Gypsy Roma Traveller Action Research Project Final Report

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Executive Summary

The purpose for this Gypsy Roma Traveller Action Research Project is to better inform elected members, strategic leaders and partners about Gypsy Roma Traveller communities in Salford. It seeks to improve gaps in knowledge and to highlight areas for development which will ultimately improve outcomes for members of these communities, in particular children and young people.

Education and health were the main priority areas for the research project as these two factors were identified as being key to improving lifelong outcomes for these community members. It highlights some local evidence based on qualitative data and case studies and sets this against any national strategies, policies or guidance.

Due to limitations with local data availability for these communities, a needs assessment focused on quantitative information was not feasible. Action research is a methodology which provides insight into current and future education, health and wellbeing needs from both professionals and community perspective and so was identified as the most effective approach.

(This project did not involve wayside Gypsies/Travellers.)

Salford Young People Present at National Association of Teachers of Travellers (NATT+) Conference in Birmingham in March 2014
Key Findings

1. Development of trust with the Gypsy Roma and Traveller communities is a non-negotiable factor in improving outcomes.

2. Cultural Competency training is required for officers and partners in order to work with Gypsy Roma Traveller families in the most effective way.

3. Effective outreach is essential to “bridge the gaps” and foster better access to universal services for Gypsy Roma Traveller community members.

4. Realistic and creative ways need to be explored to maintain a level of engagement with Gypsy Roma Traveller children who have failed to transfer to secondary school.

5. Empowerment of the Gypsy Roma Traveller communities is an essential ingredient to enable its members to see themselves as a valued part of the wider society.

6. Advocacy is needed to break through political systems and influence key decision makers who should recognise that Gypsy Roma Traveller communities are valuable citizens in Salford.

Recommendations

Develop better systems to gather accurate and detailed data in relation to Gypsy Roma and Traveller children (including those involved in social services and the care system.)

Develop a specific local policy setting out how the needs of Gypsy Roma and Traveller children and their families living in Salford will be met (including health and education.)

Put in place arrangements for officers and health professionals to access specialist advice and resources when working with Gypsy Roma and Traveller families.

Appropriate and relevant training on GRT awareness and cultural competency should be made available to all children’s services officers and partners who are working to support Gypsy Roma Traveller families.

Opportunities for GRT community members to take a more active role in society should be positively encouraged: examples include, positive discrimination for work experience, work placements and educational opportunities particular for young GRT people.

A commitment to flexible working and a willingness to search for creative solutions to reach out to GRT communities to improve outcomes for GRT children and young people.

A commitment to quality outreach work for these marginalised communities in order to develop and maintain a trusting and mutual respectful relationship.
1. Background: Rationale for Action Research Project

In April 2012 a document was published from the “Department for Communities and Local Government (DCLG) entitled “Progress report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers.” This document outlined a set of 24 commitments which the government were accountable to (1).

The then Strategic Director of Salford Children’s Services requested a meeting with Head of the Ethnic Minority and Traveller Achievement Service (EMTAS) to discuss these commitments and how they were relevant to the local Salford situation and, in particular, in terms of children’s services. Subsequently presentations were made to Salford Safeguarding Children Board and Salford Children & Young People’s Trust(2) by the EMTAS service manager, outlining the Salford context, including local knowledge on the Gypsy Roma Traveller population, number and location of sites and particular issues that were pertinent to Salford GRT communities, both positive and negative.

Following these presentations, the EMTAS service manager set up a small GRT action research project to gain a better understanding of the issues which would be delivered back to the CYPT and SSCB. A small cohort of GRT families from different ethnic groups were identified and case studies were drawn up (3). All the families chosen had some difficulties in accessing universal services in some respect and some had had quite intense involvement with social services. The ethnic status of the families involved were:

- 1 Czech Roma family
- 2 Irish Traveller families (housed)
- 1 English Gypsy family (on site)
All the families were interviewed, including some of the children who wished to express an opinion.

Professionals who had been involved with the families in some capacity were also interviewed.

Interviews focussed primarily on education and health issues but general questions were asked about engagement with any other services. This was also noted as it was seen as relevant.

Some other families were also willing to be interviewed about their experiences with services and this was also taken into account.

Additional families interviewed: 3

Ethnicity; Irish Traveller (on a site), Roma

All interviewees remain anonymous.
2. Findings

Responses from the GRT community

95% of interviewees regardless of their ethnic status stressed the overwhelming need to trust the person who was working with the family. It didn’t really matter what role that person had, in fact the majority of the interviewees said that they didn’t always know what the person did but might give them a generic name, for example:

- The lady from the council who helps with everything
- The woman who does the passports
- The education lady
- The lady who wants you to go to high school
- The health woman
- The lady who tells you to go to the dentist
- The lady who plays with the little “uns”
- The woman from the social

Terms such as these are often used to describe people who have very different roles within the council for example an education welfare officer compared to an early years’ practitioner or a social worker compared to a youth worker. However, no matter what, all officers are seen as authority figures and the GRT community members use their own judgement and “instinct” to decide who they trust.

