

# Child Poverty Relating to Gypsy and Traveller Children and Young People in Sussex



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## Introduction

This report looks at child poverty relating to Gypsy and Traveller children and young people in Sussex. The category groups of employment and skills, family and life chances, place and delivery and at risk groups are suggested data sources to support the child poverty needs assessment as provided by the website [idea.gov.uk](http://idea.gov.uk). This report will additionally look at health inequalities as a separate category. Economic exclusion is clearly evident throughout the report and is therefore not covered as a separate category.

Much of the information presented here is in case study format, with a heavy representation of reports collated from Friend, Family & Travellers (FFT) 5 outreach staff working across Sussex delivering casework support to Traveller families. Due to the lack of available research data for many of the categories highlighted in this report, observational and anecdotal evidence are heavily used throughout. The information presented here is a brief synopsis and further reading is recommended from the reading list at the end.

The purpose of this report is to highlight the exceptional needs of Brighton & **Hove's, East and West Sussex's Traveller children population, and for these** needs to be included when developing local strategies to reduce and mitigate child poverty, in accordance with the Child Poverty Bill. Far too often Traveller children are forgotten and prevented from reaching their full potential.

## Background

There are an estimated 300,000 Gypsies and Travellers in the UK, although this in itself is thought to be a highly under-estimated number with inadequate ethnic monitoring by most service providers and many Travellers preferring to **keep their ethnicity 'hidden' due to fear of prejudice and discrimination.**

Gypsies and Travellers are recognised ethnic minority groups and therefore protected under race relations legislation, however many organisations, and the professionals working on behalf of them, including statutory, private and voluntary sectors fail to recognise these communities as such. Travellers are commonly presented with prejudicial and condemning attitudes with a lack of cultural understanding or interest when they attempt to engage with mainstream services including education, health, children and young peoples.

Negative experiences encountered by Traveller families heightens the spiral of lack of trust, fear of rejection, and failure to access mainstream services again in the future, perpetuating chronic exclusion, marginalisation, inequalities in life chances and poverty. Prejudice and discrimination is often present throughout every level of key services for example receptionists (the gatekeepers of GP surgeries) nurses, midwives, health visitors, doctors, and

specialist medical providers. In schools, particularly secondary racism can be found with **pupils racially bullying a child calling them a 'dirty pikey'**, prejudicial attitudes from catering and maintenance staff, teachers, Head teachers and even Governors failing to address blatant racial bullying.

We live in a society that still seems to accept and normalise the condemnation and stereotyping of Gypsies and Travellers, permitting institutional racism and discrimination on a daily basis. This occurs in every walk of life, and these issues are frequently not challenged, questioned or addressed by those with the powers to do so. You need only buy the local paper, or listen to the general public regurgitating ignorant and anecdotal accounts to realise how deeply entrenched these attitudes towards Travellers are.



## Travellers in Sussex

There are many Traveller groups represented across Sussex, and FFT engages with families from all of these. Each group has its own origins, culture, lifestyle, beliefs, language, diet, ethics, spiritual and religious beliefs, however these will also vary from family to family. Traveller groups in Sussex include Romany Gypsies, Rroma, Scottish Travellers, Welsh Travellers, Irish Travellers, New Travellers, Boat Dwellers, Show People and Circus People.

In brief in West Sussex there are 11 council Traveller sites, no transit site and **few 'nomadic Travellers' (families still moving on a regular basis)**. **East Sussex** has 4 council run permanent sites, and one transit site. East Sussex has few nomadic families but has a large population of Travellers living in settled accommodation in certain towns e.g. Hailsham and Polegate. Brighton and Hove does not have a permanent site, and has 1 transit site where families can stay for 1-3 months depending on health issues.

Brighton and Hove has a far larger Traveller population than available site provision, and desperately needs a permanent site. The lack of this provision

results in many Travellers facing the perpetual cycle of evictions with nowhere legal to stop. All 3 authorities have private sites where families have gained temporary planning permission, and they may still be forced to leave the land they have purchased and live on due to complicated planning laws. There is a severe national shortage of site provision for Travellers with a quarter estimated to have nowhere legal to stop.

**The young people's worker engages predominantly with young Travellers on sites in West Sussex and more housed in East Sussex.** Brighton and Hove has a far greater transient population of Travellers with many families living permanently or a large percentage of the year within Brighton and Hove but continually being moved on and accessing the transit site when they can.

Within Brighton and Hove there are an estimated 103 babies, children and young Travellers up to the age 16 (this data has been collated by FFT outreach workers and only includes the families they are aware of). Of these only a very small percentage are housed, and the young people's worker engages with approximately 50% who are in the age range (10-18). Other members of the health outreach team engage with the parents or younger children providing family support. This engagement will be at different times of the year depending on when families are present, as many move between the Sussex boundaries routinely.

