Addressing the impact of social exclusion on mental health in Gypsy, Roma, and Traveller communities

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Abstract

Purpose – The purpose of this paper is to look at the impact of social exclusion on mental health in Gypsy, Roma, and Traveller (GRT) communities and make suggestions for services needed to address it. The context of significant financial cuts in public sector budgets in the UK and change in the commissioning landscape mean there are significant risks of these vulnerable communities falling even further behind.

Design/methodology/approach – The authors, both currently engaged in clinical practice, draw on mental health and social work perspectives to review key areas in which social exclusion impacts on the life chances of members of GRT communities. Some examples of good current provision are included as is a case study which illustrates the problematic social context in contemporary relations between traditional Gypsy/Travellers and the settled community, and the impact on family life.

Findings – Research findings from contemporary studies are cited, which show members of these communities suffer significant inequalities in all health and social spheres.

Research limitations/implications – The GRT communities have not been listed in census categories until this year (2011).

Social implications – The paper will hopefully contribute to raising public awareness, and support members of the community in participation in policy and decision making.

Originality/value – This paper arises out of interdisciplinary collaboration between a psychiatrist and a social worker with the support of the voluntary sector. The discussion highlights the gaps in commissioning arrangements and hitherto poor support for health and social care needs of the GRT communities.

Keywords Psychological aversion to housing, Social bonding capital, Mental health, Social exclusion, Gypsy, Roma and Traveller communities, Social isolation, Communities

Paper type Research paper

Introduction

Mental health issues for Gypsy, Roma, and Traveller (GRT) communities are not an area that has received a lot of attention or research. A recent Irish Traveller Movement in Britain conference, held in London in 2010, was entitled “Against the odds”. The title illustrated the overwhelming obstacles to social inclusion perceived by these groups in British society.

The IPPR estimated (Crawley, 2004) there are about 300,000 Gypsies and Travellers in the UK, of which two-thirds reside in housing. Emerging evidence from Accommodation Assessments (Cemlyn et al., 2009) would appear to indicate that this is an under-estimate. Various categories of Gypsies and Travellers (with different ethnic origins and histories) are included in that figure, e.g. Scottish Gypsy-Travellers; Welsh Gypsies; English Romanies, Irish Travellers and “New Travellers”. Only certain groups of Gypsies and Travellers (who have been accepted in law as ethnic minority groups following court cases in relation to discrimination) are legally protected by Race Relations legislation. Their nomadic or sedentary status – and whether they live in a caravan or a house – does not impact on the ethnic minority status of...
these identified communities. These groups (Scottish Gypsy-Travellers; English and Welsh Romanies and Irish Travellers) are now accepted as distinct ethnic groups, and have in 2011 been included as UK census categories for the first time. It is therefore timely for an overview of some of the challenges that face this group.

Being identified as a member of GRT communities has often meant exposure to bullying and discrimination in schools, the workplace, and difficulties in accessing appropriate accommodation. Once a family in housing is identified as a Gypsy/Traveller, prejudice against the family is often expressed by the neighbours, with attacks on the children seen as fair game. It is not uncommon therefore for many individuals to try to pass as non-GT, to avoid harassment and bullying. This leads to complex identity problems and may cause problems between the generations, as will be illustrated in the case study.

Accommodation and mental health

Gypsy and Traveller Accommodation Needs assessments under the 2004 Housing Act indicate a strong preference for dwelling on caravan sites amongst UK Gypsies and Travellers. In contrast, the recently arrived East European Roma do not report a need for sites as they have no recent cultural tradition of living in caravans and have been sedentarised for generations. Despite a European Commission ruling, which stipulates that Local Authorities have a responsibility to provide suitable sites and housing, we find that sites provided for Travellers are often located in places that are both unhygienic and unsafe for family life, for example, near motorways, or sewers (Greenfields, 2009). Academics have described this exclusion from public spaces, both geographically and culturally, as “specialised poverty” (Cemlyn and Clarke, 2005). Ever since legislation in 1960 gave local authorities the right to close commons to Travellers, there has been a significant shortage of sites where Gypsies and Travellers can lawfully stop, even for short periods (Clark and Greenfields, 2006). The concomitant duty to provide sites was never fully complied with, and was then repealed in 1994 (Commission for Racial Equality (CRE), 2006). The general tendency has been for local authorities to resettle Travellers in brick and mortar accommodation (Greenfields and Smith, 2010). This often splits extended families and communities up, leading to an erosion of cultural identity. The loss of sites, with the implied lack of acceptance by the settled community of the traditional nomadic way of life, has also led to what is described as a “psychological aversion to housing”, also a lack of trust in relations with the settled community. Travellers have also often had to take up poor quality housing in private property that was too small for their families (Cemlyn et al., 2009).