75% of interviewees said that they would call on key individuals within services that they knew and trusted when they needed help or advice. The Traveller Education Services are a first point of call for many, either the one in the area where they are residing or the previous one in another authority. Reasons for this were:

- They had previous positive experiences of working with a trusted individual in the team
- They saw the individual officer face to face on a regular basis
- The individual knew Gypsy/Traveller ways
- The individual wanted to help the community
- The individual had taken time to get to know the community
- The individual officer knew they couldn’t read or write and they could be open about this
- The individual understood about the level of discrimination and prejudice that they faced
- They individual would explain things to other people in a way that they couldn’t. “They didn’t have the accent we have or the address on a site and that can make things difficult” so getting the trusted officer to do it on your behalf can help a lot.
“Also I find it really hard to talk on the phone, I get flustered and can’t speak properly and because I can’t read or write I forget the date and time they have given me for appointments. I don’t want to tell them cos I feel stupid and embarrassed.”

90% of responses felt that the majority of non-Travellers and therefore the majority of officers didn’t understand or value Gypsy/Traveller culture and heritage. In particular they said that a lot of people grouped them all together, that they didn’t understand the differences between say Irish Travellers and English Gypsies. One family said that “it only took one “bad” family for them all to be tarred with the same brush.”

50% of interviewees said that they had been visited by the council when their children didn’t go to high school. They said they didn’t believe in Gypsy/Traveller children going to secondary school “Cos they can read now and they will only get bad influences there” but nobody really understands that. The majority of these parents did say however that they would like the children to do something else and “maybe go to college when they are older.”

65% interviewees who had been involved in social services said that they had mixed experiences with social workers. It depended on the attitude of the social worker, “some were ok but others were not”… “Those that look down on you or don’t know the Traveller ways are really bad.” “The worst thing is other people knowing, it’s shameful in our community, if you can’t look after your own kids your nothing.” One should not underestimate the intense resentment and disprovable that can be directed towards the individual/family who are involved in social services for “bringing trouble into the community.”

55% of interviewees said it was difficult to find out what was available for them in terms of extra support and help from services. Some community members said that post doesn’t always get to them and “it’s only when you see a family on the site with a new washing machine or a food parcel that you think, how they got that?” Many interviewees said that they spoke to family members on other sites to find out but what happens in one area doesn’t always happen in another. They also ask Traveller Education Services/tenancy support workers. Those who can’t speak English said they relied on friends/family who could speak English for support.

52% of individuals interviewed claimed they were literate. This is difficult to substantiate however they felt it was an advantage when compared with some other community members. They felt that more leaflets and information on local services would be beneficial and they said that they would read them.

48% of interviewees admitted to some level of difficulty in terms of their literacy. 4 interviewees claimed to be totally illiterate and could only just write their name. Interviewees from this group felt that leaflets were a waste of time because they couldn’t understand them and would much prefer face to face contact with a trusted person who could explain things in simple terms. Interviewees from this group said that a lot of services did come to them such as the health visitor, tenancy support worker/community development officer/education welfare officer/EMTAS staff and they often helped with forms and letters. They also use the local community for support, “the lady at the café reads things for me sometimes and sometimes I ask people on the site if I trust them.”
35% of families didn’t mind officers coming on the site/ in the home unannounced. Those living in trailers said that as long as officers understood that all families are different on the site and each plot is a completely separate household then it was ok. They thought that if more officers did come on it might change their opinion of Gypsies and Travellers and it would challenge any negative perceptions or stereotypes by meeting families face to face.

80% of families interviewed said that the primary school where their children attended had been very good and helpful. Many families felt that the schools knew Gypsy/Traveller ways because these were the “Traveller schools.” Many of the parents had attended these schools themselves at some point or knew community members who had, so they trusted them.

50% of people interviewed felt that there wasn’t enough GRT community support groups in Salford or Greater Manchester. One Gypsy family talked about other areas and sites in Derbyshire and the south of England that had active community members who gave the Gypsies/Travellers a voice in the local community, groups such as the Derbyshire Gypsy Liaison Group and Friends, Families and Travellers were mentioned. They felt that there wasn’t much support in the northwest for Gypsies. Some of the Irish Travellers said the same and felt that there was a lot more support from a community point of view in London with The Traveller Movement and in Ireland with Pavee Point.

