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CHESHIRE, HALTON & WARRINGTON
RACE & EQUALITY CENTRE



We're Still Here

A follow up study to 'Here to Stay', research into the needs and preferences of Gypsy/Traveller communities in Cheshire, Halton and Warrington

Report compiled by
Dr Corinne Thomason

Report commissioned by
Cheshire, Halton & Warrington Race & Equality Centre
and Irish Community Care

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FOREWORD

This report was due to be launched in April 2020 but was delayed because of the coronavirus pandemic. We have decided that rather than wait for a physical launch, which may be many months away, we will launch virtually with a follow up workshop later in the year. However, it would remiss of us not to include information that we have received during this pandemic from Gypsy and Traveller communities. It has been widely reported that BAME communities are being disproportionately impacted by the virus, and we have anecdotal evidence that this reaches into our Gypsy and Traveller communities too. We are told that sites are becoming hot spots and concerns have been expressed about the mortality rate. There are also worries about the financial impact, with literacy rates being low and high levels of self employment making Gypsy and Traveller communities even more vulnerable. Unfortunately, we did not have the time or resources to follow this up for the launch of this report, but we would urge that further research is undertaken into the impact of Covid 19 on Gypsy and Traveller communities as a separate group.

Fourteen years ago we launched the first ever research completed in Cheshire looking at the needs of Gypsies and Travellers – Here to Stay. It was the obvious next step as there had been a number of high profile racist incidents aimed at Gypsies and Travellers and there remained serious concerns about the lack of accommodation and the ongoing divisions between them and the wider settled community. At the time half of our casework load was from Gypsies and Travellers and we saw first hand the level of discrimination faced by these communities.

The research started out as a method to ask Gypsy and Traveller communities about development of a network that would advocate and support them. It was about what they wanted from a network, but we soon realised that it was an unmissable opportunity to ask a whole host of other questions that would give agencies a better understanding of what their services could do differently to support Gypsies and Travellers. The research was met very positively and has continued to be used up until today as the only reliable data.

Both ourselves and Irish Community Care were keen to see the data be brought up to date and so we began our search for funding to support a second research report, but this time working in partnership. I would like to thank both Win Lawlor at Irish Community Care and Dawn Taylor, Traveller Team Manager for being the driving forces behind securing funding to make this a reality. Their enthusiasm, commitment and drive are the key reasons we can present this report today. We were also delighted that we secured Diverse Solutions, the original research company to undertake the refresh. Corinne's previous experience, combined with her empathy and understanding of the community barriers were crucial to the success of the work.

Doing it a second time around we suspected would be different; we are all operating in a very different environment with fewer resources. CHAWREC's links with the Gypsy Traveller communities had been much diminished as a consequence and we saw this as an opportunity to re-engage and reassure communities that we are still here for them. Having Irish Community Care on board was a key part in the success of the research this time around, and especially the involvement of Maya Stoddart, who put a significant amount of time and energy into encouraging participation.

Having been involved in both sets of research it has been very interesting to see the difference. I noticed more division within the Traveller community itself, but also an increased openness about some of the issues we struggled to discuss previously. I heard some heartbreaking stories from individuals, and it is very clear that in some ways although there has been progress, there is still so much more to be done. Gypsies and Travellers still face discrimination daily. So I would urge you to take away this report and make sure everyone in your workplace is aware of it – consider how you can make things better for Gypsy and Traveller communities and take action. Finally, I would like to say a huge thank you to the community researchers without whom we would never have secured so many interviews, and the individuals themselves who gave their time and confided their experiences to us; we trust that hearing their voices will make a difference.

Shantele Sutherland
DIRECTOR | CHESHIRE, HALTON & WARRINGTON RACE & EQUALITY CENTRE

1 INTRODUCTION

1.1 Study context

In 2006, Cheshire, Halton & Warrington Race & Equality Centre commissioned a piece of research to provide an evidence base to demonstrate the need for and aid the development of a Gypsy/ Traveller Network across Cheshire. The work was funded by 'Change Up.' [1] The research was innovative and participative engaging people from Gypsy and Traveller communities from the start so that the work was co designed, co conducted, co produced and co presented.

The research was published by CHAWREC: **'Here to Stay: An Exploratory Study into the Needs and Preferences of Gypsy/Traveller Communities in Cheshire, Halton & Warrington'** and to date contains the only comprehensive information on Gypsy/ Traveller communities in the Cheshire, Halton & Warrington areas. Thirteen years on the 2006 report is still being used to inform service providers of the needs of Gypsies and Travellers. It is, however, out of date.

1.2 National Context

The most recent evidence about the life chances of these communities suggests that they are still disadvantaged across a spectrum of life needs. A recent House of Commons briefing paper points to the continuing inequalities faced by Gypsies and Travellers in the UK. (Cromarty:2017) It argues that they experience some of the worst outcomes of any group across a wide range of social indicators and that their life chances have declined since an earlier review in 2010. They cite specifically the findings of the Equality and Human Rights Commission (EHRC:2010 and 2015) and the Ministerial Group tasked with reducing and tackling these inequalities: 2012 and 2014.)

The EHRC argues that a number of factors may be contributing to growing inequality: deprivation, social invisibility, stigma and stereotyping but on a positive note argue that greater evidence on the experiences of these groups will help to diagnose and address these inequalities (EHRC webpage quoted in Cromarty 2017:16).

1.3 Local context

Locally, Irish Community Care (ICC) with researchers from Praxis undertook an in-depth analysis of 12 individuals over 4 days, through the winter of 2014-15, highlighting again significant issues relating to health, discrimination and access to services in the Ellesmere Port area of West Cheshire (ICC:2016)

In addition local community agencies have given evidence to the Ministerial Group about progress towards the 28 commitments made by the Government. These contributions provide valuable 'on the ground' evidence about the impact of policy change on peoples' lives and can highlight improvements and sometimes detrimental impacts on the lives of these communities (Lawlor: 2017)

The recent Women and Equalities Committee Report (House of Commons: 2019) and also the New National Strategy to tackle inequalities in the communities (Gov UK: 2019) also acknowledge that these communities face the worst outcomes of any ethnic group and that those outcomes are worsening.

> **We recognise that members of Gypsy, Roma and Traveller communities continue to face some of the steepest challenges in society...**
>
> **Health, education and housing inequalities are considerable, and we know that there are disproportionate levels of violence experienced by some women and girls.**
>
> COMMUNITIES MINISTER LORD BOURNE | 2019

Collating updated evidence about the needs, preferences and experiences of these communities lies at the heart of this research and multiple agencies across Cheshire, Warrington and Halton are therefore keen to inform their service delivery with updated knowledge about the communities and the lives of individuals within it. These agencies are therefore funding **'Here to Stay 2.'** [2]

[1] *A National Infrastructure Programme*

[2] *John Moores Foundation, Cheshire Constabulary, Cheshire West & Chester Council, Public Health – Cheshire West & Chester, Cheshire East, Halton & Warrington and contribution in time from Big Lottery funded project*

2 THE RESEARCH

2.1 The Design

A guiding principle of the 2006 research was to fully engage the community by employing community-based participative researchers. Gypsies and Travellers can be very suspicious of outsiders unknown to them, particularly when being asked personal information about health, benefits, housing and other key issues. A Consultant was commissioned to train members of the Gypsy and Traveller communities to design and conduct research into the needs of their communities. The process was eased by the input of a well known Gypsy trainer and by the involvement of Community Leaders.

The 2006 project:-

- Up-skilled members of the Gypsy and Traveller communities to become community researchers devising and conducting participatory research in their own communities.
- Developed a piece of community participative research which gathered data about the needs of G&T communities and the ways in which they interact with public services and public services interact with them.
- Enabled G&T communities to be involved at every stage with the project to encourage ownership and to empower communities.
- Applied the principles of community participative research to move towards evidence-based culturally sensitive and appropriate services.

This methodology was highly successful and therefore we planned to proceed in this same vein, training a small cohort of people from Gypsy and Traveller communities to design and administer questionnaires to members of their communities. Co researchers and interviewees would be recompensed for securing interviews and for their time. The design was informed by the belief that research trained community members were better placed to gain information about their community than researchers from the non Gypsy and Traveller world.

This time, however, we struggled to attract community researchers even with the help of well trusted Irish Community Care staff and four well advertised consultation days. Indeed it became clear that concerns about privacy also now apply to other members of the Gypsy and Traveller communities - **a finding in itself.**

This major hurdle slowed the work down considerably. In addition work was delayed by a number of events which impacted the communities we were researching and made it inappropriate for us to continue work. Finally, death, grief, illness, work load, the extended nature of the work and other pressures affecting co-researchers themselves have caused some delay.

In the event, the data has been collected by four community researchers, an Advice, Advocacy and Support Worker from ICC; two Gypsy and Traveller advocates and the Lead Researcher herself. In terms of profile there were two male and five female researchers. Their ages ranged from mid twenties to early sixties. The data has been collected by visiting people's homes and meeting interviewees at the weekly drop in service hosted by Irish Community Care and held in the Ellesmere Port Council building. The consultation phase lasted 8 months from February 2018 and the data was collected over a 10 month period (September 2018 - July 2019).