A report, London Boroughs’ Gypsy and Traveller Accommodation Needs Assessment (Fordham’s Research, 2008) was commissioned by the Greater London Authority, and covers all the London Boroughs. The report attempts to quantify Gypsy and Traveller need and demand for sites, and explores attitudes to housing in Chapter 11 “Accessing the needs of Gypsies and Travellers in housing”. There is a good discussion of Travellers and Gypsies and bricks and mortar accommodation in the appendices. The government guidance on accommodation delivery states, “Those with a proven psychological aversion to bricks and mortar accommodation can present a need for a pitch within the context of other categories of unsuitability.” The concept of Gypsy Traveller psychological aversion to housing has been addressed in case law, for example, Johnson (2009) Community Law Partnership.

One of the authors (AL) visited An Munia Tober, the Irish Traveller Support Group in Belfast, which has managed to work with local government to get a group housing project, Mill Race, built. This is bricks and mortar accommodation, specially designed for Travellers so the housing units have adjacent parking space for caravans and this grouped housing project also allows large extended families to stay together. Built with the support of the local Irish Traveller community, it respects the key role of extended families in Traveller culture. This then allows for Travellers to pursue elements of the traditional Traveller economy, which uses resources from within the extended family, seen by the community as a key source of cultural strength, and social bonding capital (Ryder and Greenfields, 2010). At the same time, children can attend a school with a majority of Traveller children, with good links to
secondary school, backed by an Education Support Team, a model which delivers good outcomes (Figure 1; Cemlyn et al., 2009).

Education, employment, and mental health

The nomadic nature of Traveller family life in past generations would have meant that children did not have continuity in terms of education. Travellers have traditionally espoused an oral culture. Ryder and Greenfield (2010) have discussed how overly emphasised bonding capital within the Traveller communities may have emerged as a defensive mechanism as a result of centuries of racism and exclusion from mainstream society, including mainstream employment opportunities. Traditional occupations, e.g. working and trading in horses, seasonal employment on farms, are now increasingly scarce. Many in the older generation, i.e. Travellers now in their 40s and 50s, are functionally illiterate and so find it difficult to support their children in staying in education. However, as time passes, Traveller women are generally finding it easier to access and complete mainstream education and gain employment, hence are creating bridging capital for these communities.

Despite this, Gypsy Roma and Traveller children have the worst education outcomes of any ethnic group in the UK (Cemlyn et al., 2009). They also have high rates of school exclusion. Many Gypsies and Travellers say that the anti-Gypsy/Traveller racism they experience in the school and education system often leads to young people dropping out of school. This is most marked in secondary school, and is likely then to have an important impact on social inclusion, achievement and mental health of Gypsies, Travellers, and Roma right across the life course. Education exclusion, with consequent lack of school achievement, results in Travellers finding it difficult to manage housing tenancies; rents not being paid due to misunderstanding, leading to eviction and consequent build up of stress and depression in Traveller families (Greenfields and Smith, 2010).

Because of the acute social exclusions they experience, Gypsies, Travellers and Roma may be overrepresented in Youth Offending Institutions and Prisons (Cemlyn et al., 2009). This is currently the focus of further inquiry and research (MacGabhann, 2011). The impact of these institutions on the mental health of offenders, and their families and communities, is considerable. An ‘extremely high imprisonment rate for the Traveller community as a whole’ has been suggested (Linehan et al., 2002), and:

**Figure 1** Youth art project

![Youth art project](image-url)

*Source: An Munia Tober (2010)*
the normalisation of imprisonment is likely to have adverse effects on the expectations and aspirations of children and adults, and adds also to the stigma attached to Travellers as a group.

Anecdotal data collected by Irish Traveller Movement Britain (ITMB) criminal justice work indicates a possible over representation of Travellers in secure units. ITMB inform that Probation and CRE Reports found over representation of Travellers in prison segregation units.

Poor health, and mental health, outcomes
Research on health outcomes indicates that Gypsies and Travellers have the worst physical health outcomes of any ethnic group in the UK (Parry et al., 2007). Common factors are poor maternal health, premature death of offspring, and ten years lower life expectancy (Leeds Census Study, 2005). There are extremely high rates of morbidity associated with cardiac problems, diabetes, asthma, arthritis, and high rates of hereditary conditions associated with intra community marriage (Matthews, 2008). Margaret Greenfields points out that “premature death is often associated with preventable conditions which could have been treated if these highly mobile families had adequate access to healthcare” (Greenfields, 2010). She also drew attention to the review undertaken by Cemlyn et al. (2009) on behalf of the Equalities and Human Rights Commission (EHRC), who found strongly suggestive evidence that a high proportion of Gypsy and Traveller families are affected by suicide, anecdotally linked to untreated depression arising from numerous factors. These include “social exclusion and experiences of racism, and unresolved grief following the death of close family members”:

Gypsy and Traveller communities for example are believed to have rates of anxiety and depression many times greater then the population average and have higher suicide rates (Cemlyn et al., 2009).