**Officer/Professional Responses**

Number of people interviewed:

- 2 teachers
- 1 head teacher
- 4 social workers
- 1 tenancy support worker
- 1 Community development officer
- 1 Early year practitioner
- 1 Locality team manager
- 3 education welfare officers
- 1 health visitor
- 1 school nurse
- Focus group of Health professionals
- 1 voluntary sector organisation

70% of officers interviewed had little or no previous experience of working with members of any Gypsy Roma Traveller community prior to the referral. Some officers took it upon themselves to find out what they could from websites and reading to gain further knowledge. Others claimed that the only knowledge they had was based on programmes such as My Big Fat Gypsy Wedding and other such media coverage.

90% officers said that most families were initially welcoming and the houses/trailers were very clean and tidy.
95% of officers felt that GRT mothers had good attachments with their children who felt loved despite other presenting issues in the household.

83% of officers working with Roma families who don’t have English as a first language said it was difficult. Communicating via an interpreter was frustrating for example, one social worker said “I use analogies a lot to explain things in a way the family might understand but this is difficult with an interpreter.” Working through an interpreter when sensitive issues were being discussed was also an issue. Inconsistency in interpreters and quality could sometimes hinder effective communication.

82% officers felt that trust was a significant issue within the community and was a barrier to successful engagement. Deep rooted mistrust and getting to the truth was difficult. Speaking to more influential members of the family and getting them to engage was particularly difficult, especially male members of the community/family.

94% of officers interviewed stated that the GRT families they were working with didn’t really understand their role and often saw them as an access point to getting help from other services. They were often asked to do things which had no bearing on their role.

86% officers interviewed said that the family they worked with struggled with the concept of time limited support with a clear set of outcomes. Responsible adults within the household had to show that they could meet certain thresholds and act independently of services so that these time limited interventions could cease. Many families wanted an “ongoing” service to tap into as and when they felt they needed it. Frustrations were expressed by some social workers that the adults were not prepared/unwilling to take on the personal responsibility.

55% officers said that communicating with other services/institutions was at times difficult. Getting information from health services such as hospital consultants and GPs was particular difficult and high schools were also highlighted as having poor communication at times. Primary schools on the whole were highlighted as being good communicators and pivotal in finding positive outcomes for families. Communication was most successful when schools had a home/school liaison officer with language skills and/or knowledge of the community. This often resulted in much more effective engagement and effective multi-agency working.

85% of interviewees working with Gypsy/Irish Traveller families who had secondary aged children not attending school found it very frustrating. Where families and young people were adamant that they would not attend high school, there was a lack of meaningful, alternative options available to attempt to re-engage the child. The usual barriers were the age of the child, who is often too young to undertake post 14 alternative provision and a lack of funding opportunities.
Specific Health Questionnaire Replies

School nurses have limited contact with the GRT community. However when contact is made, it often leads to contact with other families.

The GRT community find authority scary due to previous experiences, often related to safeguarding.

Where the school has employed a native speaker (one school was highlighted in Eccles), it was seen as extremely helpful when trying to engage with non English speaking GRT community members and children.

Certain issues were highlighted as particular prevalent: domestic violence, mental health and high incidence of smoking amongst adults and children.

The GRT community were not particular good at keeping medical appointments as health is not seen as a priority until there is a problem. The GRT community rarely attended appointments off site.

GRT men and older boys were seen as the most difficult members of the community to engage with.

The GRT community living on site sometimes have transport problems to get to appointments and they do not use public transport on the whole.

Meetings involving a lot of professional people weren’t always helpful and many of the GRT community found them very daunting.

Having enough time to follow up issues thoroughly is difficult due to capacity.

Helpful suggestions from the Health Professionals:

- More targeted health improvement work for GRT communities would be beneficial.
- Main areas of focus should be: oral health, smoking cessation, scabies, threadworms, nits etc
- Regular face to face contact is essential.
- Putting things across in plain English and in an informal style is very important.
- Health MOT checks provided
- Cookery and exercise classes on site
Certain individuals were highlighted by the community research and it is important that this is noted.

An early years’ professional running play sessions on the Gypsy/Traveller site:

From the outset the early years’ worker showed commitment and an interest in getting to know the GRT families and children in a non-judgmental way. She listened and learned about their way of life and value system. By having a consistent and reliable approach, she was able to work with 12 pre-school children, providing play sessions, doing observations and learning diaries. 8 out of these 12 children went onto attend a nursery setting. This was a very positive step when previously some parents had refused to send their children to school even at reception age as they felt that they were too young.

A community health visitor making regular visits on the Gypsy/Traveller site:

A committed health visitor who has worked on the Gypsy/Traveller site for several years has developed trusting relationships with community members. Discussing certain health issues can be highly sensitive and taboo in some GRT families but by listening and having a non-judgemental approach the health visitor has broken down these barriers. A significant number of children have been immunised against infectious child diseases which is unusual in many Gypsy communities.

A family support officer working with a Roma family involved in social services:

A male family support officer working with a Roma family had a significant impact in building trust with the family and breaking down the social services procedures in a way that the family and children could understand. By putting things into plain English and working with the family significant progress was made under very difficult circumstances. This was a good example of effective advocacy without compromising professional integrity.