An unexpected outcome of the delays and difficulties documented above and the resultant changes to the data collection strategy has been a deeper appreciation of the prevalence and impact of the issues mentioned above and the racism the community experience first - hand from site visits and researcher presence in drop - in services. In the 2006 research the Lead Researcher operated in a more distanced way offering research methods training, support and guidance to the co researchers but being less involved in the day to day lives of the communities. This added dimension has offered increased insight into the lives of what are still little understood communities and is, on balance, an asset for the collection, analysis and interpretation of the data.

2.2 Points of comparison

Just as the work to engage the communities commenced, both the wider Gypsy and Traveller communities and local members experienced an increase in suicides and traumatic death. This impacted the whole of the research period and opportunities to engage. During the 12 month time frame of the research all ICC service users in Ellesmere Port were affected by suicide. In total this involved 97 adults and nearly 200 children. Also in routine mental health monitoring of people involved with ICC services in 2018, ICC's data identified increases in PHQ2 to all Service Users,

with low level concerns for monitoring mental health with all 43 adults and 88 children seen over that quarter.

When this work was commissioned it was hoped that it would embrace, where possible, the unique opportunity offered by the earlier work to revisit the same people who were interviewed 13 years previously to see how things had changed in their lives and bring the research up to date.

In the event, the work cannot be comparative in the sense of interviewing the same people as most have died, moved on or were unwilling to participate. However there are comparative elements such as family connections and some of the same locations. Interviewees have also reflected on their changing communities. Wherever possible these softer reflections and comparisons have been reflected in the work.

We planned to undertake some comparative work on a sub sample in an area where the population had remained quite static but sadly the Community Leader linked to this stable community became ill and died which made it inappropriate for us to continue this work.

There are some other points of comparison however. The questionnaire has been designed to incorporate many of the same questions. In addition, and in response to changes in society and issues raised by community members in our consultation events we have included some sensitive issues which we were advised not to broach 13 years ago.

We also planned to address some of the gaps in the 2006 sample; these being the lack of younger men, the small number of highly mobile Travellers and to increase the number of Irish Travellers through Irish Community Care's involvement.

2.3 Reflections on the Sample

On a positive note, the final sample is a strong one. We interviewed 125 people: 46 men and 79 women. The interviewees range in age from 16 to 83. Of particular note and value is the increased number of young men in our sample. Men under the age of 40 comprise one fifth of the sample which was a dimension missing from the work in 2006. (Tables 3-5). [3]

We also have a good spread of interviewees from across Cheshire, Halton and Warrington and across domicile type, ethnicity and belief. Most importantly, through the consultation process, we have been able to include questions about changing society which we had previously been advised by the researchers would be considered taboo in Gypsy and Traveller communities; subjects such as domestic violence, family breakdown, alcohol and drug abuse and suicide. The community were integral in the design and framing of the questions, and the majority of interviewees have been happy to talk about these issues and additional issues affecting their communities, which is a very important outcome for this research.



[3] *All tables can be found at the end of the report*

3 EVALUATING THE PROCESS AND COMPARING THE SAMPLES

3.1 Evaluation of the design

In terms of sampling there is very little statistical information available relating to Gypsies and Travellers in the Cheshire area, primarily because the local data often does not include Gypsy or Travellers as ethnic classifications. However, it is widely accepted that the Gypsy and Traveller population is the largest of all minority groups. There are currently 299 authorised pitches and using the ODPM average of 4.5 people per pitch this would suggest on sites alone that there are in the vicinity of 1345 people, plus more residing in bricks and mortar accommodation. There is the additional problem of gaining access to participants.

We continuously reviewed the sample to look for an even spread across gender, age, location, domicile type, faith and ethnicity and made adjustments to target characteristics and community profiles if they were absent. We positively targeted young men and Irish Travellers for example as they were not well represented in the earlier research.

3.2 Assessing interview quality

Researchers were asked to evaluate the interviews they had conducted by rating them on a scale of 1-10, 10 being the best it could be. This rating had to be done within an hour of the interview taking place. Table 1 documents the frequency with which different points on the scale were selected 92 of the interviews were rated 5 or above which suggests that researchers considered most interviews went relatively well.

Researchers were also asked to consider two statements about each interview to gauge the level of participation of interviewees. Almost two –thirds of interviewees were assessed as fully engaging in the interview process. (Table 2)

3.3 Comparing the samples

Figures 1-8 and the comparison matrix in Table 46 clearly demonstrate how the 2019 sample differs from the 2006 sample. To begin with some points of similarity. There are still more women in the sample than men although that imbalance has been addressed a little.

Figure 1 Gender 2006

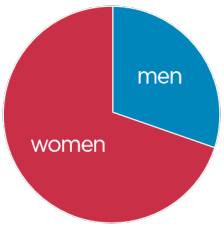


Figure 2 Gender 2019

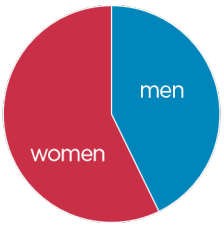
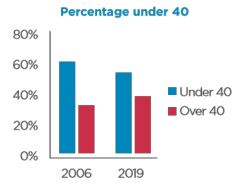


Figure 3 Compare sample under 40 2006/2019



The biggest change in the characteristics of the sample is the ethnic mix. In 2006 the sample was light on Travellers. The involvement of Irish Community Care as a partner in this work has assisted the recruitment of Irish Travellers and as a result the proportions have reversed and Travellers account for 61% of the 2019 sample. The different cultural norms of Travellers and Gypsies are likely to impact on the outcome of this work particularly with regard to mobility, and the make-up of local Gypsy and Traveller accommodation is also significant.

Figure 4 Compare Ethnicity in 2006/2019

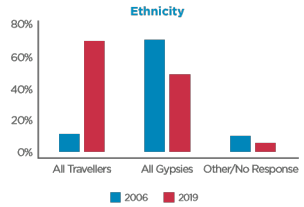
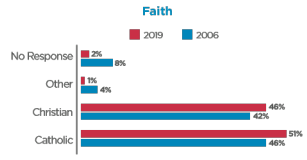
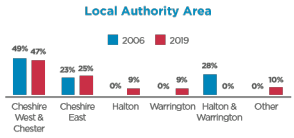


Figure 5 Compare faith in 2006/2019



The housing location types are in similar proportions with more respondents living on sites. We have interviewed roughly the same proportions of people from Cheshire East and West, although the Widnes sample was reduced as a result of the death of a Community Leader there.

Figure 6 Compare Local Authority area in 2006/2019



[Note that the 2006 sample showed a collective figure for Halton and Warrington]

Figure 7 Compare domicile location in 2006/2019

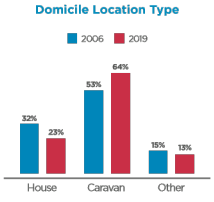
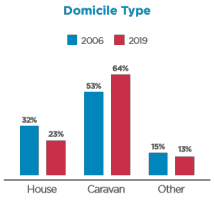


Figure 8 Compare domicile type in 2006/2019



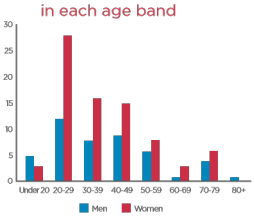
4 WHO ARE THE INTERVIEWEES?

4.1 Age and gender

One hundred and twenty-five people were interviewed. Tables 3-5 show the age and gender profile of the respondents. There were almost twice as many women as men. As Tables 4 and 5 reveal the sample is young overall with 58% under the age of 40 and 77% under the age of 50

The youngest participant in the study was 16 and the eldest 83. The most frequently represented was the 20-29 band with almost a third of interviewees in this category (12 men and 28 women.) Figure 9 shows this diagrammatically.

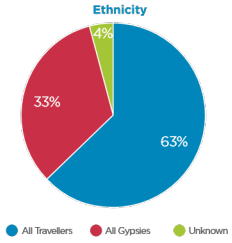
Figure 9 Numbers of men and women in each age band



4.2 Ethnicity

In terms of ethnicity people identified themselves in 9 different ways (Tables 6 and 7). Irish Traveller was the biggest single category.(n=41). All Travellers totalled 79 and all categories of Gypsy (49). Seventy one (57%) people said they would identify themselves as a Gypsy /Traveller on a monitoring form but a significant number would not.

Figure 10 Percentage of respondents by ethnic background





Box 1 Declaring Ethnicity

Reasons for not completing the box

Get treated differently

No- I try to blend in

No- I have suffered racism all my life and I feel I am treated differently if people know I am a Traveller

No - I feel I get treated worse

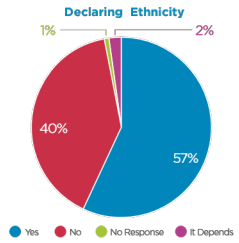
Rather not. It makes people look at you different and not in a good way

I don't think it helps me only gets people to look at me suspiciously in my opinion

No- sometimes it's easier to stop people staring

No as would not want to be discriminated against

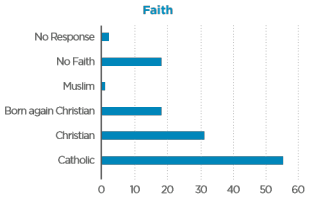
Figure 11 Declaring your heritage on an ethnic monitoring form?