To obtain accurate data on numbers of children and young people in East and West Sussex information can be gathered from the Gypsy Count, available from the Traveller Liaison Team which is a statutory service provider, or the Traveller Education Support Service.

## Context

Friends, Families & Travellers (FFT) is a national voluntary organisation providing information, advice, support, an advocacy role, national casework, planning and policy work and campaigning for the rights of all Travellers regardless of their ethnic group or lifestyle. This includes campaigning for the right to live a nomadic lifestyle. Within FFT there is the health outreach team covering the whole of Sussex. This team consists of 2 community support workers, 2 well being community development worker, a well being (mental health) outreach worker, social care outreach worker and qualified youth worker.

**FFT's young people's project works with young Travellers to run user led positive activity programmes, particularly during holiday periods, and targets young people who are exceptionally isolated and marginalised. Of the 93 young Travellers who took part in 2010's summer activities programme which**

targeting those between the ages of 10-18, 31 were living in Brighton & Hove at the time, 20 were from East Sussex and 41 from West Sussex. The breakdown of Traveller groups was 16 New Travellers, 55 English Travellers, 18 Irish Travellers and 4 young people of mixed parentage (English and Irish Travellers). Twelve of the young people who took part were under the age of 10, and 7 were over the age of 16.

## Chronic Social Exclusion

Many inequalities persist in society despite attempts by successive Governments and policy makers to implement initiatives to redress these. What can frequently happen is that initiatives aimed at creating equality of opportunity, at empowerment or at giving people more control over the decisions that affect their lives will assist those people who are already, so to speak, in the system or who already have a voice, but leave certain groups e.g. Gypsies and Travellers, asylum seekers, street homeless people etc. totally untouched. As a result these people can become even more marginalised, even more disempowered with fewer choices and even poorer life outcomes. This is what we mean by chronic exclusion.



## Employment and Skills

### Introduction

Young Travellers and their parents face many of the barriers to work suggested in the Child Poverty Needs Assessment Toolkit including ill health, disability and lack of skills for the labour market. In addition to this they increasingly face the criminalisation of their traditional trades and means of earning an income. Within many families there is a lack of adults who have been through the educational system, and literacy rates can therefore be low.

For families without a legal place to stop there is the additional stress of repeatedly being evicted, often needing to pack up and move late at night and the inability to plan ahead and maintain routine employment or training opportunities. Institutional racism and discrimination play key roles in barriers to employment, increasing the cycle of chronic exclusion and poverty. Seeking employment for a **young person in today's economic climate is challenging** enough without the additional burden of encountering prejudicial attitudes on a daily basis.

### CASE STUDY 1

**P's family had recently moved in to the area and been given a plot at the local council Traveller site** due to the family having numerous health issues. P had left school at the age of 8 due to the family moving constantly. P was now 17 and determined to find a job so went to the town and after several weeks found a vacancy as a waitress at a local cafe. The pay was very minimal but P was happy that she had found work for the first time.

P attended work for several weeks but began to find that the other waitresses would not talk to her and kept laughing behind her back. P noticed that her shifts were being cut and she was doing far less than other employees who were the same age as her. When P eventually decided to speak to the manager about her hours she was told that she was no longer needed because **the cafe wasn't that busy anymore. P knew that this wasn't true and also that** this attitude had started since the manager had become aware that she lived at the local Traveller site.

**This greatly affected P's confidence in looking for future work and caused** emotional distress. P decided that she would have to look for jobs far away from where she lived so people would not find out that she was a Traveller. This would be very difficult as there was no public transport near to where she lived. (West Sussex)

### Education and Schools

**A study carried out by the Children's Society in 2007 called 'this is who we are'** looked at the views and identities of 100 young Travellers from different ethnic groups in England. They discovered that the average age of dropping out of school for the children was 11.49 years. Slightly more than a third had dropped out by the time they reached 10, and three quarters by the time they were 13 years-olds.

The reasons commonly given to FFT by parents removing their children from school, particularly secondary are racist bullying not being acknowledged or

dealt with, poor communication with the school, a lack of understanding of procedures, the behaviour of peers, concerns about drugs and alcohol issues, sex education and the sexual activity of peers, the school syllabus not being relevant for Travellers needs, no inclusion of Traveller culture or identity within the syllabus, and the school not addressing the basic educational needs of their child particularly literacy skills.