Difficulties and important factors which arose throughout the research Action Project:

GRT engagement seen as a “marginalised” area

One of the very interesting factors that came out of the research project was the belief by some professionals that “GRT work” fell to one person within their service or team, usually someone who had gone out of their way to engage with the community. This is a common issue with Traveller Education services generally, who can be marginalised along with the communities they are trying to support. It is understandable why this happens and the need for “trusted” services to be present are very important but they need to be a broker and not a crutch. All officers working within the GRT arena should look to further inclusion and access to the mainstream if GRT community members are going to have greater opportunities and choice in their lives.
Key Outcomes

Development of trust with the Gypsy Roma and Traveller communities is a non-negotiable factor in improving outcomes for these communities

Understanding the cultural, historical and ethnic differences of Gypsy Roma and Travellers is not enough to effectively work with them and improve outcomes. Officers need to listen, engage and show a genuine interest and a determination to form a good relationship. The need to develop this trust and social bond is essential so that the GRT communities know you are serious about helping them.

Making this happen in reality is not always easy, particularly if your first contact has been a negative one. Officers often have difficult messages to pass onto families and it might not always be what they want to hear, investing in some social bonding in the first instance can reap benefits at a later stage when those difficult messages have to be passed on.

Some possible questions which may be useful are highlighted below:

- “How do you define yourself and what words would you use?
- What does being a Gypsy Roma Traveller mean?
- What are the main differences between your culture and the majority culture?
- What does the experience of living on a campsite/by the roadside/in a house mean to you as a Gypsy Roma Traveller?
- What is a typical day like for you? In what way do your family and community support you?
- What is the hardest thing about being a Gypsy Roma Traveller?

Even if you know the answers it doesn’t matter, simply by asking the questions you are demonstrating that no judgements are being made about their unique lives and culture. You are engendering trust and understanding.” (Allen and Adams)(2)

Reviewing processes that services use to consult with minority communities is important because these methods may not be suitable for engagement with the GRT community. Consultations that rely too heavily on documentation, questionnaires etc will not be suitable for some GRT families due to their level of literacy and knowledge of wider societal structures. Research shows that the most successful ways of consulting and engaging with the GRT community is through actin/participatory projects and by involving community mediators. EU funded GRT mediator programmes are now widespread across Europe and more recently in the UK with the ROMED Project. (6)

Cultural Competency training is required for officers and partners in order to work with Gypsy Roma Traveller families in an acceptable and professional manner

The concept of cultural competence is central to effectively meeting the needs of Gypsy Roma and Traveller children and families.

“The stress generated by living in a hostile society where discrimination is a constant reality and this is compounded by frequently enforced change in their way of life. These factors
impact adversely on Traveller’s health and negatively affect their ability to influence access and experience of health and education services” (Public Health research Volume 2)(3)

Cultural competency sets out what is required to achieve an anti-discriminatory approach within a culturally competent framework of care. It is not enough to be aware of how race and culture affect self-functioning: individuals also must be open to learning about the effect of race and culture on others, to learning about racism and mechanisms of oppression and to acquiring the cross-cultural skills that enable effective intervention.

Cultural competence comprises four components:

(a) Awareness of one’s own cultural worldview,
(b) Attitude towards cultural differences,
(c) Knowledge of different cultural practices and worldviews,
(d) Cross-cultural skills. Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures.

All professionals working with GRT communities or indeed any minority group should have access to regular cultural competency training. Being aware of the impact of their own values on practice with difference groups of service users and carers will prevent assumptions and unfair judgements being made about the minority community.

**Effective outreach is essential to “bridge the gaps” and foster better access to universal services for Gypsy Roma Traveller community member**

Meeting the multiple and complex needs of excluded groups such as those in the Gypsy Roma and Traveller communities requires a degree of flexibility and co-ordination across many agencies and services. Outreach has been utilised as a strategy to engage with these excluded groups and usually involves a variety of people from different organisations, although traditionally the Traveller Education Services have taken on the lion’s share of this role. “Whoever is undertaking the outreach work however should guard against interpreting outreach as being unidirectional ie. from various degrees of “outside” to impacting “inside” the disengaged Community. Gypsy Roma and Traveller community individuals should therefore be considered not only passive recipients of a well-designed intervention but also as key active “ingredients” that together with outreach workers make that intervention work. An effective outreach officer will gain trust, negotiate the agenda in order to ultimately improve access to universal services and thus independence.” (Allen and Adams)(2)

“The level of trust that the Community has in the outreach worker influences which topics may be successfully addressed and what level of engagement is most likely to result from intervention. The cultural distinctiveness and particular needs of Gypsy Roma and Traveller communities mean that outreach forms a key bridge between them and statutory health and education services. There is research to show that outreach is more effective when delivered by workers who share the ethnicity of the recipients. If this isn’t possible then at least an organisation which is seen as a “trusted brand” which has demonstrated commitment and reliability.” (Allen and Adams)(2)
“Levels of Trust