4.3 Faith

One hundred and five people identified themselves as following a faith and 4 different faiths were cited (Table 8). The Catholic faith was the most heavily represented n=55.

Figure 12 Percentage of Respondents by Faith







5 WHERE DO PEOPLE LIVE?

5.1 Location

Tables 9 and 10 contain information on the location of interviewees homes and the number and percentage by Local Authority area. There are 10 interviewees from North Wales which is a good indication of the way in which people travel in and out of the area to stay with friends, stay on site as visitors or as residents and then move back to the Cheshire area. Six of the interviewees from North Wales were there because they could not get a place on a site in Cheshire.

Figure 13 Percentage of respondents by area

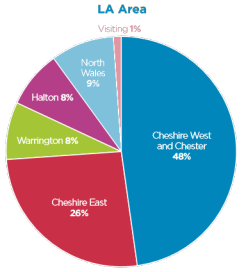
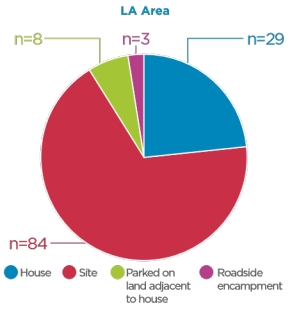


Figure 14 Number of respondents by location type



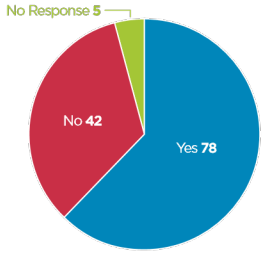
5.2 Domicile type

As Figure 14 and Table 11 show for the majority of those interviewed their homes were on sites (84%). Fifty-eight per cent of those sites were private and the remainder council owned. It was more difficult to secure interviews with people who were travelling and we only managed to capture the views of three people living roadside. However we did interview others who were highly mobile and had only been resident for under a month. The most popular type of home for participants was a caravan (80). Only 29 respondents said they lived in houses. (Figure 14)

5.3 Permanence

The notion of permanence is different in the Gypsy/Traveller Community. There is a cultural leaning towards 'moving on'. Thirty five per cent of the sample identified themselves as not having a permanent address and yet some of those respondents had had an association with where they were living for over 10 years (Tables 12 and 13). Most interviewees did not consider themselves as being permanently settled even when they had a long-standing association with the area as they still travelled for part of the year.

Figure 15 Do you have a permanent address?



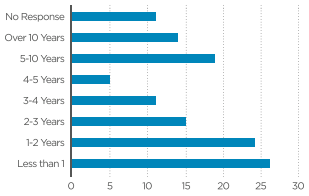
Many people described their residency in ways which do not suggest permanence.

> **I've been here on and off for 8 years**
>
> **We've been here 12 years, mostly in the Winter**

Over half, 51% of the sample (n=64) said they still travelled and 8 respondents described themselves as highly mobile

We asked an additional question about the new definition of Gypsy and Traveller for planning purposes and whether this was a factor in determining their travel patterns. No-one said that this was relevant to them.

Figure 16 Number of years at current address

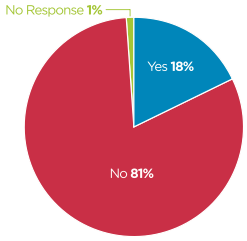


The majority of respondents (80) had lived at their address for less than 5 years. Forty nine people had been there for less than 2 years. The shortest residence was 2 days and the longest over 40 years. Thirty one people had been in their residence over 5 years.

There are some other indicators of permanence which can help us to consider the roots that people have in an area even though they still see themselves as 'moving on'. Being on the Electoral Roll for example or registration with Doctors and Dentists or children enrolled at local schools and local correspondence addresses.

Only 22 people said they were on the Electoral Roll. More people were registered with local Doctors and Dentists although a small number were registered with Dentists in the south of England or other towns (Section 7). Seventy-six families had children enrolled in local schools (Section 8). All correspondence addresses given to researchers were local. This additional data suggests a high level of permanence in the local area regardless of whether interviewees considered themselves to have a permanent address.

Figure 17 Percentage of total on Electoral Roll



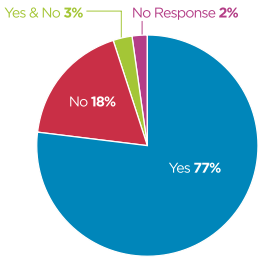
5.4 Who do people live with?

We asked people who they lived with. The most prevalent household type was spouse and children comprising 41% of the sample. 14% (n=17) lived with their spouse only and 9% (n=11) alone (Tables 14-16).

Interviewees were more likely to live in households with 3 or 5 residents and least likely to live in households with more than 6 residents. There were approximately 175 children under the age of 19 linked to the interviewees in the sample. The majority of families had fewer than 4 children, the average (median) number of children per family under the age of 19 being 2.

5.5 Satisfaction with living location

Figure 18 Percentage of people happy where they live



We asked people if they were happy where they were living, 96 respondents said they were happy where they lived. Four people were ambivalent in their response (Tables 17 and 18).

Box 2 Ambivalence about domicile location

The house gives me security but I miss being on site for the company

[it is a] lovely place but transport is a problem and there is nothing to do to occupy us. We should have Bingo. I'm lonely but I do have family around

[I] want to move to site because of isolation. I lived in a house for 23 years. The family I was living with was ill so needed to be in a house. I also moved away from domestic abuse

Illness forced us into a house. When we moved in, the community started a petition to get us to move. My grandson lives in a caravan in the backyard

We want to live on a site so we can mix with our own people

Reasons for being unhappy - The reasons given by those who said they were unhappy fell into 5 broad categories: No or poor facilities, overcrowding, relationship problems with cohabitees, wanting autonomy and to follow own rules, site is isolated. Box 3 contains examples of lived experiences.

Box 3 Reasons for being unhappy

[I] hate Ellesmere Port [it is] miserable and [there is] poverty

No proper facilities. No hot water or electric

We are overcrowded I want to be in my own home

Lonely and facilities not good

Bad memories and want a garden for the children

Applied for a site because of isolation. Prefer to be back with the Community but not enough help form from the Council

Want a house for health reasons but scared to bid in some areas because of racism

I am visiting from London. I'm in a council flat which was supposed to be temporary when I was caring for my Father. I am unhappy because people don't understand the culture. I have difficulty applying because I get depressed

I want my own plot. I'm tired of my Mother-in-Law

I did apply for a house 20 years ago but never heard anything back. I just got ignored

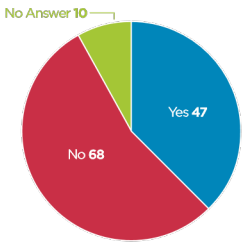
This is only temporary as we are waiting for a proper site

The pitch I am on has too many vans so I must leave in 4 weeks. I have nowhere to stay. My partner is in prison and I am pregnant.



We asked people if they had ever applied for a house or a site. Forty seven people said they had. Respondents gave a number of reasons why they had applied (Table 18).

Figure 19 Number of people who have applied for housing or a site



Just over a quarter of those who had applied (13) identified difficulties with the process. Examples included the process being too complicated , not having enough help, not having a guarantor and racism.

Box 4 Reasons for applying

The worker helped me to get away from my partner

I was in a house for 7 years in Wrexham

I wanted a change as I have lived here all my life

I need a bigger place

I have no water, electric or toilet

I miss fellow Travellers

I applied for a house in Liverpool because there was racism in Crewe

I prefer a trailer but I have to be in a house at the moment

I want to be on a proper site. There are never any empty plots

I want to live in a trailer there aren't any sites they need to build some

Yes many years ago when we were free stopping

My husband has tried to find a site for us as we would like to live in a trailer

We settled because of the children

I got help with the rent

Applied for council housing but that far down the bidding property was useless. Also had rented property but was evicted as Landlord found out I was a Traveller

Years ago when we were free stopping and we needed somewhere to live

Box 5 Reasons for not applying

Sometimes the sites are full

[I'm OK]The Council helped me to get this one

I don't like the site it is noisy and full of drama

Never gone through it. It is too complicated

I would like to apply for housing but would struggle to privately rent as I have no guarantor

6 WHAT DO PEOPLE DO FOR A LIVING?

6.1 Employment

We asked people what they did for a living (Table 19). Self employment was still the most prevalent work status although Caring for Children was also a frequent response. Together they accounted for almost 2/3rds of responses.

When asked if they had any difficulties finding work responses fell roughly into 2 categories: Those attributed to race and secondly those concerned with lack of education and experience. Examples are documented below in Box 6.