**A common complaint is that 'He attended school for 6 years and still he can barely write his name'. Many young Travellers leave school with literacy** difficulties and without qualifications which are not always valued or understood within the community. Regularly Travellers want to learn a trade and practical skills including forging, farming, animal care, electrics, mechanics, floristry, child care and dress making. Aspirations can often be low particularly with young girls following cultural gender roles including caring and domestic duties.



Travellers are too frequently placed on reduced timetables at school to deal with any challenging behaviour rather than this being dealt with and adequate additional support being put in place. For many families who do send their children to school, parents have not attended and therefore are unable to provide any support with homework or literacy and may feel that outside of school hours is family time so there may be far less interest in the completion of homework. For families that electively home educate their children loose access to obtaining qualifications unless they pay themselves which can be dear, work experience placements, going to college in year 10 to explore practical trades, communication and team building skills, and gaining the confidence needed to enhance work opportunities and gain aspirations.

At FFT we have been noticing an increase in the number of young Travellers leaving school at primary age but wishing to go to Sixth Form College to gain qualifications for employment. This can be extremely challenging for young Travellers who have not attended secondary school, usually requiring additional literacy and numeracy support. This trend also identifies an increased awareness by Travellers of the need to gain qualifications and health

and safety certificates for many trades. This includes the ability to read and write to complete the driving theory test, a vital skill for most Travellers who tend to be self employed.

Of the 103 children and young people that FFT's **young people's worker** currently engages with predominantly aged 16 and under across Sussex 56 are known not to be in education, employment or training in West (47%), B&H (34%) and East (18%)

Racial discrimination and bullying play a major factor in the withdrawal from school of many Traveller children. A consequence can be the loss of faith in public structures which should protect children from such abuse, particularly at primary school level.

## CASE STUDY 2

The D family began being victimised by the local community after living at their new address for several months via racist abuse and threats posted on face book. The family decided to report these threats and the racist abuse to **the police. The family's 2 youngest children, one of whom is registered** disabled were attending the local primary school where the children of the main perpetrators of the racial abuse on face book also attended.

**In addition to this one of the schools' teaching assistants had posted** comments on to face book at the same time as the racist comments had been posted. This teaching assistant had failed to bring this racial abuse to the attention of the school. The Head had arranged that the children of the D family should leave school early and arrive late so as not to bump in to the main family inciting the racial hatred on face book, but had failed to meet with them to discuss the events and all of their concerns. The D family understandably wanted to speak with the Head and to put in a complaint about the lack of support they had received in coping with this situation. They also wanted the teaching assistant removed from working with their children and wished to question her race equality practises.

The head at the primary school responded very abruptly to their complaint and refused to meet with the parents of the 2 children saying this had been advised by the police. The parents felt totally un-supported by the school in such an abusive and emotionally upsetting time, and felt they had no option but to remove their children from this school, attempting to enrol them at another school which would be further away from home, and require considerable upheaval particularly for the child with severe special needs.

Neither of the parents had themselves attended school, and both had literacy difficulties and wanted the best for their children enabling them the opportunity to learn to read and write. This incident has made the family very wary and concerned about their children attending school and understandably they cannot believe how badly they have been treated and that this type of racist abuse is still **permitted in today's society**. (East Sussex)

### *Recommendations*

Schools to include Traveller culture and identity in their syllabus.

Schools to have a pro active approach when dealing with racist bullying against Travellers, including peer anti bullying programmes, and reporting incidences to the police when appropriate.

Teachers to be pro active in building relations with Traveller families, including visiting Travellers in their homes if necessary, and the use of non jargon language.

A peer buddying system to be used to welcome new Travellers joining the school.



### Health Inequalities

Health research specific to Gypsy and Traveller communities indicates that their health is poorer than that of the general population, poorer in comparison to other BME groups (BMA), and poorer than those living in socially deprived areas (Parry et al: 2004). Life expectancy of Travellers is estimated to be considerably lower than the non Traveller population.

Health inequalities exist for a whole host of reasons so this is a summary of the main points.

### **Access to Services**

Difficulties often arise in accessing various medical services including GP surgeries if a Traveller family does not have a permanent address. Many

**children and families particularly those that are 'highly mobile' and therefore moving on a regular basis are often forced to either use homeless medical service provision or A&E.**

There are difficulties with both of these options. Homeless medical services may not always be an environmentally friendly or appropriate place for a Traveller family with children to attend, and with A&E follow up care will not take place.

**Many Traveller families express to FFT's outreach team difficulties** in accessing surgeries and being greeted by very rude and judgemental receptionists, preventing them from gaining medical assistance. This is also the case with housed Travellers. Again pre-conceived, prejudicial attitudes and negative stereotyping exist throughout the medical profession towards Traveller families and their lifestyles. One family that FFT worked with, after a very difficult birth of twins at the county hospital in Brighton was told by the **midwife 'you won't be taking those children back to the caravan.'** This family had 3 other very healthy and happy children.

