here who's not a Traveller and doesn't understand our culture and sees a 5 year old at the top of the road even though people are watching her, not directly watching - but 'watching' her, the social worker is going to be coming down to enquire… they will say she's neglected - but a Traveller would understand that it is alright"*

The perceptions of social work as a very controversial job for a Gypsy or Traveller to undertake (see under literature review for a discussion of institutional racism and historical reasons for this perception) was greatly enhanced for most young people by the perceived likelihood of being ostracised by community members if they were employed in such a field.

- *"they wouldn't have me to their site never again"*
- *"they would start on me"*
- *"they would stand me down in the dirt"*
- *"they would think I was laughing and telling everyone about it"*

On probing personal perceptions and experiences of social workers however, some more nuanced discussions occurred around child protection in three focus groups. Some young people entered into discussion between themselves and acknowledged that at times a child might needed to be removed from the care of parents or immediate family members:

- *"like with the mum's on drugs or something… say if the granny* [who was caring for the child] *just could ring up the mum if the baby was very young and give it back to the mum...."*
  - *"well you shouldn't do that, should you"*
  - *"well I suppose it depends on how bad it* [the substance abuse or neglect] *is"*
  - *"yes but some social workers and care workers can do that sort of thing as well… give them back too"*
- *"if you beat your children – then they* [get] *put into foster care"*
- *"say – I know it sounds hard - but there are reasons why some children are taken away.. say you could be dirty, you beat your kids, you don't feed your kids, there's all sorts of reasons"*
- *"if say they ain't got a social worker and their mother may not be feeding them or* [is] *leaving them for days on end".*

One young man who had personal experience of social work intervention was positive about his contact with members of this profession
- *"mine used to take me out and stuff and get me away from the house and take me go-karting"*

Another young man, (whose mother is an English Gypsy community development worker) whilst feeling that *"the community wouldn't like it"* [if he ever contemplated employment in the social work field] was clear that he would receive parental support for his

choice of career *"my family would be alright 'cos I am helping the children".*

Several young people, once the discussion had moved away from the controversial area of child protection indicated that they saw the value and need for social workers engaging with elderly, excluded or disabled people, although in some cases noting spontaneously that Gypsies and Travellers often *"didn't get no help"* from social care teams or that *"they don't know what help you can get".*

- *"we've got elderly people on this site and social workers haven't come to help them – the only time we have contact with social services is when we have contact with the police and then social services are called – so that is the only thing we know about".*
- *"with social workers – you never hear any good things they do, only the bad things"*
- *"some social workers are there to help you though, they are there - if say you are a teenage mother they can send in social workers to help you raise your child"*
- *"there are older people on our site who are going to need health and social care – and what kind of care will they get?"*

Rather positively, at the end of one (relatively large, mixed gender) focus group, several young people announced that the discussion on social care employment had allowed them to think about the role in a new light:

"someone needs to make them [social workers] *have more confidence – to say that they're doing good"*

"I did some work down in X last year, and there were a lot of people with disabilities of various sorts. So that would be perfect to have Traveller workers working in their own community"

"I think now you've spoken to us, it's all the for the better 'cos when I was picking my options, I thought social care – that not really for me, but - cos I thought involving people and stuff – but L [young woman who had undertaken work experience in a care home] *said it's different and now that you really think about it – like with the little children – and we*

said about drugs – we'll you've got your Mum to talk to, but they've got no-one so for them to have trust in you… it makes you want to do more".

Finally, one focus group, a participant (who had undertaken work experience with the elderly in a care home and who had a good understanding of the breadth of health and social care employment) raised the issue of foster care as a form of social work employment. In an interesting passage she contrasted this role with other types of employment the group had considered, noting that:

> *"Foster care is a part of health and social care… out of all of them, I would prefer to work with children in care, because I couldn't watch a baby suffering – so I couldn't do hospital work, and I can't get close to an older person as they'd probably die on me…but as a foster carer you can adopt special needs children"*

The group debated the need for foster carers from the Gypsy and Traveller community, with the young woman who had initiated the discussion reporting that she had a family member who had acted as a foster carer *"there's this little boy, and he was saved and now he's gone back. She had him quite a long time and he called her 'mum' because she had a little boy and they were like brothers… but she ain't got him now".*

Whilst there was a broad consensus that there is a need for more foster carers from Gypsy and Traveller families (and the information that there are Traveller foster families in Ireland who look after members of their own community was greeted with interest), the majority of young people had little awareness of such employment.

As with earlier discussions on bereavement and loss when working with the elderly, the discussion turned to separation and grief if a child was returned to their parents or was subsequently adopted:

- *"that would be hard parting from someone you've looked after"*
- *"I don't know if I could be a foster carer. If you get so close to children you're fostering and then they go, you're going to be really depressed".*

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Given the extremely high levels of interest in working with children and the child-focussed nature of Gypsy and Traveller life, a campaign to encourage employment of Gypsy and Traveller foster carers may be worth pursuing by Social Care providers for the following reasons:

- increasing the pool of trained carers for vulnerable children (whether on a respite or full-time/emergency basis)
- assisting in breaking down barriers between professionals and community members and enhancing communication
- Up-skilling Gypsies and Travellers who would be able to access various forms of training while undertaking registration as a foster carer.

Other (e.g. physiotherapy/radiography/learning disability)
As noted below (see under gender) working as a physiotherapist appeared to be marginally more acceptable to males than other types of health employment – not least because of the perception that it
- "*would pay OK I'd say*";
- "*you get like male physios in football and like that*".

Only one young woman knew anyone working *"as a physio assistant",* although several females had some familiarity with professions allied to medicine, confirming in some cases that they had received treatment from physiotherapists *"like when I broke my wrist"; "that's the people what massage and make you move your leg"* or radiographers: *"I've had lots of X-Rays"; "scans, that sort of thing".*

Professions which involved contact with blood (see above) were regarded as highly polluting by several focus group members, and there was fairly broad agreement with the comment made in several focus groups *that "needles are scary – I couldn't do nothing with needles"* which may, (if a wide-spread concept) impact on the possibility of encouraging young Gypsies and Travellers to consider applying for laboratory assistantships or certain types of health roles.

Issues around physical contact, whilst most noticeable amongst males were also relevant to some young women *"I don't want no man touching me",* whilst another young person raised general

concerns about contact with patients who *"come in off of the street",* noting that *"they could be dirty".*

Working (in an indeterminate role) with people with a learning disability was a health or social care role referred to by several respondents. Amongst some young people a minor confusion existed over the terminology with one or two people equating this with *"trouble writing and reading like me brother"* or *"dyslexia"*. In total four young people mentioned having a sibling or close relative with a medically diagnosed learning disability (as opposed to special educational needs) such as

- *"Downs"*
- *"X: she's twelve but she is got a brain damage that little girl - so is like four really"*
- *"my little brother is mentally handicapped".*
- *"your brother – he is disabled"*

Although participants who have had close contact with learning disability were very positive about this type of employment *"it is a really good thing to do – but it is very hard work"* they were fully aware of the difficulties associated with the role, at times recounting examples of challenging behaviour which had to be dealt with by carers. By and large this type of employment was associated with working in care homes, and (other than by the New Traveller male who worked with learning disabled adults and who referred to his job as *"a privilege")*, regarded predominantly as employment for *"girls".*

After probing (and in one focus group after considerable discussion led by a Romany community worker who encouraged respondents to discuss unofficial peer counselling which took place within the group), three respondents – two male – considered that counselling might be an acceptable form of health or social employment:

- *"might be alright – like with your mates"*
- *"talking to someone like"*
- *"boy's who have got drug problems probably wouldn't want to talk to girls probably, they'd be more likely to talk to a boy"*

however the general reluctance to *"tell someone what to do – we keep ourselves to ourselves"* was perceived as a barrier to this role by a number of participants:

- *"I wouldn't tell them – I wouldn't tell them a thing.. they are still a stranger"*
- *"it's getting involved in other people's business"*

Very few people (one Romany boy *"I went there about – I used to have feet and leg pains.. it was flat feet but if they had told me before I wouldn't have knee and back pains"* and all New Traveller participants) was aware of the role of a chiropodist. This particular type of health care profession attracted little interest from young people.

Knowledge of Training Bursaries/Salaries
Overwhelmingly (other than amongst one or two focus group participants who had relatives or friends employed in health or social care) the young people interviewed had no or an extremely limited knowledge of the availability of training bursaries available to eligible health and social care staff. In several cases there was some confusion between the training bursaries paid to nursing students and the education maintenance allowances payable to support young people from low income families to remain in further education.

- *"that's the £30 a week they pay you when you're training isn't it?"*
- *"so they pay you to do that?"*
- *"£30 a week – do you think that is good?"*
- *"Eighteen thousand – now that is sensible enough – I'd work for that"*

Very few young people were aware of the range of salaries payable to newly qualified health staff, but in general on being advised of the average salary level for newly qualified staff felt that nursing pay was better than they had expected:

"so why do they say they are badly paid then?"
"So they get that to start and can earn more when they do more experience? That's good that is"
"of course a midwife has to deliver 40 babies to be a proper midwife but then she is paid well"

It was of interest that a gender divide appeared to exist between the young people in terms of attitudes towards salary levels. Whilst

Gypsy and Traveller boys who participated in the focus groups did not indicate any intention of contemplating careers in health and social care, they still implied that they were less impressed with potential salary levels than were girls.

"it's not all that much"
"I wouldn't want to do it for the pay"

One young man perceptively noted the discrepancies in salaries between public sector employees and the earnings of footballers and celebrities: *"what I don't understand is all these doctors and that - they only get paid a small wage and all these footballers gets eight million pounds and doctors are saving lives, same as soldiers"*

Barriers to Entry into Health and Social Care Employment and Training

Young people identified barriers to entry into health and social care in several distinct categories; broadly matching those areas identified by professionals (see Chapter 3).

Racism and Discrimination
A significant minority of respondents referred to concerns over racism and discrimination which appeared to act as a major deterrent to engaging in mainstream education or employment. In all but one focus group, (which consisted of two young males), participants (without prompting) provided examples of racism or discrimination experienced by themselves, or their close family members which appeared to colour their views of working with non-Gypsy or Traveller communities or within 'mainstream' employment settings.

The quotations below typify young people's experiences (and expectations) of discrimination and rejection which have inevitably led to concerns about entering into environments where they may experience similar prejudice:

- *"them thinking if she is a Traveller they wouldn't want you to do it* [health care employment]*"* (Irish Traveller)
- *"when I went to college no-one knew I was a Traveller. Then they knew half way through. I didn't want to tell them in case I was treated badly"*(English Gypsy)

- *"it is whether they've got a stigma if they register you as a Traveller" (*New Traveller)
- *"it is the prejudice you face at school"* (Irish Traveller)
- *"Before they found out I was really good friends with this one teacher and then I mentioned I was a Traveller and she was really rude the whole time – she said I was really good to work with before but the minute she found out I was a Traveller then she started saying that I was hard to work with.. you have to make your own mind up on that but I think it was because she knew" (*English Gypsy)
- *"being a nurse - some people might feel threatened, some of the patients might feel intimidated by you if you had a lot of piercings and tattoos and things like that" (*New Traveller)
- *"if they knew we were living in trailers they wouldn't* [employ one]. *If you live in a house they would"* (English Gypsy)
- *"There is a chip shop up the road where we used to live.. I went there and applied for a job and they wouldn't give me. I asked why and he said 'it's because you're a pikey"* (English Gypsy)
- *"when you become a nurse you'd be scared in case you were turned down by the patients"* (Irish Traveller)

Given the numerous examples of blatant discrimination and the cumulative impact of exposure to such intolerance, it is unsurprising that a considerable number of participants expressed sentiments which were resentful and rejecting towards *'gorges'* and simultaneously referred to a wish to remain employed within their own communities where they experience cultural continuity and a sense of safety.