- outreach worker is a highly connected member of the community, already acquainted with the extended family group-high trust
- outreach worker is a Traveller with no immediate connection to the network-neutral trust
- outreach worker is a professional or semi-professional with a long standing relationship with the Traveller communities targeted-high trust
- outreach worker is a professional without a prior relationship with the Traveller communities’ targeted-low trust
- outreach worker is a settled lay person with no prior relationship to the community-low trust”

(Allen and Adams)(2)

Best Practice in Schools

The role of schools and teachers is fundamental in breaking the cycle of poor educational outcomes for Gypsy Roma and Traveller children. By having a greater understanding of the GRT communities and by a concerted effort by schools, parents and the young people themselves, a brighter future awaits. Like any parent, Gypsy Roma Traveller parents put a great deal of trust in schools and school staff to provide a safe environment for their children to learn. For many GRT families previous experiences with schools and authority figures would have been very negative. They may have been denied their basic human rights and faced open hostility and discrimination. To put their trust in schools and teachers may take time, so developing, fostering and maintaining a positive relationship is critically important. This is particularly so in the secondary sector when many Gypsy and Traveller children drop out of mainstream education. Where children are reluctant to transfer to secondary education, primary transition managers and pastoral staff in the high school need to develop plans of action from Year 4/5 to encourage the child/family to stay in the mainstream system. If trust can be developed between these individuals there will be a greater chance of a better outcome all round. For more effective strategies and good practice for schools see the NATT+ guidance. (5)

Empowerment of the Gypsy Roma Traveller communities is an essential ingredient to enable its members to see themselves as a valued part of the wider society

Marginalised communities such as Gypsy Roma Traveller communities will always remain on the outside of mainstream society unless they begin to see that they have a valuable role to play in the wider society without compromising their cultural heritage. Any officer or service working with these communities in whatever context should be aware of this and use their influence to broker new opportunities for community members in particular children and young people. By supporting young GRT people to become positive role models within their own communities, whether that means having opportunities to enhance
themselves both within the community and in the wider mainstream society, the impact will be a positive one. Many Gypsy Roma Traveller children and young people who are already living and working in the mainstream society hide their ethnicity in order to “fit in”, whilst this is understandable it does nothing to perpetuate the many stereotypes such as that Gypsies and Travellers don’t mix, travel excessively and live on illegal encampments on the side of the road. Good work has been done in Salford and Manchester to address this situation and projects have included the following:

- Roma community mentor/outreach workers
- Roma cultural trainers
- Work experience opportunities for GRT young people
- Active participation of GRT children and young people in City wide events
- GRT representation at Holocaust Memorial Event
- Traveller Education Services, Voluntary sector organisations and University of Salford and Manchester.

More needs to be done to have greater representation from these communities across different sectors.

**Advocacy is needed to break through political systems and influence key decision makers who need to recognise that Gypsy Roma Traveller communities are valuable citizens in Salford**

Unfortunately there is a lack of community support organisations for GRT communities in the northwest and this can leave many community members feeling isolated and not listened to. Having a conduit through which to express your concerns and opinions is very important in order to get your voice heard. Advocacy is a really important tool to break down the barriers between institutions and communities and to encourage marginalised communities to get involved in the political system/processes. Thinking about what can be done on a local level to improve the opportunities for advocacy work, community voice and voice of GRT child.
Final word

There are some worrying national trends which we need to be mindful of. Firstly the number of Gypsy Roma and Traveller children going into care nationally has shown a significant increase in recent years. See table below:

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Children in Care</td>
<td>60,910</td>
<td>64,460</td>
<td>65,520</td>
<td>67,050</td>
</tr>
<tr>
<td>Travellers of Irish Heritage</td>
<td>30</td>
<td>40</td>
<td>40</td>
<td>50</td>
</tr>
<tr>
<td>Gypsy Roma</td>
<td>30</td>
<td>60</td>
<td>90</td>
<td>120</td>
</tr>
</tbody>
</table>

*Allen and Adams (2)*

Whist there may be very legitimate reasons for this, more research is needed to unpick what is happening and why.

The demise of many supporting services such as Traveller Education services as had a big impact in many areas in the UK. Without these services there is a real risk that Gypsy and Traveller children will fall off school roles, never to return as was the situation 20-30 years ago. Whilst no-one can deny the current poor educational attainment of many GRT children, at least they are attending school in bigger numbers and that makes them safer.
3. Salford Context

Salford has a significant Gypsy Roma Traveller population dispersed across the City.

There are four Traveller Sites

Duchy Road Caravan Park, Pendleton.