Traveller families face heightened stress levels particularly if they have no legal place to stop and are being repeatedly evicted due to the criminalisation of the ability to live a nomadic life under the Criminal Justice and Public Order Act 1994. This level of stress obviously has implications on health outcomes, in particular for those who are elderly, pregnant women and families with disabilities or special needs.

### *Recommendation*

**Cultural awareness training is currently being delivered to GP's and mental health professionals** at various locations in Sussex by FFT trainers. This training needs to be made more readily available throughout all health, social and education sectors.

### **CASE STUDY 3**

The M family are Irish Travellers and were amongst several groups of families being repeatedly evicted from land in Brighton and Hove. Mrs M had 3 healthy children, and was carrying her forth. Mrs M was being provided with support by a Traveller midwife who expressed severe concerns regarding the level of stress the family were undergoing with repeated evictions. In the space of one week the family had been evicted by B&H council 5 times.

During the winter Mrs M who was feeling extremely exhausted was desperate to get on to the local transit site containing hard standing rather than staying on muddy and dirty land and being evicted on nearly a daily basis. This

unfortunately was not an option because her family had already stayed on the site for the permitted length of time, and although there were free plots available the family were informed that B&H council regrettably were not in a position to make any exceptions. A few days later Mrs M was rushed in to hospital where she gave birth and the medical staff concluded that her baby had been born so prematurely that it could have been legally aborted. Mrs M was forced to undergo a hysterectomy and the priest was called due to the **hospitals concerns for her and her baby's lives**. Miraculously both mother and baby survived, however the child will require a permanent administration of oxygen and has permanent brain damage.

Evictions cause grave stress for families, particularly when served so regularly. This can have extremely detrimental and catastrophic consequences during pregnancy. (Brighton & Hove)

### *Recommendations*

Welfare checks made by the Traveller liaison Team to be more compassionate when assessing the needs of families with health needs and particularly pregnant woman.

Transit sites to be made available to families who have stayed for the council policies maximum duration, if vacancies exist and health needs are evident including pregnancy.

### **CASE STUDY 4**

**The J's were a Traveller family with nowhere legal to stop. Ms J** was heavily pregnant and had been seen at Brighton hospital where a birth plan had been **drawn up. The J's had moved to the border of B&H and East Sussex due to** being evicted from land and had been told that Eastbourne maternity services now covered the area they were residing in. Ms J began heavily bleeding and contacted Eastbourne emergency services straight away who said she needed to contact Brighton. A lack of communication between the 2 boroughs merged with a lack who would take responsibility for **Ms J's urgent medical needs. Ms J** was unable to access emergency hospital medical services because of this dispute, and the weather was very hazardous with heavy snow. Eventually 2 midwives from East Sussex came out to the woods where the family was residing and a home birth took place.

Fortunately the baby was born with no complications; however the lack of communication between medical services, and the fear of having no medical intervention present during a complicated pregnancy caused unnecessary stress and anxiety. (B&H and East Sussex)

## Lack of follow on / preventative care

Preventative care and screening for various conditions is extremely difficult to access particularly if you are without a named GP. Many families miss their child having vaccines or routine checkups due partly to lack of awareness of such provision but more commonly the inability to access it. Furthermore literacy difficulties and a lack of understanding of the language that many professionals use provide another barrier to accessing health provision. Many families feel too ashamed to admit that they do not understand what has been **said. FFT's outreach team and the young people's worker provide support and an advocacy role with families when attending medical appointments, including GP's, counselling, CAMHS and specialist paediatric appointments.**



### CASE STUDY 5

A male Traveller who was the father of 4 children under the age of 10, and was the sole bread earner for the family, had been diagnosed as having type 1 diabetes. He was given an insulin pen and some written information on diet and managing diabetes and been invited back for follow up care. However Mr M lives a nomadic lifestyle, has literacy difficulties and also a refusal to acknowledge as the main bread winner of the family that he has a health issue which needs managing. Typically male Travellers are very poor at accessing medical treatment, and as a consequence complications can result from treatable conditions. Furthermore an attitude of denial can exist and commonly held beliefs that medical professionals may in fact diminish resilience to conditions and a suspicion of information given.