Box 6 Comments about Employment

To do with Race

*Who the f***k is going to take a Traveller on?*

I keep looking but I can't get anything because of my address and my criminal record

I just work for myself because no-one would employ me when they find out I'm a Gypsy.

I have a problem because I am a Traveller but I also struggle because being self employed I don't earn enough

To do with lack of education/ experience

It's difficult because I've got no education or qualifications

[I've] got no previous experience

[I've] never applied anywhere, just been offered things

Many saw these difficulties as intractable but one respondent used the following strategy to overcome these difficulties:

'I can change my accent and people don't know I'm a Traveller'

We asked an additional question about the impact of changes in the law relating to hawking, scrap metal and horse passports. Most people did not respond to this question. Just a couple said they disregarded the law on hawking;

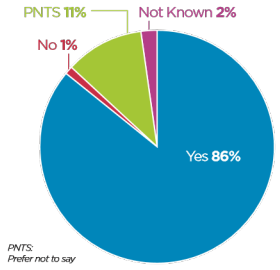
'I know about it but I just hawk anyway'

A few others just referred in general to how difficult things had become to earn a living.

6.2 NINO

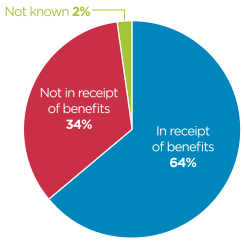
We asked people whether they had a National Insurance Number (Table 20 and Figure 20), about their work status (Table 19) and if they had experienced any difficulties whilst looking for work (Box 6). Interviewees were more forthcoming about this aspect of their lives than they were in 2006. Eighty-six per cent of the sample said they had a number.

Figure 20 Percentage of sample with a National Insurance Number



6.3 Benefit income

Figure 21 Percentage in receipt of benefits



We asked respondents if they were in receipt of benefits (Table 21). Sixty four per cent of the sample (n=80) said that they were. In 2006 the discussion of money was seen to be a no go area when we were developing the research but in this research people were more willing to discuss this. The gathering of information about type of benefit was much more haphazard however and a little misleading to report as it is such a partial picture. The overall impression though is that more people are accessing what they are entitled to.

The difficulties respondents were having accessing benefits though are very illuminating and can be seen in Box 7.

Box 7 Problems applying for benefits

Systemic problems

I do not claim IS part of Carers allowance as I will need to claim Universal Credit and don't want to as [I] cannot cope with monthly pay

I struggle with Universal Credit once a month payments. I have to keep asking my family for food and money

I think I should have the higher rate but scared to appeal in case I lose what I have

Universal Credit is stressful and causing anxiety for my daughter

I can't get housing benefit because of my savings but these are for a new van

PIP and ESA medicals have been really bad experiences

Problems with ill health and inability to navigate the system

Benefits are stopped because of [my] mental ill health

[I] needed help to claim

Missing appointments due to depression

Debt worry from Housing Benefit

When the worker from ICC was made redundant I missed my appointments because I can't read. My benefits stopped. I was a year without my main ones until she came back

54 I am lucky I can read and write or I would have had problems

Benefits are too hard we need help

Problems with mail and NFA

When travelling using places as care of address and if I don't get the mail in time I miss appointments

Problems claiming when you have no permanent address

7 HEALTH AND WELFARE

7.1 Registration with GPs and Dentists

We asked people if they were registered with a Doctor and a Dentist (Tables 22 and 23). Ninety-three percent of respondents said they were registered with a GP and almost 3/4 of these said they were travelling 2 miles or less to see them. Fewer people were registered with a Dentist (80%), however this is a huge improvement on the position in 2006 when only 40% were registered. However respondents travel further to see a Dentist with only 56% travelling 2 miles or less. 16 % are travelling over 5 miles and 4 people are registered with Dentists who are very distant (Essex, London, South Wales).

When asked about difficulties experienced with GP and Dentist registration respondents on balance felt it was easier now than in the past to register with a GP but that being removed from lists of registrants for infrequent attendance, waiting lists and books closed to NHS registration still made it difficult to register with a Dentist three people who were not currently registered were on waiting lists and one had been on the list for 2 years.

'Years ago it was virtually impossible to see a Doctor without a permanent address'

Four had never been registered and 6 said they had only been registered as a child. Registration was still difficult for those who did not have a fixed address.

7.2 Service use

When respondents were asked to rate their levels of satisfaction with health related services hospitals and doctors attracted some of the highest satisfaction scores.

We asked people if they had used any other health services in the last 12 months. 105 people said that they had. Table 24 lists these by service type and as a percentage of total responses. By far the most prevalent response accounting for almost half of all responses was the use of Walk in clinics. The majority of these attendances were for children when the Doctor's surgery was closed or there were no GP appointments.

Men were more likely to use A&E when they were travelling for work. Work injuries like dealing with breaks, cuts or falls were common.

'I was very pleased with the treatment when I cut myself at work and they treated me'

Appointments with Specialists and the use of specialist mental health care accounted for a fifth of all responses. Four people were also accessing counselling services.

Six per cent had used private health care explaining that the main reason for this had been long NHS waiting lists. Two people had paid privately for dental care because they could not get registered with a Dentist.

We also asked people to consider what other types of health advice they would be likely to call on in their everyday lives. The responses are documented in Table 25. Family advice was the most frequently cited response accounting for almost a third of all answers (32%). Advice from the Chemist (24%) and advice from friends and neighbours (15%) were also important sources for our respondents. The use of herbal remedies and self care were also important, often as a first course of action.

'I try to treat things myself for the first 24 hours but get extra help if it goes on longer.'

7.3 Health conditions

We gathered data about health conditions, disability and caring in a number of different parts of the questionnaire.

Twenty-seven people identified themselves as ill or disabled for the purpose of work status and four people said they were carers in answer to the same question. However, when asked about any benefits claimed 21 people said they were claiming disability related benefits.

We asked people if they had any disabilities or illnesses or lived in close contact with anyone else who had. When talking about themselves 113 interviewees cited health conditions which are listed in Table 26. Problems with mental health were cited by 61 people, accounting for over half of all responses. Muscular-skeletal problems was the second most prevalent answer, things such as back and neck problems and joint pain.

When asked about the health of people close to them, 56 respondents mentioned health conditions experienced by family members (Table 27). Mental health conditions accounted for 75% of these responses.

In response to concerns expressed about poor mental health in consultation sessions we asked some specific questions about mental health asking people to score their mood and well being levels which are recorded in Tables 28 and 29 and discussed below. It is worth considering therefore that the additional focus on mental health may have influenced the responses of some interviewees when asked about health conditions which may explain mental health accounting for the high frequency rates cited above. However, there is no doubt from speaking to the communities that mental ill health is extremely common.

We asked respondents if they or any family members suffered with mental ill health. 47 people (38%) said that they did.



7.4 Mental health self assessment

We then asked respondents to think about their own mental health and well being over the past week and position themselves on a scale of 0-3. We used two commonly applied public health questions for assessing mood and well being, known as PHQ2. We used these to avoid the medical terms which could affect or impact upon response rates and information shared.

In terms of engagement in daily life 37% recorded a score of 2 or 3 meaning that they were experiencing a suppressed interest in daily life for more than half of the week.

In terms of feeling low 36% recorded scores of 2 or 3 meaning that they were experiencing some level of depressed mood for more than half of the week.

Sometimes poor living conditions, multiple health problems and poor mental health are woven together.

I have depression, anxiety, mobility problems, I can't walk very far and have panic attacks. I live on a private site where I have been on and off for a few years. There is no water, electric or toilet. I get DLA but no help from my family or mental health services. I live alone in bad conditions and travel. I see Specialists and I am registered with a GP but not with a Dentist as I have a phobia. I suffer badly with depression and anxiety.

Although people mentioned family mental illness there was a general lack of knowledge about mental health services or who helped their relative. This lack of knowledge also became apparent when we asked people to score their satisfaction level with a range of services. Mental health services was an area that people did not have knowledge about which is of concern.

8 EDUCATION

8.1 Current involvement with education

Table 30 and Box 8 document the data collected from interviewees about their experiences of education.

We were interested to know if interviewees had children of their own or as part of their extended family who attended playgroups, schools or colleges and what their views were of these establishments as well as what their personal experiences of education were. Sixty one per cent had current experience of local educational services.

Box 8 Difficulties finding schools for children in their family

It isn't fair. In the past we have been turned away

We had problems to begin with because there are limited places

When the children were young we were travelling so it made it impossible. They never went

School is too far. They gave our place away and so kids are in different schools

Have applied but there are no places

Box 9 Perceived quality of education

Very pleased. Excuse about being over-subscribed initially

I was fined for taking the kids out of school when my sister-in-law passed away so I feel the School Board do not have an understanding [of culture]. I felt targeted.