- "*why should you want to work with gorge breds – they don't want us around"*
- *"I'd think having a class just for Gypsies would be good 'cos they'd learn more"*
- *"look to your own community"*
- *"if they found out you was a Traveller then you'd be ashamed".*

What is noteworthy and gives cause for optimism however, is that despite the depressingly high percentage of young people who had experienced racism and discrimination, young people were interested in discussing various types of health and social

employment and could see the value of gaining new skills and employment opportunities within the *'wider, non-Traveller world'*.

Several young people (of all ethnicities) noted the importance of withstanding prejudice to achieve a place of equality in social and employment terms:

> *"just because they are prejudice against us – I think we should get the jobs and show what Travellers can do. There is good and bad in everyone – but they* [Travellers] *shouldn't have to prove themselves."* (Irish Traveller)

> *"I won't walk in and say I'm one – but if they did ask I'd say"* (English Gypsy)

> *"then you would know you've done something, You can say 'well look what I've done –I didn't just sit around and wait for someone to hand me this'"* (English Gypsy)

Frequent Moving/Residence at Unauthorised Sites
Although as noted elsewhere approximately one third of participants were resident on sites, the majority of young people were not currently in situations where they were at risk of eviction or being moved on. Focus group participants from a family of English Gypsies currently living on a private site without planning permission were currently insecurely sited as were all the New Traveller participants. Whilst a number of participants had family members who had lived on roadside encampments (or who were currently in that position) most young people noted that:

- *"that's not a problem for us"*
- *"we live in a house so we don't have to worry"*
- *"we had that – evictions and stuff – when my brother was born but we are settled now"*

Several participants noted that *"if someone doesn't have nowhere to stop they won't be going to college anyway"* or *"you wouldn't be worried about training if you wasn't going to be there long"*.

New Travellers (in part because they were slightly older and thus had first-hand experience of the difficulties in accessing employment or training when insecurely sited, and also by virtue of their accommodation situation) were articulate on the problems

associated with being insecurely sited. Although experiences of the two New Traveller professionals are recounted in some detail within Chapter 3, it is worth noting that both of these respondents and other Travellers resident at unauthorised sites reported that the main difficulties associated with residence at unauthorised sites/frequent movement are as follows:

Image 4: New Traveller Unauthorised Encampments (photograph by Ron Stainer, reproduced from Greenfields, et. al, 2007:94)

Problems of obtaining employment or training:

- *"if you put down a 'care of' address as well, they see that you don't actually have a permanent address that also gives them a sort of picture in your mind that you're dodgy and not reliable… even though you could be really reliable and turn up every day"*
- *"if you haven't got an address and you don't have access to the internet to get an application form…. that would be a problem for some people"*

Locations of sites:

- *"getting to and from sites as well. Some of the sites are so far out of cities that by the time they've got to work and done a day's work, they've spent half of the money getting there and back"*
- *"if you are somewhere where you don't get moved on all the time – then it is probably so remote it can be quite difficult to reach work in time – especially if there are bad roads if you are in woods or something and it is winter"*

Access to water and clean locations:
- *"getting onto my shifts an hour early so I could use the showers, my uniform never left the hospital so that it didn't get muddy"*
- *"Turning up to school – especially in the winter when it's muddy and stuff so they turn up to school with muddy trousers and muddy shoes and stuff and the other kids….*[can be] *really funny about it* [saying] *you're always smelly, you're dirty, your hair's scruffy and stuff but it's just a matter of the fact that yes 'you've got water and everything' but you haven't already got a hot bath or shower you can have every morning or every night"*

Facing Eviction or being moved on:
- *"If you were facing eviction, and were being moved on and needed to be at one place for a particular time it would be really difficult, you might let people down. As it is, last time we were evicted I worked all day getting ready to move and then did a night shift so I wasn't there when we had to leave".*
- *"they just tell us to move, without telling us where to move to, they will turn up again in a week's time and say 'you've got two weeks left' and you've got to find somewhere to go".*
- *"you might have an eviction just the day before an interview or before you are supposed to start work"*
- *"there is still the problem of if you got evicted just* before [a course started]"
- *"I'm supposed to be moving site today, after here* [the focus group]*, so I'm not sure what site I'll be on 'cos this is just like…just outside of X somewhere but after that, I'm not sure where they* [friends] *are at the minute, just the matter of* [finding] *some space - and mud".*

The lack of access to a stable address was cited by all four New Traveller interviewees as being problematic in terms of registration for official purposes - ranging from seeking employment to obtaining a new passport or registering the birth of children and receiving post related to job searches. It was also particularly problematic in terms of complying with Criminal Record Bureau (CRB) checks for health and social care staff, who are expected to provide information on their previous residence for several years prior to their CRB application.

- *"the fact that we were putting down 'care of' addresses and not actually not saying that we had a permanent address – well they said you can't do that…. they said it's not legal"*
- *"we had to give our parents addresses"*
- *"if you've been moved on – I don't know – thirty times in five years – how can you prove all of those addresses – so you use someone else's"*
- *"you need to give five years for a CRB check – all the addresses, and if you've moved around a lot…."*

Finally, respondents also noted that they had experienced prejudice related both to appearance:

- *"well they think that because someone has dreads and tattoos or piercings they can't do the job"*;
- *"my mum said that to me like about not wearing a baseball cap which I've worn for years… normally I have braids – have them all the time so I don't have to wash and brush my hair every day, she just said 'you've have to change your dress, the fashion is a lot smarter and a bit not so hoody, jeans and trainers' ….but I said 'I want to get a job because of who I am and not go in being someone else to get the job'"*
- *"my appearance would put them off and the fact that may not necessarily trust me, even though I don't know if they would do the police check, even though I don't have a criminal record… but if they found I live on site with my child the might say that they don't agree with that sort of lifestyle for children and won't trust the fact that I can look after other peoples' children well enough"*

and the stigma associated with being a Traveller: *"they have these expectations if you say you are a Traveller or live on a site"* which added to the difficulties associated with obtaining employment for residents of unauthorised sites:

- *"I didn't tell people I lived on a site 'cos I was worried about prejudice and discrimination. I was actually with people and they started a conversation about things being stolen in the area because Gypsies had moved to a place near them"*
- *"if people have moved around a lot then they won't have stayed in one job a long time so that can look bad on a CV"*

Gender Dimensions/Family Expectations

As referred to above by both young people and professionals, strongly gendered attitudes are found amongst many ethnic Gypsies and Travellers, playing out in both occupational preferences and expectations around the hours of employment (if any) undertaken by married women with children.

Discussions within the focus groups (and from postings on the website) do however indicate that attitudes towards female employment may be changing. Some young women indicated that they were aware that there may come a time when they are either required to be financially self-reliant, or that their families would appreciate an additional income, even if they were married.

> *"I'd love to get a job – being a nurse, or a social worker it's better than doing nothing, waiting to get married"*

> *"it's a good job – have your own money, not asking for nothing"*

> *"well I'm not intending to get married so I'll have to do something"*

> *"you never know do you – what if you wanted to buy a bit of land – if I could bring in some money too - like my mum does and my dad"*

> *"well God forbid but if youse were on your own with the children then not just sitting there – to make your own bit of money"*

Lone parents in particular, expressed considerable interest in obtaining qualifications and following a career path

> *"I'd love to do that, to go out to work"*

> *"some of them they do get out, get divorced, make a new life"*

> *"it's a good job for Traveller girl"*

Amongst the young women who responded to the website postings, replies pertaining to the concept of health and social care employment typically expressed some ambivalence, with respondents both desiring to work, and yet recognising that certain aspects of such employment could be fraught with difficulties:

"*it's better than not working and it is a good career*";

"*might be hard going into people's homes*"

"*hard if you had to call social services if someone wasn't looking after their children*"

Several young Gypsy women were very clear that their future husbands' cultural expectations would also have a significant impact on their future employment opportunities:

- "*You'd have to marry a gorge boy if you want to go out to work*".
- "*it's very unusual for a married woman to get to work*"
- "*The girls get married early*"
- "*marry a Travelling boy – is he going to allow you to go out to work all day?*" Chorus of "*no*" from other participants

Interestingly, young Irish Traveller women (in particular) expressed astonishment that a married woman would even wish to continue in paid employment:

"*other travelling girls are saying 'she's married, she's still working, what good is that? She's married and not being forced to work, she should quit her job'*"

"*it would shame your husband*"

"*I tell you – you're married – he's working - so why would you want to go out to work?*"

Whilst young women were willing to consider careers in child and elderly care or as a midwife, physiotherapy was the only health and social care career other (in one case) than drugs counsellor, which attracted any interest from male focus group participants. This appeared to be linked to positive associations between sport and the career:

> *"like with footballers, tennis players and that – yeah, that's alright"* [Showman].
> *"like when my knee was bad from football – that would be a good job – I think they might get good money"* [English Gypsy]
> *"now that's an easy job – they just move your wrist and pay you good too"* [Irish Traveller]

Amongst males, a strong positive correlation existed between *"physical jobs"* and gender roles, with several young men referring to good jobs as involving working "*like my Dad and my Uncles*".

A further key theme which arose within the focus groups was the key importance for boys of earning *"good money"*.

Typical answers to the question of what type of work would be acceptable to Gypsy and Traveller males included:

- *"something that pays good"*
- *"tree surgeon"*
- *"trees, building"*
- *"practical"*
- *"doesn't really matter what sort of job you get as long as the money is good"*
- *"anything that makes lots of money"*
- *"working with your family"*
- *"mechanics, construction"*

The findings relating to boys attitudes towards health and social care employment therefore articulate broadly with the responses from professionals, and also replicate findings from the Arnold et. al. (2003) study which considered gendered attitudes towards health care employment, and which found financial rewards were more important to male than female recruits.