An FFT outreach worker took a DVD to the family developed for Travellers diagnosed with diabetes and clearly explained how continuing drinking large amounts of alcohol would have a detrimental effect on controlling his diabetes, and highlighted the severe complications that can arise if blood sugar control is not maintained which would inevitably lead to a life of inability to work. Support was offered to attend follow up appointments with the man. (B&H)

## Oral Health

There is evidence of inequity of dental health and dental service use with more disadvantages being experienced by Travellers on unauthorized and transit sites. Little research has been carried out into the oral health needs of Gypsies and Travellers. FFT outreach workers have reported from their work with Travelling communities over many years there is strong anecdotal evidence that Gypsies and Travellers suffer huge oral and dental health problems resulting in hospital intervention. For example, a case of two children who required over 30 teeth removed between them under general anaesthetic. **A referral was made to children's services as the children** were being given a bottle of Calpol a day in order to quell the pain of their rotten, blackened stubs. One of the children had not eaten a solid meal for a number of years, as it was too painful. Much of this problem is caused by ignorance and a lack of accessible information. On another occasion a toddler was being fed cola and ambrosia custard through a bottle resulting in obesity problems as well as dental problems.

## Mental Health and Bereavement Issues

Mental health issues are high amongst the Traveller communities which FFT engages with for a whole host of reasons including stress levels of evictions, poverty, high levels of bereavement, perpetual racial abuse, domestic violence, post natal depression, drug and alcohol issues, and tragic life experiences. Furthermore there is a shame and denial attached to mental health amongst Traveller communities and a belief that these issues should be dealt with by household members or the extended family, not by outside professionals. At FFT we use the term well being worker due to the stigma associated with the word mental health.

Generational mental health issues exist where a young person, usually a girl will care for a family member with mental health issues and therefore is prevented from attending school, socialising with peers and seeking employment. This young person or carer will then develop their own mental health issues as a consequence of their caring role.

## Young Carers

Many young girls and some boys are carers for family members who have mental, learning or physical health problems. Gender roles also mean that girls are caring for younger siblings or family members from an early age, and performing domestic and cleaning duties. The lack of mental stimulation and socialising with peers can result in self reported depression amongst girls that FFT engages with. Boys can develop issues of lack of confidence and low self esteem due to performing caring duties that culturally are the role of girls.

## Gender Roles

Gender roles sometimes necessitate girls to spend much time focusing on their physical appearance. Eating disorders including over eating due to depression, under eating and severe dieting are present amongst families FFT engages **with. Boys commonly go to work with their dad's from a young age again** becoming adults prior to their peers and missing many developmental stages including the development of aspirations, finding personal skills, employment and training opportunities.



## *Recommendations*

Finances to be made available and ring fenced for positive activities targeting the most marginalised and excluded young people within Sussex, including Travellers. This should include courses to build confidence, increase physical and emotional well being, personal goals, gaining aspirations, team building and skills needed to engage with training and employment opportunities. FFT is currently running 6 week programmes targeting young Travellers who are home educated covering working with animals and a basic sewing course, which has included visiting colleges specialising in these areas. Football training has also been delivered with the support of Mid Sussex and the **Brighton and Hove Albion's**.

Positive activities provide a valuable respite from caring, domestic and working roles of young people, and a time to socialise and gain peer support, to reduce isolation and loneliness present with many of the young people we engage with, and generally to have some much needed fun. This provides a fundamental means of young people beginning to reach their full potential.

## CASE STUDY 6

SL is the last sibling living at home as his older brothers and sisters are all **married now with children**. **SL's elder sister lives fairly near but this is a** driving distance away. SL lives on site and cares for his grandmother who has a severe respiratory condition requiring the administration of oxygen regularly **and medical treatment**. **SL's mum is totally illiterate and provides a caring role** for his dad who has diabetes and severe complications including loss of sight in both eyes. SL assists with this care and is responsible for filling out any forms, reading of letters and dealing with the administrative household tasks **on behalf of the family**. **SL's parents will not accept outside professional** support, as culturally it is the duty of family members to look after their relatives.

SL has not attended secondary school because of his caring duties being high at this time, but has been determined to follow a trade working with horses. SL has undertaken a basic literacy and numeracy course and enrolled on a foundation learning course at the nearby college. This involves being at college 3 days a week which does not interfere too drastically with his caring duties. SL has received support from FFT and a referral to the young carers for additional provision and is now pursuing a career that he has a passion for, which he had been unable to previously. (West Sussex)

## CASE STUDY 7 – A Comparative Study, Brighton & Hove and West Sussex

### Brighton & Hove

Z is 14 years old and has 4 younger siblings. Her mother is a single parent and Z has provided a caring role both to her mother for the previous year due to a serious health condition and to her siblings. Z has missed out on much of her education and has experienced severe bullying at school because she is a Traveller; Z also has special educational needs. Z is very close to her mother, who eventually passes away due to un-expected complications arising from her medical condition.