We don't like dope, drugs and knives

Primary is good but don't want them to attend High School. There is racism and a boy was killed

I believe in education

There is a problem with bullying. It is good to primary level

It is important for kids

They are treated well by the teachers and they love going. We used to struggle with places

High school is brilliant and he is doing well but there was bullying at primary school

Very good they have a good understanding with sex education as our children are not taught it



8.2 Former involvement in education

We asked interviewees if there was anything they wished to tell us about their own educational experience. Seventy per cent of the sample (n=88) made some comment about their own experiences. Sixty five people told us in detail about their education and Table 31 records this.

Of these 27 had never been to school and a further 24 left school before secondary education. In terms of literacy 19 people told us they could read and write. (Table 32).

Eight people told us the reason for not going to school or for bad experiences in school (Table 32). Being bullied/discriminated against was the most prevalent response.





Box 10 Comments about respondents education

I really enjoyed my schooling

I didn't do much in school. I was bullied and called fat and stupid

I never went but my children are teaching me to read and write

Too late for me but want it to be better for the kids

Education was non - existent

I didn't have one [education]. Better for kids these days

Too old, I didn't have one but very important these days

Important for kids

We don't really believe in it. I attended primary and can read a little

I didn't have a lot of education. I wish things were different

I didn't go to school. It is something I would have loved to do

I never had one but I want it for my kids

9 SENSE OF BELONGING AND INVOLVEMENT

We asked respondents to consider how involved they felt in their own communities and then to consider the wider community and how involved they felt there. We asked them to consider this using a scale of 1-10, ten being the most involved you could feel (Table 33).

9.1 Involvement in the Gypsy and Traveller communities

Perhaps not surprisingly interviewees felt more involved in their own communities than with the wider community. Ranking responses the most popular answer was 10 which indicates the highest level of involvement (n= 35). Eighty four people ranked their involvement as being from 6-10. This is consistent with the high level of satisfaction recorded with neighbours where 91 people said they were satisfied (Table 35).

9.2 Involvement in the mainstream community

The responses for the wider community indicate a much lower sense of involvement. The most prevalent response was a score of 5 recorded by 27 people. The majority of respondents rated their involvement at the lower end of the spectrum between 1 and 5 (88). This is consistent with the dissatisfaction recorded with the wider community (see Table 34-ranking second). Some respondents indicated that how involved they felt with the wider community depended on acceptance. A Mother commented that for some activities like boxing they felt very involved because the children were accepted into the boxing community.



10 SATISFACTION WITH SERVICES

We asked people to rank their satisfaction with a range of services (Table 35). The results are recorded by satisfaction level.

SATISFACTION

The highest satisfaction levels were with neighbours where...

91 people said they were very satisfied or satisfied

87 people felt similarly about their doctor

74 their landlord

DISSATISFACTION

Respondents recorded most dissatisfaction with businesses 19 | The wider community 16 | The Police 15

AMBIVALENCE

There was most ambivalence, that is, a recording of not satisfied or dissatisfied, a neutral position; for the Police, the council and local businesses.

UNCERTAINTY ABOUT

Recording a response of 'don't know' accounted for 15% of responses overall, indicating lack of knowledge, or uncertainty about, the service. These responses comprised...

Mental Health Services 63 | Health Visiting 45 | The benefits agency 34

11 CONCERN ABOUT COMMUNITY ISSUES

An important outcome for this research is that we have been able to include questions about changing society which had previously been considered taboo in Gypsy and Traveller communities and we were advised not to ask in the 2006 research: Issues such as domestic violence, family breakdown, alcohol and drug abuse and suicide. In our earlier consultations members of the community expressly asked us to include these topics as they were concerned about them and the majority of interviewees have been happy to talk about these issues and some additional issues affecting their communities, which is an important difference to the position 13 years ago. The responses indicated real concern about the impacts on the community and confusion about why some issues were now so prevalent. The high suicide rate was of deep concern to many. (Table 36).

When asked about these issues, there was most concern about drug and alcohol abuse and suicide (64 in each category) domestic violence (50) and family breakdown (38). Additional issues raised were grooming and sexual exploitation, loss of heritage and homophobia.

We asked people to say why they were worried. Some responses revealed general concern...

Box 11 General concern about issues in the Community

Our community is more at risk as we are more likely not to get support so can suffer from all of these

All of these issues are a worry because they are so common within the community

Because it is so common within the Travelling community

The young people just take drugs and they get drunk. They don't realise how dangerous it is

You hear a lot about these things

Drinking is such a curse on most Travellers and too many young men are taking their own lives. Something must be done

There are too many young men killing themselves over not earning enough money

There is a rise in these problems. I think it is scary

So many things but lots of young men committing suicide or having themselves sectioned either because of the pressure to keep up with the Jones or because of their sexuality

Too many suicides in young people in the last few years. It's very sad

Young girls being groomed by other Travellers then being forced to sleep with lots of different men

Lots of things are going on but my wife and son are my only worries

For others concern came from a more personal perspective because their family had experienced the issues first hand.

Box 12 Concern because of personal experience

Too many young people destroying their lives and I have young children and I don't want them messing with drinks and drugs

I know lots of young people who still drink and take drugs and they are always fighting and arguing causing families to split and this has led to suicides

Our nephew hung himself we are all still grieving

I still keep in contact with some of the community and drug abuse is terrible and so is sexual exploitation of both young boys and girls sometimes leading to suicide

My own son does not mix at all with the Gypsy/Traveller community but I worry for my wider family

I have seen families torn apart by some people abusing themselves using drugs and alcohol as an escape from the drudge of things

My brother has had problems with addiction





12 DISCRIMINATION

> **A man called me Gypsy Tramp and Pikey Scum at the Cinema in May this year and also threatened to beat me up. My wife and children were present as well as staff members of the cinema. The police were called but took no action.**

The experience of the respondent above encapsulates the encounters that many of our respondents wanted to tell us about- unfair and unpleasant treatment which goes unchallenged when people are out with their families engaged in everyday activities.

We asked interviewees to reflect on their experiences of discriminatory treatment in three ways. First a general question about being treated unfairly because of their racial background; secondly, any experiences of abuse or physical attack and how often they experience this and thirdly whether any of these incidents had happened in the last year.

Sadly, these questions were the most comprehensively completed sections of the form with plenty of supplementary information.(n=120) They reveal that almost without exception community members face exclusion, verbal abuse and differential treatment wherever they go. Most never seek support or help for this as they have not been supported in the past.

12.1 Unfair treatment

Ninety three per cent reported that they had been treated unfairly at some time in their life because of their ethnic background. The most prevalent form of unfair treatment cited was to be treated differently in shops, restaurants and pubs and when using other services in the community. Many of the instances referred to would amount to either a hate crime or discrimination under the Equality Act 2010. (Tables 37 and 38).

Box 13 Examples of unfair treatment

People not wanting to sit next to you in doctors. Jobs being cancelled when they find out you're a Gypsy. Being pulled over by the police for no good reason. Not being served in pubs and restaurants for being a Gypsy/Traveller

Funny looks in the doctors or at the children's school. Being treated differently in shops and banks

I used to get bullied at school and when I left officially at 16 I started working in a factory. It was the same

Followed around shops by the store detectives and people move away in the doctors

People view us with suspicion and this is everywhere

Education and public services

When I lived in a trailer I felt I was treated less equal when they saw the caravan site address

When trying to get work or be in some restaurants I have been singled out as a Traveller

All the time. If customers realise I am a Gypsy they will either cancel the job or they ask me not to call again

From being bullied in school to being followed around shops by store detectives to being stopped for no reason by the police

In school, work and shops. I have been removed from shops for being a Traveller

When I was younger. That's why I don't let on I'm a Gypsy

I was bullied at school- been bullied while out working and called racist names- I've been treated differently at the Doctors and Dentist but its life

Felt when looking for a house I was not getting one as landlords knew I was a Traveller

In the GP surgery I cannot get an appointment. Got accused of not paying in a restaurant. Going to the shop the staff following me all the time thinking I am shop lifting

Too many times to count and we've weddings and christenings cancelled just because they've found out were Travellers

Of those who said they had not experienced unfair treatment (n=9) three respondents had explanations for this.

'it's because I don't act like a Traveller'

'it's because I don't go out much because of my health'

'it's because people know me'

These explanations are consistent with responses which suggest that individuals perceive that there has been a lessening of incidents as they have become older or more settled in an area (see Box 14 below).

Box 14 Respondent theories on why unfair treatment has lessened

Things aren't so bad now I'm older

Not so bad now as I don't go out much

Discrimination law has made it better. It is much better in School now they come down on racism very hard

Knowing our rights we can challenge more

There has been less since we've been in the house

12.2 The impact of discrimination

Whilst relaying their experiences of discrimination respondents also inevitably talked about the impact these events had on their lives and the lives of their families. Events like the experience at the Cinema mentioned at the beginning of this section impact not only the person being abused but also those with them in this case the family. Respondents used vivid vocabulary when they recounted events and described experiences as awful and terrible or upsetting and very hurtful.