When boys were asked how their families were react if they wanted to work in health or social care, the majority of boys who responded to this question were clear that their fathers and uncles in particular, would be opposed to their opting for such employment:

> *"he'd think I was gay – he'd flop* [hit] *me across the head or something"*
> *"he'd go mad – it's a girl's job"*

In contrast, two boys, whilst indicating that they were not interested in such careers, indicated:

> "*they'd not mind – they say I can do what I want*"

> *"don't know…he* [a Gypsy boy] *can do what he wants as long as he is proud of himself"*

In several cases young men (after probing) noted that whilst employment associated with direct physical contact was taboo – expressing significant concerns over *"touching another man" "not having a man touch me"* and conceptualising certain jobs as *"gay"* - working as a counsellor or drugs worker would not be in breach of expected gender roles:

> *"that would be a good thing maybe"*

> *"I had someone come and see me when my dad was in prison and he was alright"*

> *"maybe someone who can talk about it - what knows* [who understands]*"*

Amongst both boys and girls, the expectation that both males and females remain in single gender groups to socialise and work (predominantly within their own ethnic communities) was also recognised as a barrier to certain types of training and employment:

- *"you couldn't talk about that in front of boys"*
- *"If you was to have a midwife and they was to say it had to be a man, I would – well prefer to work with a gay midwife instead of a straight one"*

As discussed under experiences of prejudice and within the literature review when considering negative educational experiences, a number of respondents (particularly from Gypsy and Irish Traveller backgrounds) expressed a strong preference for

tailored training where participants would be *"all Travellers together"* or *"with your own kind – so you don't feel a fool"*. New Travellers also indicated that training with people from their own communities could alleviate discrimination from other students/staff *"if there was someone there with a familiar background and like that - could do the work together with"; "you are automatically drawn towards people like yourself"*.

Amongst young Gypsies and Irish Travellers, parental support over educational and career paths was largely expected (regardless of type of employment chosen), although in some within the bounds of cultural expectations pertaining to family responsibilities:

- *"my parents don't mind – but my aunties and uncles might "*
- *"they will support me whatever I do – well maybe not if I wanted to be a social worker"*
- *"my parents tell me to go ahead"*
- *"my Mam she thinks she's had a hard life – she hasn't - but my Dad died young and she had to look after all of us, so she wants me to get ahead and have a good job"*
- *"my mum wants me to do well and have a good job"*
- *"if say a Traveller girl goes to school at a certain age, the others laugh at her cause they think they'd not have to go to school"*
- *"I'm allowed to have a job but X* [sister] *isn't because she has to look after my father and mother and make their dinner and she has to* [care for] *nanny…"*
  - *"it is whoever gets it first – she got the job first - so if I would have got the job first I would have had to do it* [go out to work whilst other unmarried sister cared for relatives]*"*

The influence of any future spouse (and expectations of having children fairly soon after marriage) were regarded as being of fundamental importance in terms of self-image as a mother/carer and also available career options for young women.

- *"I'd let her work as long as there was time for me and the children"*
- *"it does depend on who your husband is"*
- *"some would but the majority wouldn't want you to* [work]*"*
- *"you would have to put your children and husband first"*

As discussed elsewhere, male expectations pertaining to career options were (for almost all young men excluding New Travellers) bound up with the concept of earning *"good money"* preferably on a self-employed basis *"work for yourself.. or with your family"* and in very *"traditional"* occupations.

Criminalisation
The issue of early criminalisation of young Gypsies and Travellers (see further Cemlyn et. al., forthcoming for a discussion of institutional discrimination within the legal and policing systems which has a disproportionate impact on members of these communities) and the impact this might have on future career opportunities was flagged up by some professionals as being potentially problematic.

In several focus groups young people recounted examples of either themselves or close family members becoming involved with the criminal justice system, often for fairly minor infringements of the law which could potentially have been dealt with in an alternative discretionary manner.

> *"my cousin – she took some crisps from a shop and got arrested"*
> *"he was driving a car – his brother's car but he didn't have no licence - round the back of the site it was – and they stopped him"*

The theme of violence flaring over racist remarks and the expectation amongst some Gypsies and Travellers that *"you got to stand up for yourself or they'll start on you all the time"* has been explored by Derrington and Kendall (2004) and Levinson and Sparkes (2003) who have concluded that culturally accepted physically violent reactions to such taunts are responsible for many school exclusions in part because (as one focus group participant said) *"I'd rather be thrown out but hit them first for saying it – for calling me a pikey"*.

Comments from both boys and girls alluded to their difficulties of not responding to aggression or verbal abuse, regardless of the potential consequences:

> *"maybe Travellers don't take as much"*

"if you were going to college with other Gypsy Travellers that would encourage you, but if not, and it's going to be harder to make friends…. And they starts on you…"

"I'd hit them"

"I went mental"

"my temper just wouldn't hold"

"do you think then we might still be on record 'cos we was caught hitting that girl on the beach because she was hitting us really bad. We did get arrested".
> *"yeah but that was years ago"*
"But that was violence,, we got our fingerprints taken and a caution that was all - but she was calling us pikey"

"If someone said something really racist to you, you'd want to do them too"

Despite some participants beliefs that it was understandable and acceptable to respond physically to verbal racist abuse, a number of young women (in particular) were clear that:
> *"you should walk away and ignore it"*

In one group, girls entered into a discussion on the moral outcomes of unprovoked violence, expressing their satisfaction that a 'celebrity' who had 'happy smacked' someone was *"punished – because it was wrong what she done – hitting that girl",* noting that the 'celebrity's' previous criminal conviction *" does come back to haunt you I do tell you.. it matters what you've done before"… "just shows you that God will make sure you have the life ahead of you that you deserve".*

General agreement existed on the total immorality of *"bullying"*, unprovoked physical violence or even light smacking of *"children"*. In particular respondents were protective of *"old people"* several agreeing vehemently with the statement made by one young woman that *"you should keep* [your hands] *to yourself - you do not touch young babies"*

Other than the New Traveller professional who was anxious that she avoided being arrested during evictions as this would effect

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her nursing registration, prior to the focus groups no participants had made clear connections between criminal convictions (particularly those received when very young) and the impact this might have on their future careers in health, social care or other types of employment:

> *"there are some sites with people with real habits… they might want to train as drugs worker and work in their own community because they know first hand - but then it might be difficult to get into training if they have been convicted in the past"*

> *"thinking about it – there are people with* [criminal] *records I suppose who might not want to risk applying because they'd be knocked back"*

Lack of Qualifications and limited Literacy Skills

Approximately half of all focus group participants (of all ethnicities and backgrounds) identified early school leaving, a culture of early entry into waged labour and lack of qualifications as a barrier to entering into health and social care employment. No post compulsory school leaving age participants (other than some of the New Travellers) had 5 GCSEs although (as referred to elsewhere) a number of young people who took part in the study were expecting to sit between 10 and 12 GCSEs with predicted A*-C grades.

> *"no nothing [no qualifications] – left school at 14"*

> *"I don't know anybody with no* [who has] *GCSEs"*

> *"I've been working with my Dad since I was 14"*

> *"you don't go to school once you are a certain age"*

> *"what is the point – you don't need it as long as you can read and write – you work with your family"*

One New Traveller spoke about her severe dyslexia which had precluded her from obtaining qualifications in the past and her intense frustration that:

"I was a bit gutted 'cos my reading age is like between seven and eleven whereas my visual things are up to date…………. I can understand but I can't get it down on paper so I left [art] college with nothing because I none of my essays were any good and I couldn't do my dissertation"

Amongst the significant minority of young people who had already left or who in some cases were intending to leave school prior to sitting exams, there was a developing awareness of the importance of obtaining qualifications which would be valuable for entering into the increasingly competitive workplace.

"it is different from how it was when they [parents] were young – and my Mum tells me to get my certificates but I didn't want to stop on then"

One young woman who posted on the website in response to this study noted that

"it's a wee bit annoying 'cause I wasn't allowed to go to high school and college to get my GCSEs – but what can you do? It makes it more of a challenge I suppose"

The possibility of undertaking work based training which allowed people *"to earn some money in their pocket"* whilst *"working your way up"* was valued as combining the practical values respected by Gypsy and Traveller communities and enabling access to *"the sort of job you can dip in and out of"*.

Comments from participants provided clear evidence (supported by evidence from professionals) of gradually increasing levels of literacy/numeracy amongst young English Gypsies and Irish Travellers. Hand-in-hand with these changes come increased aspirations for employment – although domestic and family responsibilities are for most young people (of both genders) their foremost concern:

"not a career first over your family - not working all the weekends and evenings. You want to see your children"

"She would have to put me and children first – if I was married"

As considered below (see under solutions), although some young people acknowledged that *"I don't read and write too good"* or *"I left with no qualifications and I would need some help to go to college and stuff",* the potential for interested health and social care recruits to undertake 'skills escalator' training (Anionwu, 2006), particularly if this took place amongst members of their own community to boost their sense of confidence; means that for those *"young Gypsy and Traveller women who might need a bit of extra help – but not all would"* the doors to a financial and socially successful career are no longer closed even if they have left school at a very young age without formal qualifications.

Lack of Interest in Employment Offered
In many ways, although only a few focus group participants explicitly stated they were **not** interested in health and social care work, the low priority affording to training for a career is one of the key barriers to be overcome when seeking to recruit Gypsies and Travellers into such roles.

Levels of interest varied noticeably by gender and ethnicity, with male focus group participants expressing extremely limited interest in any of the roles discussed, as (broadly speaking) did Irish Traveller women *"why would you want to work when you have a husband?".*

A number of Irish Traveller women indicated that they would be willing to consider working as a midwife or in child care, predominantly with their own community, as long as this did not interfere with their domestic responsibilities or involve shift work.

Romany Gypsy females expressed a greater interest in childcare and midwifery type employment, again (for a considerable number) with an interest in working with and for their own community.

> *"I would like to work with my own kind"*

> *"you've interested me now with the midwife and the childcare jobs"*

> *"It would be good – having people to show that Gypsies and Travellers could do that sort of work"*

"Like you said about Ireland with health workers for our own people – that would be good and you would know if someone had family things happening or was being evicted so couldn't come and you would understand"

Perceived Benefits to Community of Specialist Health and Social Care Staff

There is a clear overlap between participants' desire to work with members of their own communities and the recognition of the benefits to Gypsies and Travellers of trained community members delivering health and social care services. Despite some concerns over privacy *"not talking to other Travellers… they would worry that I would tell people about their problems"* (particularly in relation to 'sensitive' topics such as mental health issues, social services involvement or substance abuse concerns) a broad consensus of opinion existed that community members working as health and social care professionals would be welcomed

- *"you are going to talk to your own"*
- *"now a midwife, someone from your community, coming onto the site to help the girls"*
- *"they will trust you"*
- *"wouldn't it be easier to ring someone [from the community] than going to the doctors?"*
- *"it would be really good to have someone to talk to about safety things too"*
- *"you would know that you were doing something right"*
- *"it would be good having social workers from travelling backgrounds who actually – social work isn't just taking kids away, it is also about helping older people, people with disabilities getting their rights and that sort of thing"*

Community midwives and general health promotion activities *"telling them how to eat properly"; "like about injections and them allergy things" "safety on sites and in houses for children and when you are working… like when X come off the* [miniature motorbike] *and got all broken up"* were the roles cited most often as positive health and social care jobs for Gypsies and Travellers.

As discussed above, three focus group participants were explicit about the need for drugs counsellors amongst their communities,

although also acknowledging that it might be difficult to break through the taboos surrounding the subject of substance addiction.