Z experiences a daily battle with depression and bereavement issues and has had some counselling, bereavement support and art therapy. Z does not want to continue with counselling at this time in her life but has acknowledged this is something she may need to continue in the future. Z wants to keep busy, pursue vocational avenues at college but definitely not return to school, and to start accessing physical leisure pursuits to assist with combating her

depression. **Z begins a media and music course with DV8 via B&H's KS4 pre engagement programme with a support worker attached to the programme. This course has greatly increased Z's confidence and ability to mix with new people, providing some basic numeracy and literacy skills, the discovery of personal talents and the ability to have a positive outlet in her life, while still battling with bereavement issues. Z has been supported by FFT's young people's worker and DV8 Brighton and is now looking at 6<sup>th</sup> form college options. (B&H)**

### West Sussex

W is nearly 15 and lives on site in West Sussex with her 3 younger siblings and mum who is a single parent. W and her siblings all left school after primary age and are home educated. W provides a lot of care for her mother who suffers from acute and long term anxiety and depression, being the eldest W also cares for her younger siblings. W really wants to go to college and study **fashion design. W has been attending FFT's sewing course on a weekly basis** with a group of other young Traveller girls. W is very determined and wants to be a self employed professional dress maker when she is older, and is enquiring in to the fundraising options available to gain a sewing machine and other basic materials required. W wants to start practising making clothes at home as she will not be old enough to start a college course for 10 months and is desperate to begin one now. Furthermore because of where W lives on a very remote Traveller site, without a vehicle she does not know how she would **be able to get to college. Her mum doesn't drive, and there is no transport** near the site, furthermore the access road is extremely dangerous without a public foot path to walk in to town.

### *Recommendations*

1. For marginalised young Travellers particularly where transport is an issue for these costs to be provided, including in some cases the need to get a taxi to be able to access public transport. Most families with vehicles are often left all day without access to them as they are needed by the main income earner for self employed work

2. Pre engagement programmes for 14-15 year olds to be made national options (currently only available in B&H and East Sussex), and finances to be re-introduced to provide 1:1 support to some of the most vulnerable young people in society (this has recently been removed due to spending cuts). This programme should be accessible from an earlier age particularly for vulnerable children and those who develop better with practical skill learning, currently these programmes are only available from year 10.

## Disability and Health Issues

Health issues and disabilities are high amongst the Traveller groups FFT **engages with**. **Common health issues encountered by FFT's health outreach team** are diabetes (type 2), heart disease, respiratory conditions particularly asthma and bronchial conditions, kidney disease, depression, post natal depression, panic attacks, and learning difficulties.

Of the 103 young people that FFT engages with nearly 20% have permanent disabilities including cystic fibrosis, cerebral palsy, sensory needs, epilepsy, learning disabilities, autism, behavioural difficulties, and spina bifida. Rarer genetic conditions are also present including phenylketonuria and neurofibromatosis. This percentage does not include young people with respiratory conditions such as asthma. This can be broken down as 73% in East Sussex, 2% B&H and 25% in West Sussex. The percentage may be much higher in East Sussex due to families being more settled and therefore diagnoses more likely to have occurred, particularly if children are in permanent housing and in school.

Living with a disability in addition to the stress families often endure by being criminalised with no legal place to stop, racially abused or victims of neighbourhood harassment frequently reported by housed Travellers, naturally **has very detrimental effects on children's life chances**, health outcomes, education and employment opportunities.

### CASE STUDY 8

**The Q's are an English Traveller / Romany Gypsy family and have travelled all their lives so their children have never gone to school.** The family has 5 children, the eldest 2 of whom have a severe and life threatening health condition. These 2 children require a very time consuming and regimented daily health regime to reduce the complications of their conditions. The 2 children have had some experience of learning during their long stays in hospital. One of the children is desperate to learn to read and write. The family decide that they need to settle on a permanent site particularly with their **children's health needs increasing, and are offered a vacant plot.**

The 2 youngest children have started primary school for the first time in their lives, but mum has been concerned and reluctant for the eldest to attend due to their health issues. With the support of the local Traveller Education Team she has decided that it will be very beneficial for them to attend with adequate support in place. All 4 children aged 8-13 are illiterate, and mum has begun to **realise how important literacy skills are in today's society particularly as her and her husband also never had any form of education.** (West Sussex)

## Family and Life Chances

As depicted in this report there are many factors affecting young Travellers family and life chances in relation to poverty, education, health, employment opportunities, inequalities in service provision and the ability to meet ones full potential compared to peers. In addition to those already discussed:

### **Large families**

Traveller families tend to be large with 5-6 siblings not being uncommon and large extended families also existing. Large family size has an even greater impact on poverty levels, particularly when families are on extremely low incomes and self employed work is becoming increasingly difficult to obtain. Poverty rates can become exceptionally high with the need for families to access additional charitable support for a whole host of needs including food packages, basic bedding, clothing and cooking utensils. FFT regularly assist families to apply to charitable sources for very basic needs.