Respondents also mentioned the lasting impact abuse had had on them:

My Mum was attacked as a child. She was very scared and never forgot that experience

I've been called some disgusting things. It's something that always sticks with you'

The event left my lad crying

One respondent said it had an adverse effect on him going out:-

It was terrible during my school years and because of that I didn't go out much and when I started driving I was always being stopped

I don't like to complain but we get treated like third class citizens, it's horrible

12.3 Experience of abuse or attack

The next most common form of abuse, accounting for 14% of responses was physical attack. These incidents included beatings, being spat on, sprayed with air freshener, threatened with violence and frightening images on Facebook (Pride in the Port) where Caravans are being torched and racist language used (Tables 39 and 40).

We asked interviewees if they had ever experienced abuse or attack. Almost three quarters of the sample had with the most common form of abuse being verbal, accounting for over 70% of all incidents. Box 12 records just some of the verbal abuse recounted by participants. Many respondents recorded that name calling was common place and displayed a type of acceptance of this as being 'par for the course.'

Name calling, however, was often a precursor to incidents which led to respondents being 'put out' or excluded from facilities or being threatened with or actually experiencing physical violence.

Box 15 Examples and frequency of name calling

In the Indian restaurant got called racist names- said Travellers belong in dog kennels

Too many times to list

Too many times to list. Just the other day I overheard my neighbours calling us Gypos

We always get called bad names. It isn't very nice to be treated so bad

Being called Gypo and Pikey is something that happens most days

Getting called Pikey is the usual thing

If I had a pound for every time someone has called me a dirty Gypo

Pikey seems to be the favourite word

We have been called Pikey, Gypo, scum but now we are in this house it isn't as bad

Name calling happens all the time especially when we are moving around looking for work

I think wherever we go we get called names and given bad looks

Getting called Gypo and Pikey happens at least once a week

People muttering racial terms or being followed around shops

Lots of different occasions. I have been called disgusting things. It's something that always sticks with you

Box 16 Examples of physical abuse

Name calling, threatened with violence

Called names and got beaten up when I was younger

Name calling and when I was younger we once had a petrol bomb thrown at us it was very frightening

Racist name calling and a few years ago I was beaten up with my two friends

I've been called racist names and when I challenged one person they pulled a knife on me

When my daughter was at school she experienced name calling, bullying and physical violence

I once had a bottle thrown at me and was called awful abusive names

Petrol bomb

I get called Pikey and get hit because I am a Traveller. It hasn't happened in the last few months but it was all the time

I have been stoned before

In school I was hit and called names by other children and staff members

The settled community throw stones at us when on encampments

Name calling is a big one and I've been stoned in the past while travelling

Called names and attacked by a security guard who didn't like Gypsies. The security man was sacked

Pride in the Port- all over the internet and on Facebook..inciting racial hatred

Experienced physical attack by settled community and also another family member has been killed

12.4 Response to discrimination

We asked interviewees if any of the incidents they reported had happened recently, within the last year. Just over half of the sample (53%) reported that they had. The most common form being verbal abuse or reactions like moving seats in waiting areas. This category accounted for over half of all incidents. Being followed in shops constituted the second most highly recorded action (almost a quarter of all incidents). Physical abuse occurred in 1 in 10 cases and included murder of a family member, knife attack, being spat on and sprayed with air freshener and the threat of physical violence. More far reaching, however, was the threat of violence which included intimidation, incitement to violence and violent imagery delivered through social media, the Pride in the Port website quoted by many respondents as an example of this (Tables 41 and 42)

Box 17 Examples in the last year

Name calling whilst walking my dog like Pikey Scum

We get called Pikey all the time

Just the name calling and people moving seats

Name calling and being refused service

Name calling and being spit at

I was called Pikey and Scum while out shopping

Children racially abused in the park

Name calling

Name calling and being spit at

A year ago a family member was killed and we received name calling from the community

At school

Not being able to get a house

Went into a shop and the woman behind the counter got a tin of air freshener and sprayed it all around me

In shops and my family were put out

At the hairdressers

Box 18 How do people respond to these events?

Some minimise the importance of verbal abuse by using language which normalises it.

Just name calling

Just the name calling and people moving seats

Others react by not taking action...

.....My husband suffers abuse but mostly lets it slide

My son had an incident at school and I get several incidents every week but I mostly don't bother

Name calling but I usually try to challenge them and ask why they are being nasty and hurtful

Yes...that's why I don't use the local shops and garages or pubs

12.5 Reporting

When asked a general question about reporting incidents 27 respondents cited reasons for not so doing. These are cited in Table 44. The notion of not being listened to, that no-one would care or that it would be a waste of time were the most frequently cited responses accounting for 59% of answers. Of the people who had experienced an incident in the last 12 months (94) only 16 said they had reported it to anyone.

When asked to consider who they would report an incident to from a range of options, the Police, Church, School and Family were the most prevalent responses (Table 45). Of those who had reported incidents, 14 people said they were dissatisfied with the outcome of their complaint.

12.6 Stop and search

We asked people about their experiences of stop and search. Forty-three people said that they had experience of this and 20 people said it had happened to them in the last year. In a separate question covering all experience of Stop and Search we asked people if they had received a clear explanation of why they were being stopped. Thirty-four people responded to this question.

Box 19 Peoples' experiences of Stop and Search

If your motor is registered to a site they treat you worse than a dog

Too many to list. Usually the reason given is there's been a robbery and you fit the description given

I have been stopped at work, going to work, looking for work, any excuse for them to check you out

Feel police pull us over all the time for no reason

Stopped many times because I am a Traveller

Better now because all the paperwork is on my 'phone and I can show it straight away





13 COMPARING THE 2006 AND 2019 RESULTS

In 2006 the main driver for the study was to establish a knowledge base for the development of a Gypsy and Traveller Network. As a starting point we engaged community members and up-skilled them to collect information about the lives of Gypsy and Traveller communities and to understand more about their needs and preferences.

The data proved to be important to a range of agencies then and for years to come as there were few other similar sources of information. This study was commissioned to update this knowledge base and to understand how the experiences and day to day needs and preferences of Gypsies and Travellers have changed or perhaps remained the same 13 years on.

This work aimed to address some of the gaps in the 2006 study by engaging more men, particularly young men. We have also interviewed more Irish Travellers through the connections offered by Irish Community Care. We were not successful in interviewing more people in Roadside Encampments, in part because Travellers are finding it increasingly difficult to find places to camp by the roadside. However we have interviewed a number of people describing themselves as highly mobile.

Perhaps most importantly we have been able to address some taboo subjects which we knew about in 2006 but were unable to talk about because of their sensitive nature. In this study community members urged us to include these topics in the questionnaire and the majority of respondents talked about them at length. Earlier when examining the characteristics of this sample the 2006 and 2019 samples were compared. In addition the comparison matrix (Table 46) compares, in summary, a range of study domains. Comparing the samples and the findings it is useful in the first instance to examine what has changed and what has remained the same.

13.1 What's Similar

There were still more women than men in the sample but the differential was reduced. The number of interviewees from different locations and location types were roughly similar and it was still the case that the majority lived on sites. The age structure was also similar but the median age was slightly older. Registration with a GP remains high. Similar numbers said that they were happy where they were living. The same proportions said they were ill and unable to work. The proportion of carers was also similar. Similar proportions of people experiencing incidents of abuse had reported it to someone but this was still low at less than one fifth of incidents.

13.2 What's different?

- It was much harder to engage people as community researchers this time but the community were interested in being involved in the work.
- Interviewees seemed more open to speaking to non-Gypsies when accompanied by people they knew and trusted, and willing to talk openly about a range of sensitive issues. Concerns about privacy seemed to be more about their neighbours not knowing what they had said rather than the settled community. The sample is therefore 34% bigger.
- The ethnic mix of the sample has changed. There are now more Travellers than Gypsies, a reversal of the position in 2006. Travellers accounted for 61% in the current sample compared to only 14% in 2006.
- Dental registrations have improved by 42%.
- There was a 30% increase in the number experiencing unfair treatment when the number in 2006 comprised only one fifth of the sample. The experience of abuse was more prevalent in 2019 cited by 40% more people.
- Benefits: 31% more people are claiming Health & Social Care Benefits. The proportion of the sample who said they were self employed has also doubled.
- Residency at the same address for more than 5 years fell by 18% and the average family size (mode) was bigger in this sample.
- More of the sample has an association with education with a 20% increase and almost twice as many people were willing to divulge information about their own education.
- A fifth more said they were still travelling in the 2019 sample than in 2006.
- More people told us they had been subject to Stop and Search by the Police.
- Literacy was much poorer in this sample than in 2006.

13.3 What's new in 2019?

We have important perspectives on a range of sensitive issues which we were unable to collect in 2006. There is clear evidence that offering a trusted community engagement service increases inclusion and willingness to share information. ICC have been working in Cheshire West for over 19 years and have built a reputation which is highlighted by the fact that 46% of all respondents came from the Cheshire West area, and many were engaged through the regular Drop In Service.