> *"some boys with drug problems might prefer to talk to a woman"*
> *"that's like going in with a sandwich board on you* [being recognised as a community drugs worker]*"*

However, a number of respondents (both Gypsies and Irish Travellers) expressed significant concerns over confidentiality in certain circumstances (again in the specific context of 'stigmatising' conditions such as mental heath; involvement with social workers or other circumstances perceived of as embarrassing):

- *"you are telling me that if one Traveller knows that others won't ?"*
- *"what if you walk into the clinic and see someone you know and they know that you've been in for something like drugs advice?"*
- *"I know one girl looked like she was pregnant at fourteen – so if you was seen going to them and you was a midwife…."*
- *"I could never talk to a stranger – whether they was a Traveller or not – I would sit there and not say nothing and there's a lot might say the same"*
- *"they'd think you would go out of there and tell them all* [other Gypsies and Travellers] *what you'd heard or seen"*.

Interest in specialist training opportunities e.g. Replication of Pavee Point training schemes

Female focus group participants and individuals who responded to the web-site posting expressed a considerable degree of interest in the development of specialist training schemes for Gypsies and Travellers similar to the Irish and Eastern European projects discussed in the literature review (Chapter 1).

The benefits of specialist training schemes were regarded as manifold: not only would the knowledge that young people were travelling to work/training together alleviate family concerns over women being alone:

> *"going out on your own – there are too many murderers out there"*

> *"I wouldn't be allowed to go on my own but if I was with* [cousin] *that would be alright"*

> *"you could go together and Mum's and Aunties could take it in turn to take you and collect you if there wasn't no bus"*

But young people who were anxious about *"showing you was ignorant – not wanting to put up your hand"* in mixed study groups felt that their confidence would be boosted considerably by the presence of other members of their communities:

> **"**y*ou wouldn't be shamed if you didn't know something – it would be good to be with other Travellers"*

> *"we just want to be together while we are learning"*

> *"that would be good a class with other Travellers"*

> *"if you have a university up the road where you know there's lots of travelling girls doing the same course, would **you** put yourself there…. or the university with the non-Travellers?"*
> - *"The traveller one 'cos you can learn more amongst your own culture and what you are and who you are because they know you and your culture"*

> *"we are all the same - so you haven't a problem and you could learn more"*

In the main, girls were fairly certain that males *"wouldn't do that sort of job* [health and social care] *– or maybe only for the money"* – which for some meant that taboos on *"talking about the blood thing – not being able to say you know 'I'm on'"* [menstruation] or concerns around discussing related taboo/embarrassing subjects in the classroom, would be alleviated as they felt that teaching would take place in single gender groups.

One young woman noted that amongst her family *"but they're not very strict – I know much stricter"* might have concerns about certain requirements of her job if she trained in a general care role *"well maybe not being able to work with men – not if they was in bed"* but if she was training amongst other Travellers *"they'd know it was alright"*.

The expectation that specific Traveller/Gypsy health projects such as those operating in Ireland would fit within the cultural and gender expectations of their communities was therefore a definite bonus for several participants who felt that undertaking 'on the job' training in health and social care, working in a culture specific milieu specifically for the benefit of other Gypsies and Travellers would *"be doing such a good thing"; "I would love that, I really would"* .

The statement made by one young woman that *"we know our own"* was broadly replicated in most focus groups. New Travellers (despite their different cultural background from other participants and potentially greater familiarity with 'mainstream' services) also welcomed the concept of health and social care projects aimed at, and delivered by members of their own community

> *"there will be older people needing health and social care on sites in time"*

> *"if it was a Traveller came to site. I think a lot of people would be* [positive] *they might not mind, but I think there would be people on the site that wouldn't want a non Traveller professional on the site all the time"*

Solutions:
In the main there was a remarkable degree of consensus between Gypsies and Travellers of all communities and professionals on the way forward in encouraging recruitment to health and social care employment.

Although Chapter Five sub-divides the solutions and recommendations from this report into policy approaches and 'deliverable' smaller scale 'chunks', the key messages from the focus groups undertaken with young people are as follows:

- Gypsies, Travellers, Connexions workers and Traveller Education Service staff should be made more aware of non-traditional employment entry routes (not simply 5 GCSEs) and career enhancement pathways for young people contemplating working in health and social care.
- Flexible training packages should be developed which are 'family friendly' or take account of the vagaries of

evictions, or other unexpected events – e.g. some work which can be undertaken in the student's 'own time' - and teaching delivered in 'blocks' of perhaps two weeks in college, periods of time on work placements and vacations which coincide with school holidays and major cultural events.

- Access to stable accommodation e.g. more sites, or access to longer-term 'tolerated sites' (in suitable locations), for individuals training in health or social care. Findings from this *particular* study indicate that this would specifically assist in enhancing recruitment amongst New Travellers who may be more open to a range of employment options (particularly for males) than are some 'ethnic' Gypsies and Travellers who may prefer traditional occupations or have family responsibilities which impact on their ability or interest to train in these types of employment.

- The recruitment of 'clusters' of Gypsies and Travellers to training courses would assist in confidence building and the development of literacy and numeracy skills through peer support as well as acting as an encouragement to persevere with the course alongside friends and family members.

- To 'overlook' where it is safe to do so, after investigation into the circumstances, minor criminal convictions received in the past (e.g. when a juvenile).

- Replication of Pavee Point (and similar) training programmes to up-skill Gypsies and Travellers in a supportive environment as the first step towards entering into health and social care careers.

- Ensure that training/taster days and NVQ courses emphasise practical aspects of health and social care employment as these are highly valued amongst Gypsy/Traveller communities.

- Develop publicity materials on health and social care employment which are accessible for individuals with compromised literacy skills.

- Utilise positive images of Gypsies and Travellers working in health and social care environments in order that potential recruits feel *"this is a job for me"*.

Recommendations (to develop interest in Health and Social Care employment amongst Gypsies and Travellers):

In addition to the clear messages which have arisen from the focus groups with young people and the meetings with professionals the following points would appear to offer practical first step solutions to some of the areas identified as problematic in terms of encouraging young people to even contemplate a career in health and social care:

- Production of DVDs utilising Gypsy and Traveller role models who work in a range of health and social care jobs and/or are involved in the delivery of 'on-the-job' training.
- Targeted Health and Social Care Taster days (for groups of Gypsies and Travellers from diverse communities)
- Developed of materials in a range of formats (e.g. DVDs; graphic art type recruitment leaflets; radio adverts) which provide information on available salaries, training bursaries, career options and ways of developing skills through 'on-the-job' NVQ training for people from 'non-traditional' backgrounds or who do not possess the 'standard' 5 GCSEs.
- Encourage universities and training providers to develop flexible learning options for undertaking basic level Health and Social Care modules which can then be used as a 'passport' to more advanced training (e.g. blocks of intensive learning time) *"if they said we expect to see you in college for maybe two weeks in a month"*
- Increased emphasis on the importance of practical skills when both recruiting for, and assessing health and social care courses *"not so much writing and stuff just doing what we need to do"* a point also made by the New Traveller social care professional who noted that *"there is quite a lot of written work involved in my job – reports and hand-over notes - it's needed but some people might find it a struggle and during their NVQs"*
- Enhanced publicity about, and support for, developing Health and Social Care training (similar to courses in East Europe and Ireland) which develop familiarity with the academic setting and enhance practical skills whilst building up literacy, numeracy and transferable practical skills. (cf: adaptation of the CANDLES project 'skills escalator' model for participants

with limited English language knowledge to meet the needs of Gypsies and Travellers who may need literacy and numeracy up-skilling).

Chapter 5
Recommendations

In this short chapter we consider and (where appropriate) contrast the recommendations arising from the interviews with professionals and parents, data from the website postings by young people and findings from the focus groups.

In synthesising the various sources of information into a set of recommendations aimed at policy makers, health and social care staff and educationalists who wish to engage with young Gypsies and Travellers, this report seeks to provide both broad 'blue skies' policy recommendations (which are beyond the scope of any but Government), and a series of smaller more immediately achievable steps which can be developed through cooperation and partnership between determinedly inclusive health authorities, educational establishments and voluntary sector organisations.

Nobody, not Gypsies and Travellers, nor educationalists, are saying that meeting the needs of communities which have been excluded for so long will be simplistic. However, as is demonstrated within this report, there is both a need for targeted engagement which will enhance the health, social and economic inclusion of members of these communities, and (for some young people), a keen interest in entering into health and social care employment if appropriate support can be made available.

The CANDLES project in Slough demonstrated that imaginative initiatives were able to attract the attention of minority ethnic students who had previously not considered health and social care employment. In some cases, this involved recruitment of students whose cultural and ethnic background and diversity of educational experience and skills would, (without sensitive outreach) have been regarded as offering a barrier to employment.

This study goes some way towards addressing the lacuna in information which currently exists with regard to the aspirations, experiences, barriers and solutions to recruiting Gypsies and Travellers into health and social care employment. Some expectations and attitudes articulated by young people (particularly with regard to the value of formal education, gender roles and responses to bullying or racism) may at times be in conflict with the 'ways of doing' and approaches with which educationalists and

professionals feel comfortable. However, in seeking to encourage and recruit young people into health and social care roles it is arguable that it is not our role to 'educate' people out of their culture as long as they are delivering high quality, appropriate care to all patients and service users in a non-discriminatory manner.

The responses from young people who in many cases have experienced years of racism, discrimination or hostility from the 'mainstream' communities around them are often positive to the thought of undertaking such training, and at times breath-takingly generous:

- *"well it's not their fault always – they might not never have met a Gypsy before"*
- *"I'd not care who I worked with – it's a good thing to do"*
- *"you know you would be helping an old person – they might not have anyone, not like our old people – you won't see many Travellers in an old-age home".*

Although (as is clear) there are a number of hurdles which will need to be addressed to support young people from Gypsy and Traveller communities who may wish to enter into health and social care:

> *"but not all – you don't want people to think none of us can read and write or leave school early – some people have been right through and got the qualifications"*

the findings from this report do provide encouragement to those who would wish to support young Gypsies and Travellers to consider working in a range of health and social care roles, both to ensure that staff reflect the communities around them, and also to enhance opportunities and economic well-being amongst young people who have often been excluded from high profile positions, or do simply don't know about the range of careers and training opportunities available to them: "*that we can do those jobs – the careers never tell you about it – if you is a Traveller they tell you to try for a shop or be a hairdresser"*

Although a preference for working with and for their own communities (and fitting such roles around family and child-rearing responsibilities) may at times sit uneasily with the expectations of training providers and educationalists, those young Gypsies and Travellers who express this opinion and who enter into

employment in health and social care are no less likely to work with a range of clients, (and to *'dip in and out of work'* in common with many parents of young children) but, as with members of other minority ethnic communities employed in Health and Social care, they will also bring to their work a specialist knowledge and understanding of the needs of their own communities. The extreme marginalisation in health and social care terms (see Chapter One – literature review) of Gypsies and Travellers may indeed warrant consideration of specific training and delivery programmes which 'target' members of these communities in order to bring their health status into line with other populations. If this were to occur, the availability of a pool of young people who are keen to work with their *"own kind"* would thus be a bonus.