### **Teenage Pregnancy**

FFT engages with many families with teenage parents. It is not uncommon for girls from some communities to marry very young and be parents by the age of 16/17. Accepted cultural behaviour traditionally forbids young girls from having boyfriends, but instead encourages court ships and permanent partnerships or marriage. Girls from some Traveller communities will be forbidden to have boyfriends until they reach the age of 18, with partnerships then forming very quickly and subsequent parenthood. Gender roles place great emphasis on girls to become mothers, wives and home keepers, with weddings being celebrated in spectacular style. Weddings also provided union ship between families and are therefore culturally very important. Until fairly recently divorce or separation have been largely unaccepted amongst traditional Traveller cultures.

Teenage girls from Traveller families who become parents are offered a great deal of support from family members including siblings, parents and in laws. These teenagers have often been responsible for looking after younger siblings or cousins for a considerable length of time and therefore are often much better equipped with sound motherhood skills than their teenage parent peers. However this does have the affect of increased poverty levels with girls being prevented from entering the workforce or vocational training courses and often having further children at a young age.

### **Domestic violence**

This is becoming more commonly reported to the FFT outreach team, with increased numbers of single parent families becoming known across Sussex. This is a relatively new phenomenon with separation or divorce previously being unacceptable amongst traditional Traveller communities. FFT engages with families who are currently in refuges and provides support with these exceptionally difficult and culturally challenging times.

### **Lack of Aspirations**

Many young people that FFT works with have exceptionally low aspirations, and often find it difficult to make decisions, choose what they want to do, what they like, or have any plans for the future. This is due to a combination of expected gender roles, lack of opportunities to try and discover new things, or talents, to meet new people outside of close family units, poverty, caring roles, fear of rejection when accessing services, negative experiences from non Traveller peers and the inability to plan or think ahead for the many families who are constantly being evicted.

### **Racial Abuse & Discrimination**

Years of experiencing direct and indirect racial abuse and discrimination, combined with the affects this has had on elders in the communities has long term detrimental effects on life chances, including the fear and lack of confidence to try new things and to be accepted outside of the Traveller community. It is not uncommon for Travellers particularly girls to always be in the company of another female from their community. Some families have experienced their caravans and homes being burnt out, extreme neighbourhood harassment, hate campaigns, damage to property including racially abusive language being written on belongings, to repellent approaches including the throwing of rubbish outside of their front door or dog excrement being placed through letter boxes.

FFT commonly has reports of local services being withdrawn or Travellers not being allowed to access them. Council leisure centres have repeatedly been

reported to refuse Travellers access to their showering facilities including in B&H and West Sussex. This is often the only way that families who are highly mobile have access to these vital amenities. Other recently reported service provision being withheld includes **bowling alley services, bingo halls, cinema's,** food outlets and dance schools.

## Drug and Alcohol Issues

Until relatively recently the use of drugs were virtually unknown in Gypsy and Traveller communities. Within the last 15 years things have changed with health and educational staff, community workers and voluntary organisations working with Travellers reporting increased levels of drug use mostly amongst men, from teenagers to these in their early 30s.

The policy and strategy group of the National Association of Teachers of Travellers noted that Traveller Education services were reporting an increased awareness of both use and dealing in street drugs on Traveller sites and in the communities. The use of alcohol and drugs as with the non Travelling population can be associated with incidences of domestic violence, poverty, depression, socio-economic factors, low educational achievement, homelessness and eviction generated stress.

Drug and alcohol issues are still fairly hidden amongst traditional Traveller communities, particularly women. There is often a lack of awareness of the affects or symptoms of use particularly among older members of communities. Some younger members of the community with children are reporting a sibling having experienced drug or alcohol issues, again mostly men, and have acknowledged the need for their children to be equipped with information on associated risks.

Alcohol use has been more accepted particularly at family gatherings including weddings and fairs. FFT has had young people including girls reporting the use of too much alcohol on a weekly basis and complaining of suffering from headaches, tiredness and hangovers. The awareness of cannabis and cocaine is evident amongst younger members of the communities. Drug use has traditionally been more reported amongst the new Traveller population, with some young people choosing to refrain from their use due to the poor health outcomes they have witnessed to older members in their community.

There is an increased acknowledgement by the FFT outreach worker of the potential dependency on prescribed drug use amongst Gypsy and Travellers, particularly the long term use of anti depressants and tranquillizers without a break, more common amongst woman. It must also be pointed out that families who are highly mobile will not receive follow up care with repeat

prescriptions often being administered without any form of review of circumstances. Many Travellers are not informed of the long term dangers of addiction when using such prescribed drugs.