30 plots, approximately 150 residents (Irish Traveller and English Gypsy)

Regent Park Caravan Park, Pendleton (Showpeople)

Fairways Caravan Park, Lower Broughton (Showpeople)

Brookdale caravan Park, Little Hulton (Showpeople)

There are approx118 Travelling Showpeople households in Salford, with an approx population of between 300-350.

Czech and Slovak Roma communities in Eccles and Broughton, and some dispersed across the City (Little Hulton, Swinton etc)

Approximate population: 300-500

Housed Irish Traveller families dispersed across the City, notably Irlam and Little Hulton

Approximate population: several hundred
4. National Context

Apart from the “Progress report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers” April 2012, there is little direct guidance from government on how improving outcomes for Gypsy Roma and Traveller communities. Lobby groups and activists are campaigning for a national strategy for GRT inclusion as recommended by the European Commission and Council, however there is no political will with the current government who prefer solutions to be found at a local level.

Bearing in mind the geographical nature of Salford, a relatively small and compact City, it does have more sites than similar areas. However, the issues that have been highlighted in the report are not unique to Salford and many GRT communities in other areas across the country in a rural or urban setting share these commonalities.

A number of organisations nationally whether community driven or as a professional organisation campaign on GRT rights and inclusion. A few such organisations are:

- National Association of Teachers of Travellers and Other Professionals (NATT+)
- Advisory Council for the Education of Romany and other Travellers (ACERT)
- The Gypsy Council
- The Traveller Movement
- The Roma Support Group
- National Federation of Gypsy Liaison Groups
5. Background information on different Traveller communities

The term ‘Traveller Communities’ refers to a complex population group that can be distinguished on multiple dimensions. It encompasses a number of distinct cultural and ethnic groups, including:

- Romani Gypsies
- Irish Travellers
- Welsh Travellers
- Scottish Travellers
- Roma
- New Travellers
- Travelling Showpeople
- Circus People
- Boat Dwellers.

Only estimated figures are available, of between 10 and 12 million Traveller Community members in Europe and between 300,000 and 500,000 in the UK. The lack of reliable demographical data, combined with the mobility of these groups, may lead to their invisibility throughout the planning of provision and result in unmet needs.

Please see [http://www.salford.gov.uk/grtpupils.htm](http://www.salford.gov.uk/grtpupils.htm) for further information on the diverse GRT communities.
Appendix 1: Case Studies
GRT Family Case Study 1

Ethnicity: Romany Gypsy

Family Group: Mum and Dad (unmarried), 7 children

Residence: Plot on caravan site in Salford (2 trailers and a shed)

The family have lived on the caravan park for approximately 10 years and are well known to education and health services.

The children:

Child A female aged 16  
Child B female aged 14  
Child C female aged 12  
Child D male aged 10  
Child E female aged 8  
Child F female aged 3  
Child G female aged 2

Mum and Dad are loving parents who try their best to raise the children the best they can in difficult circumstances. Neither parents went to school themselves and are both illiterate. Dad in particular is very aware of his Romany ancestry, he was brought up speaking the Romani language and lived in a rural setting and the family owned horses and other livestock. Due to the size of their current family, they have little space on the Salford caravan park, having just two relatively small trailers and a shed is a challenge, to say the least (the current refurbishment of the site under Salix will hopefully improve this situation for the family.) As a consequence the children often play out on the wider site and this can cause tensions with other residents when the children fall out or behave in an anti social manner. This family is quite isolated on the site and turn to officers of the council to help them on a regular basis. As a result of this, Mum and Dad are friendly and have developed a relationship of trust with some officers and professionals who go on the site on a regular basis. Dad has never claimed any social benefits and is regularly travelling on the road, collecting scrap metal and trying to make a living “the way Gypsies should, by working.” However, Dad is increasingly struggling as scrap is hard to locate and, in particular, the changes to regulations at the scrap merchants have resulted in serious difficulties in payment. No cash transactions are allowed and all payments need to go through a bank account. Dad has no formal ID and has struggled to open a bank account as a result of this.

Both Mum and Dad are overweight and Dad is a heavy smoker.

Child A spends most of her time on the Wigan site with her aunty and granddad but is a regular visitor to Salford and has been known to stay for quite long periods. She has never been to any school and has no literacy skills.
Child B is not in school and spends her time cleaning or looking after the younger children. She has very basic literacy skills which have deteriorated over time since leaving school aged 11.

Child C has just completed her primary education and did not transfer to high school. Very weak literacy skills. Child C has a blood disorder and has regular visits to the hospital/doctors. Mum doesn’t really know what it is but complies with doctors orders.

The children D, E, F are in school or nursery, have good attendance and punctuality and are generally doing ok although all children are still performing below the national average for literacy and numeracy. They receive extra support from the Ethnic Minority and Traveller Achievement Service (EMTAS) on a weekly basis.

Child G is still at home with Mum.