The July 2008 edition of the Skills for Health newsletter reiterated the need for a *"skilled and flexible workforce"*; and proposed that healthcare organisations should *"redesign roles and teams to underpin new services"*, holding up the NorthWest London Trust's up-skilling packages which use a number of competencies to move Healthcare Assistants to Associate Practitioner status as an example of good practice (2008:4). The model of *"supporting workforce development"* which encourages tailored training needs thus articulates perfectly with the desires and aspirations of some of the young people who participated in focus groups who were anxious to work in a practical role and to achieve high earnings whilst fitting in employment with their own domestic life.

Although some professionals expressed their concerns over the support which might be needed for young people in terms of literacy and numeracy assistance, and (at times) an understanding of the prioritisation of family or domestic responsibilities over employment or education, and cultural variations in approaches to learning or behavioural practices, with determination and mutual respect and understanding there is no reason at all that members of the Gypsy and Traveller communities should not be encouraged to take their place within the ranks of health and social care professionals in increasing numbers, and with greater visibility, to deliver high quality care into the Twenty-First Century.

In the final section of this chapter, recommendations to both the policy community and service providers are laid out in bullet point format – more in-depth information on each section can be found through a thorough perusal of the main body of the report. Certain

elements outlined below may be of greater importance to particular 'types' of Gypsy or Traveller (for example, access to stable sites might be of higher priority for some New Travellers who would consider a health or social care career and literacy support was mentioned by a greater number of Irish Travellers and English Gypsies). It is however, recommended that all of these elements are considered together when working with local area networks (including members of local authority, education and health teams) to plan for workforce recruitment, delivery of education and training and forward planning to meet the needs of local communities.

Finally, although this study has concentrated on the aspirations, barriers and solutions to recruiting young people into health and social care employment, as one mother of a focus group participant said (to general agreement from her own peer group)

> *"what about us then? Our children are grown up now, we'd like some training and to do that job, to earn a little bit of money for ourselves – why aren't you offering training and work for us?"*

In this way, (as recognised already in Ireland within the Traveller Training Programmes) there may be an untapped health and social care workforce just waiting to be asked *"do you think it is a good job for a Traveller?"*

Policy Recommendations

- Accommodation issues should be addressed when considering barriers to entry into employment and education for Gypsies and Travellers.
- Educational support (e.g. in the context of early school leaving/development of practical skills) is likely to be required for some potential recruits from these populations. The cultural context of early school-leaving (and attitudes towards/family support for employment in certain types of job) may require additional targeted resources on a local and national basis.
- Anti-Racist initiatives (on-going within schools and in the wider community and specifically within the context of health and social care) should be developed on a local and national basis.

- Economic Inclusion strategies (developing skills and encouraging entry into a broad range of employment opportunities) at local and national levels should actively include awareness of and familiarity with the concerns and specific needs of Gypsies and Travellers.

Broad Approaches

- Development of targeted initiatives such as the Pavee Point/Travellers Health Projects in Ireland and Roma Social Work assistants in EU
- Increased capacity building amongst community groups currently engaged in health and social care – e.g FFT; DGLG; Canterbury Gypsy Support Group Youth Division; East Notts Gypsy and Traveller Association, SPARC, etc. and further dissemination of good practice models and initiatives undertaken by such organisations, including cultural competence training of health and social care providers by Gypsy and Traveller community members
- Enhanced profile of role models from Gypsy and Traveller communities "out and proud of it"
- Gender initiatives with young Gypsies and Travellers to encourage the identification of a range of employment opportunities which they may not in the past have considered. The use of positive gender-challenging images of males and females in different employment roles (e.g. male social care staff working with children, etc.)

Specific Smaller-Scale Projects

- Increased knowledge of health and social care employment options and alternative modes of entry/qualification needs amongst Gypsies and Travellers (links to be strengthened between education and training providers, Connexions and Traveller Education Services)
- Production of video/DVD with Gypsy/Traveller role models discussing the range of health and social care jobs available and their own experiences of working in these roles: (e.g. Irish Traveller midwifery assistant; New Traveller care worker)
- Open days in health and social care targeted at Gypsies and Travellers which are clearly practically orientated

- Development of flexible training projects – taking account of family commitments/gender attitudes and building up knowledge in 'bite size' blocks
- Policy of recruitment of groups of Gypsies/Travellers for specific health and social care training: "critical mass theory" to encourage young people to identify certain recruiters and training providers as *"places where Travellers go"*
- Alternative assessment regimes devised wherever possible (Level 0-2 entry) to avoid recruits being faced with the daunting experience of suddenly being confronted with academic demands after negative school experiences or years outside of education.
- Taster Days – roadshow taken to sites, youth projects etc. where young people (and parents) can find out more about health and social care careers,
- The involvement of staff from voluntary sector/Traveller Education Service who are experienced in working with members of Gypsy/Traveller communities in devising curriculum and assessment regimes (where any flexibility exists in curriculum design or delivery).

Chapter 6
The Next Steps

Although this project has focussed on the production of this report, one final stage of the programme remains – the dissemination phase.

In the next few months (post publication in July 2008) it is intended that the following events will take place:

- A dissemination strategy will be unfurled which will consist of seeking publicity for this report and presenting on the findings in a number of locations – e.g. at conferences and seminars for health care providers and educationalists.
- The Executive Summary (easy-read/Plain English) version of this report will be made available to Traveller Education Service staff; local and national Gypsy and Traveller projects and other key agencies with the intent of widely disseminating the findings of this study amongst Gypsies and Travellers and health and social care professionals.
- Copies of this report will become available in PDF format on the websites of several Gypsy and Traveller projects and hard copies of the full report will be distributed to participant organisations and relevant agencies.
- Funding will be sought for the production of a DVD/video on health and social care careers for Gypsies and Travellers, using role models from the communities to discuss their role, earnings, training experiences, etc.
- Seminars and training events will be provided for Aim Higher/University staff who wish to access such opportunities, and advice will be provided on developing recruitment strategies for local and national institutions who wish to take forward the proposals outlined in the study.
- Articles outlining the key findings will be produced for both Gypsy and Traveller magazines (e.g Travellers Times) and professional journals (i.e Community Care)
- Liaison will take place with media contacts to ensure publicity for the project and enhanced publicity on career options and training opportunities available to Gypsies and Travellers.

Margaret Greenfields
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Bibliography

Acheson, D. (1998) *Independent Inquiry into Inequalities in Health Report*, London: TSO, available at, http://www.archive.official-documents.co.uk/document/doh/ih/ih.htm last accessed 19/6/08

Anionwu, E (2006) *The Final Report of the CANDLES project*, London: Mary Seacole Centre for Nursing Practice, TVU

Arnold, J; Loan-Clarke, J; Coombs, C; Park, J; Wilkinson, J & Preston, D **(**2003) *Looking Good? The Attractiveness of the NHS as an Employer to Potential Nursing and Allied Health Profession Staff* Loughborough: Loughborough Business School

BBC News Website (2004) *CRE examines treatment of Gypsies* 17/10/04 available at, http://news.bbc.co.uk/1/hi/england/3751214.stm last accessed 18/6/08

Beach, H. (1999) *Injury Rates in Gypsy-Traveller Children*, MSc in Community Child Health Dissertation, University of Wales College of Medicine

Beach, H (2006) Comparing the use of an Accident and Emergency Department by children from two Local Authority Gypsy sites with that of their neighbours *Public Health 120 (9) pp 882-884*

Bhopal, K., Gundara, J., Jones, C. & Owen, C. (2000) *Working towards Inclusive Education: aspects of good practice for Gypsy Traveller Pupils* London: Department for Education & Employment

Bhopal, K & Myers, M (2008) *Insiders, Outsiders and Others: Gypsies and Identities*, Hatfield: UHP

The Black Report (1980) see under Department of Health and Social Security (DHSS)

Blanden, J. & Gibbons, S (2006) *The persistence of poverty across generations. A view from two British cohorts* York, JRF. Summary available at http://www.jrf.org.uk/bookshop/eBooks/9781861348531.pdf last accessed 3/4/08

Bromley, C., Curtice, J & Given, L (2007) *Attitudes to Discrimination in Scotland: 2006 Scottish Social Attitudes Survey* Edinburgh: Scottish Centre for Social Research available at http://www.scotland.gov.uk/Resource/Doc/205755/0054714.pdf last accessed 5/4/08

Brown, F. (1986) *Fairfield Folk: A History of the British Fairground and its People* Worcester: Malvern Publishing Company

Cemlyn, S (1998) *Policy and Provision by Social Services for Traveller children and families: Report of research study*, Bristol: University of Bristol

Cemlyn, S. (2000) '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), 2000, pp327–341;

Clark, C. & Cemlyn, S. (2005) The social exclusion of gypsy and traveller children. In: *At Greatest Risk: the children most likely to be poor* pp150-165. London: CPAG

Cemlyn, S., Greenfields, M.; Matthews, Z.; Whitwell, C. & Burnett, S. (forthcoming) *Inequalities experienced by Gypsy and Traveller Communities: A Review* University of Bristol/Buckinghamshire New University/EHRC

Chandler, M & Lalonde, C (1998) Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry 1998;35(2):191–219.*

Clark, C and Greenfields, M. (eds). (2006) *Here to Stay: The Gypsies and Travellers of Britain.* Hatfield: University of Hertfordshire Press.

CRE (2004) *Gypsies and Travellers. A Strategy for the CRE 2004-2007*. London: CRE

Commission for Racial Equality (CRE) (2006) *Common Ground: Equality, good race relations and sites for Gypsies and Irish Travellers* http://83.137.212.42/sitearchive/cre/downloads/commonground_report.pdf last accessed 10th May 2008

Crawley, H. (2004) *Moving forward: the provision of accommodation for Travellers and Gypsies,* London: Institute for Public Policy Research.

Cullen, S., Hughes, L. & Hayes, P (2008) *Working with housed Gypsies and Travellers*, London: Shelter

Davies, M (2002) *The Blackwell Companion to Social Work* Oxford: Blackwell Publishing

Davis, J. (1997) 'New Age Travellers in the Countryside: incomers with Attitude' in *Revealing Rural 'Others: representation, power and identity in the countryside*, Milbourne, P (ed). London: Pinter Press

Davis, J. & Hoult, H. (2000) Travelling Families Health Needs in *Health Visiting Specialist and Higher Level Practice :Chapter 17)* (eds. Rowbotham, A & Sheldrake, D), Edinburgh: Churchill Livingstone

Department for Children Schools and Families (2007) *National Curriculum Assessment, GCSE and Equivalent Attainment and Post-16 Attainment by Pupil Characteristics, in England 2006/07* London: DCSF

Department of Health (2007) *Tackling Health Inequalities: 2007 Status Report on the Programme for Action* London: DH http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_083471 last accessed 20/6/08

Department of Health and Social Security (1980) *Inequalities in Health: Report of a Research Working Group ('The Black Report')* London: DHSS

Derrington, C & Kendall, S (2004) *Gypsy Traveller Students in Secondary Schools* Stoke on Trent: Trentham Books

Dominelli, L (2006) *Women and Community Action 2nd ed*. Bristol: Policy Press

Earle, F., Dearling, A; Whittle, H., Glasse R & Gubby (1994) *A Time to Travel?: An Introduction to Britain's Newer Travellers* Dorset: Enabler Publications

EQUAL (undated) *Practical Examples: Employability New Avenues for the Integration of Roma* available at, http://ec.europa.eu/employment_social/equal/practical-examples/employ-07-supmec_en.cfm, accessed 5/4/08

Feder, G., Vaclavik, T. & Streetly, A. (1993), "Traveller Gypsies and childhood immunisation: a study in east London", *British Journal of General Practice*, Vol. 43 pp.281-4.