14 DISCUSSION

In 2006 high stress levels and a possible under-claim of benefits were raised as areas of concern. The position regarding benefits has improved and services such as the Gypsy and Traveller Drop in Service hosted by ICC and held in the Council Offices in Ellesmere Port have undoubtedly helped with this. However, there are still considerable obstacles to claiming entitlements, in the form of receiving and being able to read and understand letters, navigating new systems and managing monthly pay dates. Providing up to date self employment records and dealing with over payments and penalties were key problems.

> As many respondents confided - it is just too complicated.

In 2006 3/5ths of the sample recorded feelings of stress and the majority scored themselves towards the high end of the spectrum. We did not ask a strictly comparative question but the results in 2019 reveal mental health concerns in almost half of the sample and debilitating symptoms of depression in 2/5ths of these respondents. In addition respondents indicated their worry and concern about the rising suicide rate in the community and problems with substance abuse.

The very high incidence of racist abuse and differential treatment is of serious concern. The lasting impact on those abused and their families makes for uncomfortable reading as well as the almost normalised retelling of racist incidents in daily life and the accompanying low expectation of securing a mainstream job or enjoying hassle free shopping or family time in the cinema or in a restaurant. In addition the impact on the family and the enduring frightening nature of events was hard to hear. The link between high levels of racist abuse and differential treatment and mental ill health needs to be more fully explored.

In connection with this the low level of incident reporting and the drop in cases being taken has damaged connections between Gypsies and Travellers and the settled community. Many of the lived experiences mention not being listened to or not being believed and the feeling that no one cares. These notions were commonplace in questionnaire responses.

There is some sense that everyday abuse is to be expected and an acceptance of discriminatory treatment as part of everyday life. In some areas of life there is very little expectation of achieving what many people have- a mainstream job for example. Abuse and disadvantage is in part normalised.

The separateness of communities and the isolation from the mainstream feeds differential treatment. One respondent described this as a 'ripple effect.'

> **People view us with suspicion because of the way we dress and speak. People make assumptions about us and follow us in shops and ask us to pay upfront for services. We are all tarred with the same brush, it is shameful. There is a ripple effect: the settled community make assumptions about us and we, because we have these experiences, make assumptions about the settled community.**

This isolation and hostility from the settled community means that people are very dependent on their own communities, which makes it very hard to leave when there is a problem. All aspects of their lives are lived through the lens of ethnicity. The expectation (and experience) is that when their ethnicity is uncovered they will be stopped and searched, or lose the job they had secured or be asked to pay up front or leave the restaurant, or be unable to get an appointment.

15 RECOMMENDATIONS

- Mental ill health continues to be a serious problem for Gypsies and Travellers. Alcohol and substance abuse, the misuse of over the counter medications and the rise in suicides of people in all age groups is an urgent unexplained problem. This work can speculate on the pressures faced by community members but they themselves do not fully understand the complexities of why this is happening. Further work is urgently needed here to understand this phenomenon and culturally appropriate and culturally aware support for those in crisis needs to be available and publicised.
- This research did not actively collect data on the use and impact of social media on people's lives and their mental health. The negative impacts of social media on what have been traditionally private communities and a private way of life did emerge as a problem in terms of mental distress and exposure to ideas and lives outside Gypsy and Traveller communities. In addition the use of social media as a vehicle for bullying and propagating racial hatred is also of concern. The impact of this societal change on communities needs to be further explored.
- The high incidence of mental distress and the lack of knowledge about mental health services need to be addressed. Health workers who understand the different way of life and the pressures that people face may be able to offer more targeted help that people will accept.
- Training for GPs and Mental Health Teams which can help them understand Gypsy and Traveller communities and the difficulties they face will be an important first step to developing services which can reach these groups.
- In addition community events involving mental health teams and the communities will facilitate understanding on both sides and help to build bonds.
- High levels of differential treatment and abuse are shocking and worse than 13 years ago. Gypsies and Travellers feel unsupported and that no one cares about what is happening to them. Lack of funding has meant that Cheshire, Halton & Warrington Race & Equality Centre is less able to engage with Gypsy Traveller communities to encourage reporting of racist incidents. At one point over 50% of Cheshire, Halton & Warrington Race & Equality Centre's discrimination casework clients were Gypsies and Travellers; a testament to the trust developed through its community development work as well as a number of successful cases. Investment is needed to drive up reporting of discrimination and hate crime in the Gypsy and Traveller communities through specialist organisations like Cheshire, Halton & Warrington Race & Equality Centre and Irish Community Care. Without successful cases the community will continue to face discrimination and abuse without justice and remain unsupported.
- A specialist reporting hot line might be a useful tool. This exists nationally through Report Racism GRT but is not currently within the North West.
- Further explore the impact of the high incidence of discrimination and abuse on the mental health and well being of the community offering services that can build resilience.
- The ripple effect articulated by one of the respondents needs to be addressed. A team of Gypsies and Travellers who would spend time educating in schools and agencies about their way of life might go some way to opening people's minds from both mainstream and Gypsy and Traveller communities.
- Community cohesion work is required with all Services receiving training, and anti-discriminatory messages clearly publicised throughout localities, and via Chambers of Commerce and other community forums.

15 RECOMMENDATIONS

- Short films can be a good way to spread a message. The types of discrimination that people face is frequent and impactful. A film with people telling their stories would be particularly hard hitting.
- It is clear that services like the drop in at Ellesmere Port run by Irish Community Care are a very important resource for communities but is very over -subscribed. This service needs to be sustained and expanded.
- Trust is a very important commodity when engaging with any community. Services which can assist Gypsies and Travellers have engendered trust because of their actions. Lack of funding and recognition of the importance of this relationship within public and other community services has meant that this interaction is impaired. It is important that austerity does not negatively affect bonds between communities further as many members of the community are in need of the services the mainstream community can provide, but cannot reach without trusted navigators. Further work needs to be done to repair these bonds through events, consultations and projects which engage Gypsy and Traveller communities.
- There is a lack of recognition of the strengths within Gypsy and Traveller communities and all who wish to engage would benefit from recognising the communities assets, and work from a place of positive community empowerment and inclusion.

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FREQUENCY TABLES

Table 1 Quality of information collected at interview as assessed by interviewer

Score	Number
10	13
9	25
8	25
7	23
6	16
5	13
4	5
3	4
2	1
1	0

10 = best it could be, 1 = worst it could be, n=125

Table 2 Interviewer perceptions of engagement as a percentage of all respondents

Participation level	Number	Percentage
Little to say	46	37%
Plenty to say	79	63%

Table 3 Age and gender profile of interviewees

Age category	Men	Women	Total
Under 20	5	3	8
20-29	12	28	40
30-39	8	16	24
40-49	9	15	24
50-59	6	8	14
60-69	1	3	4
70-79	4	6	10
80 and over	1	0	1
Total	46	79	125

Table 4 Proportion of respondents in sample compared by gender and age threshold

Age band	Total sample	Men	Women
Under 30	38%	37%	39%
Under 40	58%	54%	59%
Under 50	77%	74%	78%
Under 60	88%	87%	89%

Table 5 Number and percentage of sample in each age band

Age band	Number	%
Under 20	8	7
20-29	40	32
30-39	24	19
40-49	24	19
50-59	14	11
60-69	4	3
70-79	10	8
80 and over	1	1
Total	**125**	**100**

Table 6 Self-reported Ethnicity

Ethnic category	Number
Irish Traveller	41
English Gypsy	36
English Traveller	19
Gypsy	11
Traveller	6
No response	3
Travelling man/woman	2
Roma Gypsy	2
Welsh Traveller	1
British Traveller	1
Total	122

N = 122

Table 7 Would you tick the Gypsy and Traveller box on an ethnic monitoring form?

Yes	No	Depends	No response
71	50	2	2

Table 8 Self reported Faith of Respondents

Catholic	Christian	Born again Christian	Muslim	No faith	No response
55	31	18	1	18	2

Table 9 Number of respondents by location

Location	Number of interviewees
CW 10 and Middlewich	30
Winsford	20
Ellesmere Port	19
Widnes	10
Chester	7
Walton	7
Elton	6
Wrexham	4
Helsby	2
Queensferry	3
Warrington	3
Buckley	2
Northwich	1
Mold	1
Backford	1
Croydon	1

N = 117

Table 10 Respondents by Local Authority area

Council area	Number	Percentage
Cheshire West and Chester	56	47
Cheshire East	30	25
Halton	10	9
Warrington	10	9
North Wales	10	9
Visiting	1	1

N = 117

Table 11 Number of respondents by location type

Location type	Number
House	29
Site	84
Parked on land adjacent to house	8
Roadside encampment	3

Table 12 Do you have a permanent address?

YES	%	NO	%	No response
78	65%	42	35%	5

Table 13 Are you on the Electoral Roll?

Yes	No	No response
22	101	2

Table 14 Number of cohabiting children under the age of 19

Children under 19 per family group	Number of families	Projected number of children associated with this sample
No number specified	5	Unknown
1	24	24
2	15	30
3	13	39
4	10	40
5	4	20
6	1	6

Table 15 Number of respondents living in different size households

Household size	Number of respondents	% in household type
1	12	10%
2	20	!6%
3	22	18%
4	19	15%
5	22	18%
6	16	13%
7	3	2%
8	9	7%

Table 16 Size of household ranked by frequency

Household size	Frequency	%
3	22	18
5	22	18
2	20	16
4	19	15
6	16	13
1	12	10
8	9	7
7	3	2
Unknown	2	1

Table 17 Are you happy living here?