All the children were recently vaccinated and are now up to date with their immunisations. This is mainly due to a very positive relationship between the health visitor who goes on the site and Mum. The recent measles outbreak (which had a significant impact on the Bolton Traveller site) resulted in Mum contacting health for all immunisations to be carried out on the children.

All the children engage with the youth bus (youth workers, Salix community development officers and nursery nurses all go on the bus) which goes on the site on a weekly basis and have taken part in a variety of activities. The older girls in particular like to observe the nursery nurse engaging with the younger children.
GRT Family Case Study 2

Ethnicity: Czech Roma

Family Group; Mum and Dad estranged, 5 children

Residence: Housed

The family moved to the UK in 2006 and have lived mostly in Salford

The children

- Child A male aged 15
- Child B male aged 13
- Child C male aged 8
- Child D male aged 7
- Child E male aged 4

Mum and Dad have never been married and have had a tumultuous relationship. Dad had a difficult childhood and has spent some time in a juvenile detention centre in the Czech Republic. Both Mum and Dad have little English. Initially the family were reluctant to declare their Gypsy ethnicity but this has gradually changed mainly due to positive events and youth engagement with the children focusing on Gypsy heritage and culture. There has been frequent incidents of domestic abuse in the family home over a number of years and Mum has fled to women’s refugees on a number of occasions but has always returned to the father shortly afterwards. As a result of the chronic situation between Mum and Dad over many years and the failure to meet the serious medical needs of child B, the children were put on the child protection register two years ago for emotional and physical neglect. Dad has been reluctant to engage with social services throughout the whole process and has drug and alcohol issues. Mum in particular has faced a lot of criticism and pressure from some other Roma families in the community about going to social services for help and “involving authorities in their community.” This has resulted in some unpleasant situations when she has been spat at in the street and intimidated by wider family members. There is a great deal of distrust and dishonesty from the community towards authority figures. The children are now at CIN level and Dad has finally started to engage with social services.

Both Mum and Dad are very heavy smokers.

Child A (who is the stepson of Dad) arrived to the UK as an English as an additional language learner (EAL) in year 4. Although a very charming and popular boy with all who meet him, he has been involved in risky sexual behaviour, has had bouts of serious disruptive behaviour in school, truanted and is a smoker. Currently at Salford college, attendance is a concern and he is at risk of being thrown off the course.
Child B also was an EAL learner has juvenile arthritis and needs regular medical intervention, including visits from community nurses and regular appointments at the children’s hospital. Child B is also a very likeable child, however, now in year 8, his behaviour and attitude have seriously declined, he truants and is a smoker.

Child C is a very engaging child and tries hard at school. The main concerns are very poor punctuality and a failure to be prepared for school (eg he never has a PE kit)

Child D is a very engaging child and tries hard at school. The main concerns are very poor punctuality and a failure to be prepared for school (eg he never has a PE kit)

The family have a social worker and family support worker.
GRT Family Case Study 3

Ethnicity: Irish Heritage Traveller

Family Group: Mum, Dad, 3 school aged children

Residence: Housed

The children:

Child A Male aged 14
Child B female aged 11
Child C female aged 8

Both Mum and Dad are Travellers of Irish Heritage and have resided in and around Salford and Manchester for many years. They have lived in various houses, in various localities and used to be residents on the Duchy caravan park. There is a history of domestic abuse and Dad has served a custodial sentence for breaching a restraining order. Whilst in prison he was transferred to a mental hospital where he was finally diagnosed as a paranoid schizophrenic. Since this diagnosis, Dad is on a lot of medication and things have settled down in the family home where Dad currently lives. Mum and the children are happy for Dad to stay as long as he takes his medication which is closely monitored by nursing staff.

Child A. This child has had very little formal schooling (a few months) and has been very adamant that he is not going to high school. Despite a huge amount of work and intervention from the education welfare service and EMTAS, exploring several options the child is still not on a school roll. The next stage is likely to be prosecution with a School Attendance Order (SAO) although this needs to be clarified. The reasons cited by the family for not transferring to high school are “Travellers get bullied,” “it’s not our culture/religion to go to high school,” “if I lived on the site I wouldn’t have to go” and “boys aged 12 work with their dads in our community.” There is evidence to suggest that the boy works with uncle on occasions collecting scrap metal and gardening.

Child B. This child has had a sporadic primary education due to the high mobility of the family but she attended when possible. However, she did not transfer to high school and is currently out of provision.