Gidley, B & Rooke, A (2008) *Learning from the Local: The Newtown Neighbourhood Project Final Report* (with contributions from Susan Lelliott and Debbie Humphry) London, Centre for Urban and Community Research Goldsmiths College, University of London/West Kent Extra/Housing Corporation

Gilchrist, A (2004) *The Well-Connected Community: a networking approach to community development* Bristol: Policy Press

Goward, P., Repper, J., Appleton, L., & Hagan, T. (2006). Crossing boundaries. Identifying and meeting the mental health needs of Gypsies and Travellers. *Journal of Mental Health*, 15 (3), p. 315 - 327

Greenfields, M (2002) *New Traveller Families and Section 8 Children Act Engagements* unpublished PhD thesis Bath: University of Bath

Greenfields, M (2008) 'Accommodation Needs of Gypsies/Travellers: New Approaches to Policy in England' in *Social Policy and Society* Volume 7, Issue 01. January 2008, 73-89

Greenfields, M & Home, R (2006) 'Assessing Gypsies' and Travellers' needs: Partnership Working and 'The Cambridge Model'' *Romani Studies 5*, Vol 16, No. 2, 103-131

Greenfields, M & Home, R. (2007). The Gypsy 'Problem' or the paradox of the settled nomad in *Feminist Perspectives on Land Law*. Bottomley, A & Lim, H. eds. London: GlassHouse Press/Cavendish Publishing

Greenfields, M; Home, R; Bloxsom, J; Cemlyn, S & Lishman, R (2007) The *West of England GTAA* High Wycombe: BCUC Executive Summary available at: http://www.southwest-ra.gov.uk/media/SWRA/RSS%20Documents/Gypsies_and_Travellers/Draft_WoE_GTAA_Exec_Sum.pdf last accessed 18/5/08

Greenfields, M & Smith, D (2007) *Travellers and Housing: social housing exchange and the construction of communities* unpublished conference paper, Social Policy Association Conference, July 2007, Birmingham

Griffin, C. (2002) The Religion and Social Organisation of Irish Travellers (Part II): Cleanliness and Dirt, Bodies and Borders *Nomadic Peoples, Vol 6 (2), pp.110-28*

Harris V & Dutt, R (2005) *Meeting the Challenge* London: REU

Hawes, D. (1997) *Gypsies, Travellers and the Health Service. A study in inequality* Bristol: The Policy Press

Health Council of Canada (2005) *The Health Status of Canada's First Nations, Metis and Inuit People,* Toronto: Health Council of Canada, available at, http://healthcouncilcanada.ca.c9.previewyoursite.com/docs/papers/2005/BkgrdHealthyCdnsENG.pdf accessed 10/6/08

Hodgins, M., Millar, M., & Barry, M (2006) ''it's all the same no matter how much fruit or vegetables or fresh air we get'': Traveller women's perceptions of illness causation and health inequalities *Social Science & Medicine 62 (2006) 1978–1990*

Home, R & Greenfields, M (2007) *'Gypsy and Traveller Accommodation Needs in Bournemouth and Poole: Supplementary Study (Housed Gypsies and Travellers)'* Chelmsford: ARU

Irish Traveller Movement Britain (2007) *Draft Paper on Economic Inclusion for Travellers (August 2007)* London, ITM

Jenkins, S & Siedler, T. (2007) *Discussion Paper 694: Using Household Panel Data to Understand the Intergenerational Transmission of Poverty* Berlin: German Institute for Economic Research available at, http://www.diw.de/documents/publikationen/73/59967/dp694.pdf last accessed 19/6/08

Jesper, E., Griffiths, F. & Smith, L. (2008). A qualitative study of the health experience of Gypsy Travellers in the UK with a focus on terminal illness. *Primary Health Care Research & Development*, 9, p. 157-165.

Jordan, E (2001) Exclusion of Travellers in State Schools, *Educational Research Vol.43, 2, pp117-132*

Kendall, S (1997) Sites of resistance: places on the margin – the Traveller 'homeplace' *in* Acton, T. ed. *Gypsy Politics and Traveller Identity* Hatfield: University of Hertfordshire Press pp70-89.

Kenrick, D & Clark, C (1999) *Moving On: The Gypsies and Travellers of Britain,* Hatfield, UHP

Kenrick, D. (2004) *Gypsies: from the Ganges to the Thames* Hatfield,: University of Hertfordshire Press

Lehti A & Mattson, B. (2001) Health, attitude to care and pattern of attendance among gypsy women – a general practice perspective *Family Practice Vol 18, No. 4,pp 445-448*

Levinson, M. & Sparkes A. (2003) Gypsy Masculinities and the School-Home Interface: Explaining Contradictions and Tensions *20(5) British Journal of Sociology and Education pp587-604*

Levinson, M. & Sparkes, A (2006) Conflicting value systems: Gypsy females and the home-school interface *Research Papers in Education 21(1) March 2006 , pp 79 – 97*

LGTU (London Gypsy and Traveller Unit) (2001) *Housed Irish Travellers in North London*, London, LGTU

Lloyd, G & Stead, J (2001) 'The Boys & Girls Not Calling me Names, and the Teachers believing me': Name Calling and the Experiences of Travellers in School *Children & Society Vol.15, pp 361-374*

Lundgren, G & Taikon, A. (2003) *From coppersmith to nurse: Alyosha the son of a Gypsy Chief* (translated by Donald Kenrick) Hatfield: University of Hertfordshire Press

Marmot, M (2004) *Status Syndrome: How Your Social Standing Directly Affects Your Health and Life Expectancy* London: Bloomsbury Publishing

Marmot, M & Wilkinson, R. eds. (2006) *The Social Determinants of Health, 2nd Edition.* Oxford: Oxford University Press

Maslow, A. (1970) *Motivation and Personality* 2nd ed., New York: Harper and Row.

Mason, P. & Broughton, K. (2007). 'Gypsy/Traveller children and families: the potential of working with networks', *Social Policy and Society*, 6**,** 2, pp243-253

Maternity Alliance (2004) *Maternity Services and Travellers*, London: Maternity Alliance

Mayall, D. (2004) *Gypsy Identities 1500-2000 – from Egipcyans and Moon-men to the Ethnic Romany*, London: Routledge

Mitchell, R., Shaw, M & Dorling, D (2000*) Inequalities in life and death: What if Britain were more equal?* Bristol: The Policy Press

Morris, R. (2006) Nomads and newspapers *in* Clark, C. & Greenfields, M. (eds), *Here to Stay*, Hatfield: University of Hertfordshire Press, pp236-258.

Morris, R & Clements, L (2002) *At What Cost?* Bristol: Policy Press

Murphy, T (undated) *History Of The Showmen's Guild*, Oldham: The World's Fair Ltd.

National Institute for Clinical Excellence/Scottish Executive/Department of Health, Social Services and Public Safety: Northern Ireland (2001) *Why Mothers Die 1997-1999*, London: CEMD/RCOG

Nazroo, J. (2003) 'Patterns of and explanations for ethnic inequalities in health'. In *Explaining Ethnic Differences: Changing patterns of disadvantage in Britain* , D. Mason (ed.), Bristol: The Policy Press, pp87-103

New, S. & Senior, M (1991), "I don't believe in needles: qualitative aspects of a study into the uptake of infant immunisation in two English Health Authorities", *Social Science and Medicine*, Vol. 33 No.4, pp.509-18.

Niner, P (2003) *Local Authority Gypsy/Traveller sites in England* London: Office of the Deputy Prime Minister available at, http://www.communities.gov.uk/documents/housing/pdf/138832.pdf Last Accessed 19/6/08

Ní Shúinéar, S. (1994) 'Irish Travellers, ethnicity and the origins question' in M. McCann, S. Ó Síocháin and J. Ruane (eds.), *Irish Travellers: Culture and ethnicity*, Belfast: Institute of Irish Studies, Queens University of Belfast

Nursing Times (2007) *Measles Hits Travellers* (news report 31/5/2007) London: The Nursing Times

Ofsted, (1996), *The Education of Travelling Children*, London: Ofsted

Ofsted, (2003), *Provision and support for Traveller Pupils*, London: Ofsted

Okely, J. (1983) *The Traveller-Gypsies* Cambridge: Cambridge University Press

Ormiston Trust (2006) *Children's Voices : changing futures. The views and experiences of young Gypsies and Travellers. Research Summary* . Ipswich, Ormiston Trust

Parry, G., Van Cleemput, P., Peters, J., Moore, J., Walters, S., Thomas K. & Cooper, C. (2004) *The Health Status of Gypsies and Travellers in England* Sheffield: ScHARR

Pavee Point (undated) *Primary Health Care for Travellers Programme* [webpage] available at http://www.paveepoint.ie/progs_health.html last accessed 21/6/08

Platt, L (2007) *Poverty and Ethnicity in the UK,* Bristol: Policy Press available at, http://www.jrf.org.uk/bookshop/eBooks/2006-ethnicity-poverty-UK.pdf last accessed 20/6/08

Power C, (2004) *Room to Roam: England's Irish Travellers* London, Brent Irish Advisory Service

Reynolds, R; McCarten, D & Knipe, D (2003) Traveller culture and lifestyles as factors influencing children's integration into mainstream secondary schools in West Belfast *International Journal of Inclusive Education, 7(4) pp403-414*

Roberts, A, Adkins, J., Lewis,H. and Wilkinson, C (2007) Conference presentation: *Coronary Heart Disease and Mental Health in Gypsies and Travellers in Wrexham: Redressing the balance* CPHVA Annual Conference 31st Ocotober-2nd November 2007, Torquay. Available at: http://www.amicus-cphva.org/pdf/B2.2%20Helen%20Lewis.pdf last accessed 26/3/08

Richardson, J. (2006) *The Gypsy debate: can discourse control?* Exeter, Imprint Academic.

Richardson, J; Bloxsom, J & Greenfields, M (2007) *East Kent Sub-Regional GTAA* available at, http://www.dover.gov.uk/localplanreview/EastKentGTAAreport17July07.pdf last accessed 18/6/08

Ritchie, J. and Lewis, J. (eds) (2003) *Qualitative Research Practice: A Guide for Social Science Students and Researchers,* London: Sage Publications

Salway, S., Platt, S., Chowbey, P., Harriss, K & Bayliss, E (2007) *Long-term ill health, poverty and ethnicity* Bristol: The Policy Press **Summary** available at, http://www.jrf.org.uk/knowledge/findings/socialpolicy/pdf/2060.pdf last accessed 15/6/08

Saunders, R (2007) *The Forgotten Minority* Diabetes UK, Spring 2007

Save the Children Fund (2001) *Denied a Future? The right to education of Roma/Gypsy & Traveller children in Europe (Vol 2: Western & Central Europe)* London: SCF

Skidmore, C (2007) *The Forgotten Minority: the Achievement of Traveller Children at School* London: The Bow Group, available at, http://www.bowgroup.org/harriercollectionitems/The%20forgotten%20minority.doc last accessed 20/6/08

Skills For Health (2008) *Supporting Workforce Development*, Skills For Health Newsletter Issue 2, London, Skills for Health, available at http://www.skillsforhealth.org.uk/uploads/sfh_newsletter_issue2.pdf last accessed 14/7/08

Stonewall (2003) *Profiles of prejudice: The nature of prejudice in England: in-depth analysis of findings carried out by MORI in May 2003 on behalf of Stonewall's Citizenship 21 project,* London: Stonewall.