**For more detailed information please see 'Inequalities experienced by Gypsy and Traveller communities: A Review by Sarah Cemlyn et al, ([www.equalityhumanrights.com](http://www.equalityhumanrights.com))**

### ***Recommendations***

Substance misuse service provision to be targeted at Gypsy and Traveller communities with community support workers in place who have a firm understanding of Traveller cultural

## **Place and Delivery**

### **Evictions**

As discussed throughout this report Traveller families who face permanent evictions, also encounter high levels of stress. The eviction process is usually extremely stressful with families being repeatedly criminalised and forced off land with nowhere to go by the police, needing to pack up very quickly and move at very late or early unsociable hours. Evictions are particularly stressful for families in the winter months and with health issues, elderly people, those who may be overcoming bereavement issues, waiting for or overcoming urgent hospital treatment, pregnant women, new born babies and families with young children attending local schools. The eviction process can be even more draconian if a family has their vehicle or caravan impounded by the police as this is their home containing all personal belongings (B&H).

### **Housing**

Many Travellers become housed due to the lack of permanent site provision available, in addition to the inability to cope with the stress of evictions particularly with elderly members, increasing health issues and children attending school. Housed Travellers often report high levels of depression, feeling estranged and isolated from their community, and being victim to racist neighbourhood harassment. Young people particularly state that they feel isolated from their friends and cousins, fear mixing with local peers due to rejection and feel imprisoned by bricks and mortar compared to a life of largely being outside.

### **Isolation and loneliness**

Often young Travellers both housed and on permanent sites report feeling very there is only the opportunity of mixing with close family members on a daily

basis. Many sites are situated in very isolated locations without the means to access public transport. FFT runs positive activities with young Travellers to ensure that they get the opportunity to meet other people their age, gain peer support and make new friends. High levels of loneliness can also result in reduced confidence and the ability to socialise and gain aspirations. Many of the traditional means of meeting new Travellers are diminishing with the termination of many horse fairs and other Traveller meeting places, and the reduction in the ability to live a nomadic lifestyle due to government policies.



## Environmental Factors

Council site provision is commonly located in areas that would not be deemed habitable for bricks and mortar accommodation including next to motorways, electric pylons, rubbish and sewage works and on land condemned as environmentally unsound. In addition to this they are usually placed on the periphery of towns or villages far away from public amenities including public transport. Most sites do not have a safe play area for children, some are without basic amenities including shower blocks, containing cracks and holes in the tarmac which can cause injury if a child falls, or without any form of outside street lighting making it particularly dangerous in the winter months. Only last year the consumer unit caught fire on a site in West Sussex after repeated reports by tenants of electrical faults.

The severe shortage of sites and lack of ring-fenced funds for them to be renovated or built means families have no choice but to remain living in frequently abysmal conditions. The environment that Travellers are expected to live in reaffirms the inequalities they face, the extent of poverty and their **commonly held belief that they are the 'untouchables' of society.**

## At Risk Groups

This heading is covered throughout the report including Travellers being from recognised minority ethnic groups, commonly having large families, high

levels of disabilities, barriers to health, education and employment and consequential reduced life chances.

## **Conclusions**

The Child Poverty bill recognises the increased levels of hardship amongst certain groups of children across society, particularly those from BME communities. It is hoped that this report will illustrate the extreme hardships unique to Traveller populations across Sussex and that recommendations mentioned will be embarked upon, and the needs of Traveller children included in local strategies to commence the long process of reducing child poverty.

**For further information on the Young People's Project please contact Clare Bingham at [clare@gypsy-traveller.org](mailto:clare@gypsy-traveller.org)**

## **FURTHER RECOMMENDED READING**

- 1. 'This is who we are' Children's Society 2007**
2. Raising the Achievements of Gypsy, Roma and Traveller pupils – Dept. Children Schools & Families 2008
3. **Error! Hyperlink reference not valid.**
4. Inequalities experienced by Gypsy and Traveller communities: A review – Sarah Cemlyn et al, downloadable from [www.equalityhumanrights.com](http://www.equalityhumanrights.com)
5. Derbyshire Gypsy Liaison Group – **'I know when it's raining**
6. The health of Gypsies and Travellers in the UK: Zoe Matthews – the race equality foundation briefing paper
7. **Bristol MIND 'Do Gypsies and Travellers & Show People get the support they need with depression and nerves?**
8. **The Ormiston Trust 'An Insight into the Health of Gypsies and Travellers' – booklet for health professionals**