Yes	No	Yes and no	No response
96	22	4	3

Table 18 Application for house or site

Yes	No	No answer
47	68	10

Table 19 What is your work status?

Work status	Number with that status	% of total sample
Self employed	39	31%
Caring for children	36	29%
Unable to work/ ill health	19	15%
Retired	10	8%
Carer	4	3%
Houseperson/Homemaker	9	7%
Unemployed	6	5%
Student	1	1%
Unknown	1	!%

Table 20 Do you have a National Insurance Number?

Yes	No	Prefer not to say	Not known
107	1	14	3

Table 21 Are you in receipt of benefits?

In receipt	Not in receipt	Not known
80	42	3

Table 22 Number of respondents registered with a doctor or dentist

	Number	Percentage
Doctor	116	93
Dentist	100	80

Table 23 Distance travelled to visit doctors and dentists

	Less than a mile	1 mile	2 miles	3 miles	4 miles	5 miles or more
Doctor	14	26	34	25	2	15
Dentist	17	16	23	26	2	16

Table 24 Health services used by respondents in the last 12 months

Service type	Number	Percentage
A&E	22	21
Walk in	49	47
Private care	6	6
Advice from specialist	11	10
Midwife/health visitor	6	6
Specialist mental health services	11	10
	105	100

Table 25 Other health advice sought by respondents

Advice type	Number	Percentage of all responses
Family advice	79	32
Friends and neighbours	37	15
Herbal remedies	29	12
Advice from chemist	59	24
Self care	25	10
Priest or other religious person	12	5
Health helpline	1	0.5
Internet	1	0.5

N = 243

Table 26 Disability and health conditions cited by interviewees about themselves

Condition	Number	Percentage
Mental health conditions	61	53
Learning disability	6	5
Respiratory problems	7	6
Diabetes/ digestive problems	8	7
Heart condition	3	3
Muscular skeletal problems	19	17
Cancer	4	4
Neurological problems	5	5
	113	100

Table 27 Disability and health conditions cited by interviewees about family members

Condition	Number	Percentage
Mental health conditions	42	75
Learning disability	3	5
Diabetes/ digestive problems	7	13
Muscular skeletal problems	4	7
	56	100

Table 28 Little interest or pleasure in doing things

Point on scale	0	1	2	3
Number of responses	49	29	27	18
Ranking	1	2	3	4

Table 29 Feeling down, depressed or hopeless

Point on scale	0	1	2	3
Number of responses	57	22	22	23
Ranking	1	3	3	2

Table 30 Numbers of respondents who currently have family members in education by education type

Education type	Number
Awaiting place	3
Children too young	11
Pre -school	6
Primary	34
Special education	1
Home schooled	12
High school	7
College	2

Table 31 Type of Education Experienced by Respondents

Educational Experience of Respondents	Number
High school/apprenticeships and college	7
Education until age 11	24
Home schooled/ bus to site	3
Not accepted in school	4
Not education/ not much	27
No response	37

Table 32 Reasons for bad experiences or not going to school

Reason	Number
Bullied /discriminated against	6
Always moving	2

Table 33 How involved do you feel in your Community?

Scale point	1	2	3	4	5	6	7	8	9	10
Number of responses	4	3	3	6	15	11	6	16	16	35
Ranking	9	10	8	6	4	5	6	2	2	1

Table 34 How involved do you feel in the wider Community?

Scale point	0	1	2	3	4	5	6	7	8	9 10
Number of responses	2	13	18	16	12	27	15	5	6	0 3
Ranking	10	5	2	3	6	1	4	8	7	11 9

Table 35 Ranked level of satisfaction with a range of services

	V Satisfied	Satisfied	Neither nor	Dissatisfied	V Dissatisfied	D/K
Neighbours	2	1	3	5	6	4
Wider community	4	2	1	3	4	6
Landlord	3	1	2	5	5	4
Police	6	2	1	4	5	3
Local schools	4	1	2	5	6	3
Local hospitals	4	1	2	6	5	3
Businesses	5	2	1	3	4	5
Refuse collections	5	1	2	3	6	4
Benefits agency	5	3	1	4	6	2
Health visitor	4	2	3	5	5	1
Council	5	2	1	4	6	3
Doctor	2	1	3	5	6	4
Mental health services	4	3	2	4	6	1
Local shops	5	1	2	4	6	3

1 = highest ranking

Table 36 Concern about issues in the Community ranked by frequency

Issue	Number concerned	Ranking
Drug abuse	64	1
Alcohol abuse	64	1
Suicide	64	1
Domestic abuse	50	4
Family breakdown	38	5
Grooming	6	6
Heritage dying	1	7
Mental health	1	7
Sexual exploitation	1	7
Homophobia	1	7
Lack of sites	1	7

Table 37 Unfair treatment

Yes	No	No response
111	9	5

Table 38 Categories of unfair treatment

Examples of unfair treatment	Number of examples given
Treated differently	62
Name calling	42
Refused entry or asked to move	23
No access to services or refused appointments	6
Jobs cancelled	5

FREQUENCY TABLES

Table 39 Ever suffered abuse or attack?

Yes	No	No response
102	18	5

Table 40 Categories of abuse and attack experienced

Type of abuse	Number citing this
Called names	75
Attacked	15
Abused	8
Refused	2
Asked to leave	2
Different treatment	4

N = 106

Table 41 Numbers experiencing incidents in the last year

Yes	No	No response
63	56	6

Table 42 Number of incident types in last year

Incident type	Number reported
Verbal abuse/moving seats	34
Turned away/no service	15
Being followed	7
All of the above	7
Physical abuse	6

Table 43 Incidents reported

	Number	Percentage
Yes	16	17%
No	78	83%
Total	94	100%

Table 44 If not why not?

Reasons	Number	Percentage
Given up	1	4%
Not taken seriously	1	4%
No-one cares	5	19%
Useless there's no support	2	7%
It's a waste of time	4	15%
Nothing gets done	3	11%
Sort it out myself	1	4%
Will take the other side	2	7%
Not believed	1	4%
Not listened to	7	25%
	27	100%

Table 45 Who would you report it to

Agency	Number	Percentage
Community group	1	4%
Police	9	35%
CAB	2	8%
Church	4	15%
School	4	15%
Solicitor	1	4%
Landlord	0	0%
Facebook	1	4%
Family	4	15%
	26	100%

FREQUENCY TABLES

Table 46 Results comparison

DOMAIN	2006	2019
Number in sample	93	125
	PERCENTAGE OF SAMPLE	
CHARACTERISTIC	2006	2019
Catholic	38%	44%
Christian	36%	39%
Men	30%	37%
Women	70%	63%
Traveller	14%	61%
Gypsy	77%	39%
Under 40	63%	58%
Lives in a house	32%	23%
Lives on a site	61%	67%
Lives roadside	5%	2%
Lives in Halton	Combined figure for	8%
Lives in Warrington	H&W 28%	8%
Lives in East Cheshire	23%	24%
Lives in Cheshire West and Chester	45%	45%
Most prevalent family size	1 or 4 19% lived alone	3 or 5 both at 14%
Registered with doctor	91%	93%
Doctor less than 2 miles away		75%
Registered with dentist	40%	82%
Dentist less than 2 miles away		56%
Satisfaction with health	69%	70%
Mental health problem for interviewee or family member	Not collected in 2006	38%
Mental health scores (we used different measures in 2019)	59% reported stress and 85% of these were ranked towards the top of the scale	47% said they or a family member suffered with mental ill health. 37% said they had little interest in everyday life for more than half the week 36% said they felt depressed for more than half the week
Current association with education	40%	61%
Talked about own education	33%	70%
Has NINO	76%	86%
Self employed	15%	32%

CHARACTERISTIC	PERCENTAGE OF SAMPLE 2006	2019
Unable to work	14%	15%
Caring for children	19%	30%
Is a carer	4%	3%
Has a disability	15%	22%
Benefits	33%	64%
Happy where you live	73%	77%
At address over 5 years	43%	25%
Still travels	29%	51%
Treated unfairly	60%	92
Suffered abuse	47%	85
Have reported incidents to someone	16%	17%
Been stopped and searched	25%	34% (16% in last year)
Received clear explanation why	25%	29%



Cheshire Halton & Warrington Race & Equality Centre
The Unity Centre, 17 Cuppin Street, Chester CH1 2BN

Tel: 01244 400730 *Fax:* 01244 400722 *E-mail:* office@chawrec.org.uk

@CHAWREC **www.chawrec.org.uk**



Irish Community Care
151 Dale Street, Liverpool, L2 2AH

Tel: 0151 237 3987

@IrishCommunityCare1 **@IrishCommCare** **www.iccm.org.uk**