Child C No concerns, child attending school.
GRT Family Case Study 4

Ethnicity: Irish Traveller

Residence: Housed

Status: Highly mobile

Family Group: Mum, Dad,

Young adult A male aged

Young adult B female aged 20

Child C male age 16

Child D male age 15

Child E female age 13

Child F male age 12

Child G male age 9

A troubled family with a multitude of issues. Highly mobile with frequent cross border addresses in Manchester. They have difficult relations within the Traveller community as well as with the wider settled community. Difficulties in finding suitable housing have resulted in serious delays in children accessing school places. There have been several incidents of serious anti-social behaviour, alcohol abuse, violence, noise and criminal activity which has resulted in repeated evictions from social housing. Father and son have been caught stealing and selling stolen goods. Other family members have been caught shoplifting and committing burglary. The eldest child (now adult) is known to the sex offender’s management team and another child (now adult) is an alcoholic and has a support worker from the SMART team. A lack of urgency from the parents to get the children into school, constant delaying tactics and non attendance at important meetings has hampered any attempts to move things forward. An interim care order has been placed on the children and the children will go into care unless the situation improves.

Young adult A male aged 25
Young adult B female aged 18
Child C female aged 16
Child D male aged 15
Child E male aged 14
Child D female aged 13
Child E male aged 11
Child F male aged 8

All children have some presenting issues regarding socialisation, behavioural norms, literacy and self esteem. The three youngest children are now in a school or educational setting.
Appendix 2:
Questionnaires

Questionnaire (Practitioners)

Generic

1. Have you had any prior experience of working with GRT families before you worked with family A? If so, which ethnic group?

2. How long did you work with the family A?

3. How did you first meet family A? (phone call, letter, meeting at school?)

4. Did you have any knowledge of the GRT community before you worked with this family?

5. What were your first impressions of family A? What were the circumstances? Housed, on site, mobile? EAL?

6. Why were you working with the family?

7. Did family A understand why you were working with them?

8. Did family A understand your role?

9. How did family A greet you?

10. What did family A have to say about the issue/issues?
11. Had any other professionals/services been involved with family A to your knowledge? What impact had they had?

12. How much were school involved in supporting family A? Were the school proactive in seeking a positive solution?

13. What solutions were discussed?

14. Were any of these suggestions carried out?

15. Was there a successful outcome?

16. What have you learnt from working with family A?

17. What could have been done to make things better? How could have things have turned out differently?

18. Any other suggestions?
Questionnaire (community)

1. Which services have you had contact with?

2. Why have you had contact with these services? In what way?

3. How did you come into contact with these services? Did they approach you? Did you approach them?

4. Did you know about these services? Friends, family, internet, school?

5. Did you have any difficulty finding out what services are available and how they can help you?

6. Have you come across any leaflets/letters (in your own language) that would help you?

7. Which service(s) is most helpful and why?

8. Have you had any problems with any services? If so in what way?

9. Do you trust these services? If not, why not?

10. How do these services compare to services in your native country?

11. Do these services know you are of Gypsy Roma Traveller origin?

12. Do you think these services understand Gypsy Roma Traveller communities?

13. What could be done to make things better for you and your family?
Health visitor interview notes

1. Do you have any contact with Gypsy, Roma or Traveller patients?

2. How do you identify this community on your recording systems?  
   E.g. use specific READ codes, flags so know to use different contact method

3. How are Gypsy, Roma or Travellers contacted for routine health appointments such as vaccinations, screening tests?

4. Are there any specific issues or barriers relating to attendance at appointments?

5. Do you find there are particular sub-groups within the community who are less likely to engage?

6. a. Do you provide any particular support to encourage attendance:  
   For example welfare rights, ‘milk teeth matter, paediatrics, Frank Buttle Trust,

7. Are there any other specific clinical or practical challenges you have when working with Gypsies and Travellers?  
   See Q8.

8. What do you feel are the specific health needs of this community?

9. Are there any groups who encourage Gypsies and Travellers to see you regarding health issues?

10. How could health services better help this community?
Bibliography

1. Progress report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers. April, 2012
   Department for Communities and Local Government
   www.communities.gov.uk

2. Social work with Gypsy, Roma and Traveller children

3. PUBLIC HEALTH RESEARCH VOLUME 2 ISSUE 3 JULY 2014
   ISSN 2050-4381
   DOI 10.3310/phr02030
   Outreach programmes for health improvement of Traveller Communities: a synthesis of evidence
   Susan M Carr, Monique Lhussier, Natalie Forster, Deborah Goodall, Lesley Geddes, Mark Pennington, Angus Bancroft, Jean Adams and Susan Michie

4. Gypsy Roma Traveller Profiles
   http://www.salford.gov.uk/grtpupils.htm
   http://www.salford.gov.uk/d/Eastern_European_Roma_community.pdf
   http://www.salford.gov.uk/d/Irish_Traveller_community.pdf
   http://www.salford.gov.uk/d/Travelling_Showpeople_community.pdf

   Salford Equalities and Cohesion Team

5. National Association of Teachers of Travellers and Other Professionals (NATT+)
   Best Practice Roma Leaflet for Schools
   Raising the Attainment of Gypsy Roma Traveller Pupils

6. Advisory Council for the Education of Romany and Other Travellers.
   ROMED http://acert.org.uk/romed-project/