Tatz, C (2004) Aboriginal, Maori, and Inuit Youth Suicide: Avenues to Alleviation? *Australian Aboriginal Studies Issue 2; 2004; 15-25*

Travellers Health Unit (2005) *Traveller Primary Health Qualitative Evaluation*, Cork: Traveller Health Unit Southern Region

Traveller Health Unit (2007) *Toolkit and Guidelines for the Employment of Travellers in the Health Service Executive* Dublin: The Traveller Health Unit Eastern Division, available at, http://www.paveepoint.ie/pdf/HealthService-Toolkit.pdf last accessed 20/6/08

Treise C. & Shepherd, G. (2006)*Improving mental health services for Travellers in Cambridgeshire,* Cambridgeshire and Peterborough Mental Health Partnership NHS Trust

Unite (2006*) Community Led Research Project focussing on Needs Assessment of Romani Gypsies, Irish Travellers and Showmen Regarding Drug, Alcohol & Substance misuse awareness, treatment and Education* Unified Nomadic Independent Transnational Education/UCLAN/DH available at:
http://www.enmp.org/pdf_article/u_gypsy_trav_drug_research.pdf
last accessed 1/4/08

Van Cleemput, P., Parry, G., Thomas, K., Peter, J. & Cooper, C. (2007) Health-related beliefs and experiences of Gypsies and Travellers: a qualitative study *Journal of Epidemiology and Community Health* 2007 (61): pp205-210 available at, http://jech.bmj.com/cgi/content/full/61/3/205 last accessed 20/6/08

Warrington, C (2006) Gypsy and traveller children ought to be engaged more by mainstream services *Community Care 14/9/06* available at, http://www.communitycare.co.uk/Articles/Article.aspx?liArticleID=55676&PrinterFriendly=true last accessed 20/6/08

Warrington, C & Peck, S (2005), *Gypsy and Traveller Communities: Accommodation, education, health, skills and employment - An East of England perspective*. Hunstanton: Ormiston Children and Families Trust.

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* Children's Society: Bath

Appendix 1

TERMINOLOGY

It is accepted that that the terms *'Gypsy'* and *'Traveller'* are contested (Mayall 2004:208-110) and problematically over-simplistic in defining ethnically and socially diverse populations (see Greenfields and Home 2006). However, at present, following considerable internal debate amongst political activists within the communities, the preferred terms of reference recognise that a distinction should be drawn between 'Gypsies' and 'Travellers'.

Gypsies (who are also known in the UK as Romany of English, Welsh of Scots origin) are people who are of Indian origins and who form a distinct diasporic community. Gypsies/Romanies were first recorded in Britain in the 1500s having travelled overland from India via Turkey, Persia and continental Europe over many centuries, at times inter-marrying with the communities in countries they passed through and on the way, incorporating many words from the languages they encountered which in turn became part of the Romani language (Kenrick, 2004). The majority of the young people who took part in this study were from Gypsy families. Many families can trace their roots back to 100s of years as travelling people in Britain.

'Travellers' are predominantly indigenous nomadic peoples from Ireland, Scotland and Wales and in recent years the term has been expanded to incorporate 'new Travellers', a non-ethnic socio-cultural group.

Irish and Scottish Travellers in particular, remain distinct cultural groups although some intermarriage has occurred with Romany Gypsies and surrounding peoples in Ireland and Scotland. Irish Travellers and Scottish Gypsy-Travellers (their preferred term) have their own distinct languages which are known as Gammon or Cant and are recognised as being of an early Celtic origin. Irish and Scottish Travellers were recorded as being nomadic in Ireland and Britain in early church records dating from over 900 years ago (Ni Shuinear, 1994). In this project we interviewed a number of young people from Irish Traveller communities.

New Travellers are members of formerly sedentary populations who have become nomadic in the past thirty years, often in

response to political and economic pressures (Davis, 1997) or through travelling for economic and social reasons (Earle, et. al. 1994). While working on this project a small focus group took place with New Travellers. In addition we interviewed two New Travellers who are working in health and social care employment and two community development professionals who are New Travellers.

Showmen as they commonly call themselves, (or 'Showpeople' a gender neutral term preferred by public bodies), may be either 'Travelling Showpeople' (Fairground families) or Circus Showpeople. Fairground communities have a distinctive culture and lifestyle that stretches back many centuries but generally consider themselves to Occupational Travellers or a business community who are distinct from Gypsies even though some elements of their language contains Romani words, surnames may be similar to those found amongst Romany Gypsy communities, they tend to live in caravans on land which is used as winter base and they spend the majority of the year following a circuit of pre-booked events.

In this study we included information from a young person from a Fairground Showman community who was living in housing with their family who had 'married out' and no longer travelled although they remained in contact with their Showman community and culture.

We did not undertake any interviews with East European Roma for the purposes of this research.

In law, only Romany (English) Gypsies; Roma from East Europe and Irish Travellers are currently recognised as minority ethnic communities. Showmen, Welsh Gypsies; Scottish Travellers and 'New' Travellers are therefore not protected against discrimination under Race Relations Acts legislation (which is important for the purposes of this study) although they *may* be 'gypsies' for the purposes of *planning* policy and legislation. See further: Clark & Greenfields, 2006; CRE, 2006.

Tables 1 and 2 (Chapter 2) detail the number of young people and professionals who took part in focus groups and the communities to which the Gypsy/Traveller participants belong.

Appendix 2

GLOSSARY

Amenity Unit/Shed/Day Room

Usually a small permanent building housing bath/shower, WC and sink. On **socially rented/public sites**, there is usually one amenity unit per **pitch**.

Authorised Site (also known as a 'Licensed Site')

A site which has planning permission for use as a Gypsy and Traveller site. Sites may be **'private'** (either rented from a land-owner who is also usually a Gypsy or Traveller or 'owner-occupied') or 'public/local authority' sites (similar to public housing although due to site shortages, usually with a far longer waiting list to obtain a **'pitch'** than to be placed in social housing)

Caravan

Mobile accommodation consisting of kitchen area/'dinette'; seating and sleeping areas (sometimes includes a separate bedroom). Referred to as a **trailer** by many Gypsies and Travellers. (New Travellers may often live in converted trucks/buses/vans or other forms of **living vehicles** which fulfil the same function as a caravan).

Countryman/Countrypeople/Buffers

Are Irish Traveller words for non-Travellers.

Flattie

Is a Showman term for someone who is not a member of the Travelling Showman community.

Gavver/Muskra

Romany words used by Gypsies/Travellers to refer to the police.

Gorgio/Gorge/Gaujo/Gorje/Gaje

'Gorje' (spelt in a variety of different ways) is a Romani word used to describe someone who is not a member of the Romany ethnic group. It is a 'universal' term also used by Roma people

It does not mean someone who is 'settled' although it is very often used in this meaning.

'Settled community'/'Country People/Flatties' are terms used by Gypsies and Travellers to describe people who are not Gypsy or Traveller by ethnicity or culture and who live in bricks and mortar housing.

It should be noted though that there are difficulties in using such simplistic definitions as many Gypsies and Travellers live in housing.

There is a danger that 'Gypsies and Travellers' and 'settled community' can be viewed as mutually exclusive and opposing terms, when in fact the reality is much more complex than that. Nevertheless, there is a need for some generalisation in defining social groups, and 'Gypsies and Travellers' and 'settled community' are used as such throughout this report.

Mobile Home/Chalet

Legally a **caravan**, but not usually capable of being moved by towing. Residential mobile homes are usually of a large size and may resemble either static holiday caravans or chalets.

New Traveller

Term used here to refer to members of the settled community who have adopted a nomadic or semi-nomadic lifestyle living in moveable dwellings. There are now second and third generation 'New' Travellers in England. Some New Travellers prefer the more neutral term 'Traveller'.

Pitch/Plot

Area of a Gypsy/Traveller site where a single household live in their caravans (trailers). Pitches may vary between being large enough for one residential trailer (or mobile home) and one touring (small) trailer to spacious enough to hold one or two large mobile homes and several 'tourers' as well as working vehicles. On public (socially provided) sites rented pitches tend to be smaller and are delineated by fencing between pitches.

On private family sites where several related household may own the site it may be less easy to identify separate pitches/plots.

Settled community

is a term (sometimes used interchangeably with 'flattie' or 'countryman' or 'gorje' depending on the ethnicity of the speaker) used by Gypsies and Travellers to describe people who are not Gypsy or Traveller by ethnicity or culture and who live in bricks and mortar housing.

It should be noted though that there are difficulties in using simplistic definitions as many Gypsies and Travellers live in housing although they retain their distinct cultural and ethnic identity.

There is a danger that 'Gypsies and Travellers' and 'settled community' can be viewed as mutually exclusive and opposing terms, when in fact the reality is much more complex than that.

Nevertheless, there is a need for some generalisation in defining social groups, and 'Gypsies and Travellers' and 'settled community' are used as such throughout this report.

Tolerated

An **unauthorised development** or **encampment** may be 'tolerated' for a period of time during which no enforcement action is taken.

Trailer

Gypsies and Travellers generally use the term 'trailer' for a caravan.

Unauthorised Development

An **Unauthorised Development** is land owned by Gypsies or Travellers where they live in caravans without having been granted planning permission to set up a 'Gypsy or Traveller Site'. Living on a site without planning permission is a civil offence which can lead to heavy fines, the requirement to demolish the site or even imprisonment and the destruction of caravans for families who do not comply with the order to leave the site.

Unauthorised Encampment/'Roadside' site

An **Unauthorised Encampment/'Roadside' site** is a piece of land where Gypsies and Travellers reside in caravans, vehicles or 'bender' tents without permission. The land is not owned by those involved in the encampment and is often located on the edge of roads/carparks or in other unsafe and unsuitable environments.

Appendix 3

**Contact details for selected Community Organisations
(accurate as of June 2008)**

Canterbury Gypsy and Traveller Support Group: Youth Division

Canterbury Gypsy and Traveller Support Group: Youth Division
Moate Farm, Stodmarsh Road,
Canterbury, Kent, CT3 4AP
Tel: 01227 789652 / 07868780492
http://www.rollingon.co.uk/Blog.htm or
http://www.youthdivision.moonfruit.com/

This community and funded group runs youth clubs in the West
Kent area, providing advice and assistance to young people on
employment, access to services including advice on and referrals
to substance misuse, and support in engaging with mental health
and counselling services. The youth leaders are all of Romany
Gypsy/Irish Traveller heritage and work with young people on
healthy eating, self-esteem and recognition/respect for their own
cultural history as well as the provision of training to service
providers. The Youth Division are particularly strong on community
cohesion initiatives and hold regular events organised by the
young people who access the services. The group has close links
to local and national organisations e.g. FFT (below); the Southern
Network of the Federation of Gypsy and Traveller and inputs into
Government consultations.

Derbyshire Gypsy Liaison Group

Derbyshire Gypsy Liaison Group
Ernest Bailey Community Centre
Office 3, New Street
Matlock, Derbyshire
DE4 3FE
Tel: 01629 583300   Fax: 01629 583300

http://www.dglg.org

This organisation, which predominantly focuses on the needs of
the Gypsy community in and around Derbyshire, also works with

national and local agencies such as Primary Care Trusts, Housing Authorities and Government Departments to provide training and enhance knowledge of the needs of their community. DGLG have recently employed two Gypsy community development workers (one full time equivalent post) to undertake health promotion work on emotional health and wellbeing. In addition they have undertaken research into the impacts of involuntarily residence in housing and published a number of leaflets and reports on health care needs of Gypsies and Travellers (see Appendix 5 for selected resources).

East Notts. Gypsy and Traveller

East Notts. Traveller Association
Plot 16 Sandhill Sconce
Tolney Lane
Newark
Nottinghamshire
NG24 1DA
Tel: 01636 706400
http://www.eastnottstraveller.org.uk/enta/home.htm

A Gypsy/Traveller led community group who work with the large Gypsy and Traveller population resident in Newark. This group has been very active in health promotion work, winning a number of awards for their projects encouraging better access to health care for Gypsies and Travellers. The group has close links to *"Face it"* a young peoples drug service based in Mansfield who have produced materials (including a DVD) on substance misuse aimed at Gypsy and Traveller families.

Friends, Families and Travellers

FFT
Community Base
113 Queens Road
Brighton, E. Sussex, BN1 3XG
Tel: 01273 234 777
email: fft@gypsy-traveller.org
http://www.gypsy-traveller.org/

FFT is the only national charity for Gypsies and Travellers to engage with all types and communities of Travellers (Romany Gypsies; Irish Travellers; Scottish Gypsy-Travellers and New Travellers). In addition to their referral service, advice and policy units this organisation has a thriving Health project employing a number of staff working with Gypsies and Travellers in Sussex on healthy eating, mental health; first aid and community health initiatives. They have published a healthy eating cookery book (see Appendix 5) and extensive health information resources are available on their website.

Irish Traveller Movement (Britain)

Irish Travellers Movement in Britain
The Resource Centre
356 Holloway Road
London
N7 6PA

Tel: 020 7607 2002   Fax 020 700 2005
e-mail: info@irishtraveller.org.uk
http://www.irishtraveller.org.uk/

This organisation (which is predominantly a policy and advice unit), is the UK branch of the major Irish movement, working mainly with Irish Travellers. Despite their headline focus on Irish Traveller issues, the agency are also actively engaged in inter and intra-community policy initiatives. ITM are strong policy advocates in terms of Traveller health and hold frequent conferences on general Traveller wellbeing as well as developing initiatives across areas such as economic inclusion, meeting the needs of housed Travellers, etc.

Leeds Gate (Gypsy and Traveller Exchange)

Leeds GATE,
Ground Floor, Crown Point House,
169 Cross Green Lane,
LEEDS LS9 0BD.
Tel: 0113 240 2444

http://www.grtleeds.co.uk/information/GATE.html

A Gypsy and Traveller led community group which provides information and advice to local Gypsies and Travellers as well as those passing through the area. Leeds GATE has undertaken a number of locally based research projects including the critically acclaimed census of local Gypsies and Travellers which found a life expectancy of less than 60 for the vast majority of local Gypsies and Travellers. GATE employ a strategic health advocate and work closely with a number of service providers to provide cultural competence training and to ensure that service providers are aware of how best to meet the needs of community members. The group is engaged in developing a number of health related initiatives. Further information can be gained from by contacting their office and speaking to the Strategic Health Advocate.

The National Association of Health Workers For Travellers has ceased to function as of 2007. However information on their work, and (work) contact details for former officers and health professionals who can be contacted to discuss needs and projects relating to Gypsy and Traveller health, are available at this web address:
www.nationalgypsytravellerfederation.org/download/files/Health_Workers_with_Travellers.doc

The National Association of Teachers of Travellers

President
Anthea Wormington
Newham Traveller Education Service
Credon Centre, Kirton Road
Plaistow, London
E13 9BT
T: 020.8430.6279
E: anthea.wormington@newham.gov.uk
http://www.natt.org.uk/2006/index.php?pk=6

Contact details of Traveller Education Services across the country may be obtained from this organisation which works with and for specialist educational staff. Accessing specialist Traveller Education Services is often the most efficient way of making contact with or exploring the location specific needs of Gypsies, Travellers and Showmen in any given area, as they provide

educational advice, liaison with schools and support services for children from these communities.

The Showman's Guild of Great Britain

The Showman's Guild of Great Britain
Central Office, Guild House
41 Clarence Street
Staines, Middlesex
TW14 4SY
Tel: 01784 461805

http://www.showmensguild.com/

The national 'trade' guild for Travelling Fairground Showmen. Able to provide advice and information and referrals to a range of organisations which may be required by their members.

Appendix 4

Topic Guide used with Young People's Focus Groups (Aim Higher South East project)

·   **General Introduction to topic (MG/Facilitator) - definition of types of work (e.g. health and social care – see list)**

·   Ask people to introduce selves with ages etc. (remind totally confidential and that tape used only for transcription to allow use of quotes)

·   **Explore whether anyone in group has friends or relatives who work in health and social care + extent of knowledge of field and range of employment/salaries/training bursaries, etc. available.**

·   **Perceptions of types of employment - e.g. low paid, high status, dirty work, good career - advantages and disadvantages of such work**
        probe – gender dimensions

·   **Whether participants have ever/would consider such employment - both health employment and social care/social work**

probe what barriers might exist for Gypsies/Travellers/New Travellers considering training for H&SC work:

e.g   lack of stability/evictions, literacy/qualifications, cultural barriers, gender issues, caring responsibilities/family attitudes, preference for 'alternative' medicine and self-sufficiency or fear/hostility towards social care/work professionals (impact on family/community dynamics??)

·   **What might help participants to overcome barriers to training/employment in these careers?**

 e.g specialist training; enhanced knowledge of career paths, disregard of GCSEs results/alternative entry methods?

Would training/employment amongst own communities assist in interest/retention e.g. Irish Pavee Point model? *(confidence building and development of skills as alternative or prior to entry into further training/education?)*

Explore participants' perceptions of benefits/disadvantages which might accrue to self and community if higher levels of recruitment/retention into H&SC work.

OTHER QUESTIONS??

Appendix 5

Selected health resources from Gypsy and Traveller community groups

This section does not attempt to provide a definitive guide to health resources produced by (or in partnership with) community groups. It exists merely to provide a flavour of the resources currently being developed by Gypsies and Travellers working with and for their own communities.

One specific recommendation of this study is the need to capacity build health skills amongst Gypsies and Travellers. In part, this can be driven by raising interest in a range of health issues and disseminating good practice in partnership working (as well as accessible sources of information) to members of the communities. Where resources have been developed by or in partnership with Gypsies and Travellers (as is discussed in depth within this study), they are likely to received more positively by the target group than if produced with a '*one size fits all, culture-blind'* approach.

This short list of resources is therefore provided to encourage health and social care professionals and interested parties to explore appropriate ways of engaging with community members on health issues, whether through the use of videos and DVDs, booklets or leaflets.

Readers are encouraged to contact Gypsy and Traveller community groups in their local area to discuss with them the range of resources which they may possess or may be able to produce in partnership with health and social care providers.

The organisations listed in Appendix 3 have designed, produced and published many of the leaflets and publications listed below and can provide advice on how to obtain their current and forthcoming health and social care publications.

Derbyshire Gypsy Support Group

- A Better Road (booklet on cultural issues and approaches which impact on health care and provision)

- Leaflet Series: Traveller Children's Needs; Heart Disease and Stress; Trailer Safety; Diabetes; Arthritis (and forthcoming mental health publications: *"Kokoro"* (alone/lonely) for Romany Gypsy/Roma and *"Its Buri to Tair"* (its good to talk) for Irish Travellers)
- Reports: *"I know When It's Raining"* (in conjunction with UCLAN) on cultural aversion to 'bricks and mortar'; *"Shoon to o Puri Folki"* (listen to the elders)on older people's mental health issues (both forthcoming in Summer 2008 – available from the DGLG website)

Friends, Families and Travellers

- The Sussex Traveller Women's Health Project's Recipe Book (collection of healthy eating recipes contributed by women attending the health project)

A number of free downloadable resources and reports on a range of subjects relating to Gypsies and Travellers (e.g. education) are available from the FFT website (and also the Leeds website below)

HULL Gate (Gypsy and Traveller Exchange)

Hull Gypsy & Traveller Health and Lifestyle Survey 2007 (published summer 2008), available at http://www.heros.org.uk/docs/Gypsy%20Traveller%20Health%20Lifestyle%20Survey%202007.pdf a research project undertaken in partnership with Hull PCT academic researchers, which explored the health status of local Gypsies and Travellers.

Leeds Gypsy/Roma/Traveller publications

produced by agencies such as Leeds Gate, and the Traveller Health Partnership (downloadable from the Leeds community website http://www.grtleeds.co.uk/Health/healthStudies.html)

- The Health and Site Needs of the Transient Gypsies and Travellers of Leeds (survey)
- Making a Difference (health care needs of Leeds Travellers)
- Leeds Baseline Census 2004-2005 (by Maureen Baker and the Leeds Race Equality Council) – a census of Gypsies and

Travellers resident in Leeds including information on life expectancy and health status.

The Ormiston Trust

This Organisation is involved in a number of projects with Gypsies and Travellers – often relating to children's social inclusion and accommodation issues - across the East of England.

- **Travellers Listen to Travellers (**Sian Peer) Report of a drugs information project aimed at young people, developed by and for Travelling communities within Cambridgeshire. Funded by the Home Office Drugs Strategy Directorate. Available from the Ormiston Trust Travellers Initiative. A4 32 pages (2004) £5.00 (inc p&p)
Order Form: http://www.ormiston.org/opus54.html

DVD/Video Resources on Substance Abuse

- Bowers, J & Taylor, B (2004) *Ladged No Longer* Video Resource on substance abuse produced by the Gypsy Media Company (funded by the Home Office)

- *Open the Door* Video Resource and Training Pack, (made in partnership between East Notts Traveller Association and Face It – North Nottinghamshire Young Person's Drug Service (funded by the Home Office)

We are advised that other organisations such as the SPARC (Society for the Promotion and Advancement of Romany Culture based in Teeside http://www.nationalgypsytravellerfederation.org/download/files/Leaflet_SPARC.pdf), and ENTA (see Appendix 3) have produced leaflets on various health issues. Please contact these groups directly for further information.