Gender issues
There are pressures in these communities to maintain traditional gender roles, including the demands of a “hypermasculine role”. Matthews (2008) highlights Traveller men’s health issues; their stoicism and their lack of attendance at medical centres, relative to Traveller women. Domestic violence is relatively common as a problem, with obvious impacts on self-esteem and depression. An EHRC (2007), on the health of Gypsies and Travellers in Wrexham reported that “61 per cent of married English Gypsy women and 81 per cent of married Irish Traveller women interviewed for the study had experienced direct domestic abuse”. However, “no further information is available on whether the methods of identifying or recruiting women may have influenced these figures”. A subsequent EHRC report makes the point that Gypsy and Traveller women who have suffered domestic violence will have suffered it more severely, and over a longer period of time than other women (EHRC Report, 2009).

Traveller men may feel traditional Traveller male roles are threatened as their traditional nomadic economy and bonding forms of capital are depleted and undermined, whilst Traveller women may be more successful at developing bridging forms of capital (Ryder and Greenfields, 2010). In some traditional Irish Traveller communities, there are elaborate dress and marriage courtship rituals, but this is not a universal phenomenon (see for example the popular television series – My Big Fat Gypsy Wedding, Channel 4, UK 2011).

Widespread social discrimination/racism
Many Gypsies, Travellers and Roma choose not to identify openly as such, or they identify as another ethnic group in order to avoid racism (Cemlyn et al., 2009). This can skew data on physical health, mental health and other outputs. Racism and discrimination encountered by Gypsies Roma and Travellers is intense, and often goes unchecked in the media. Sir Trevor Phillips, Director of the Commission for Racial Equality, before it was merged into the Equality and Human Rights Commission, referred to this in 2004 as “the last respectable form of racism”.

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Members of Gypsy and Traveller communities report (personal communication) that they feel their culture and way of life is not valued or respected, but is instead demonised or ridiculed. These cultural threats have a potential impact on self esteem and mental wellbeing.

A registered charity, “Friends, Families and Travellers” (FFT), have worked with the GRT communities in West Sussex, where these communities are the largest ethnic minority group. FFT’s work has included building capacity within mental health providers, with training events and outreach to the community by community development workers, with the result that the community is now more informed of services available. Findings from their project noted that many GP surgeries refused to register “Roadsiders” as new patients, hence access to services was only at the point of crisis in hospital A and E departments.

Service delivery implications and suggestions for good provision

An Munia Tober, described above in Belfast, is an example of a stand-alone, voluntary sector project, employing both Traveller and non Traveller staff, and covering a range of community needs, including lobbying at government level.

In some parts of the UK, the role of Traveller Education Services has been crucial in Traveller involvement in education since the 1970s. This is recognised as particularly important in improving attendance and attainment in nursery and primary school levels. Generally families viewed their interventions as positive. These services have been threatened as a result of changes in funding policy and structures over recent years, and more recently Local Authority budget cuts. The recent report on the impact on coalition government policies on Gypsies and Travellers (Ryder et al., 2011) highlighted significant concerns about the impact on Gypsy and Traveller groups of the devastation of specialist support which is occurring, and the “double whammy” of changing site provision regulation, which will make it harder for families to access caravan sites whilst simultaneously removing services.

The CRE 2006 Research Report, Common Ground, recommends that all accommodation strategies should promote race equality towards Gypsies and Travellers; the CRE also recommends that local authorities should encourage dialogue and effective engagement with these communities, and facilitate their involvement in the planning of GRT multidisciplinary service delivery. One way to achieve this is through interagency forums, or local authority/Gypsy Traveller Roma joint services meetings, composed of statutory and voluntary organisations working with Gypsies and Services, as well as members of the communities themselves. Where this has been implemented, local authorities will have a locality strategy, which encompasses a culturally sensitive community social model. The 2006 report recommends inclusion of GRT voluntary and statutory sector joint service meetings, chaired at senior level, that directly involve members of GRT communities or their representatives. The voluntary sector has played a key role in establishing interagency forums as not all local authorities have Interagency Forums or Gypsy Traveller Roma Joint Service meetings.

Such a model has been used in Haringey for many years. A specialist community social worker was involved in delivering Family Group Conferences in his casework with Traveller families. This approach was well received by these families, and by other professionals. A Family Group Conference toolkit was produced in 2006 in partnership with the Family Rights Group that included a Traveller Gypsy Roma section, with a practical guide for setting up and running Family Group Conferences (Ashley, Family Rights Group, 2007). These initiatives have been found to be useful and culturally sensitive in work with GRT communities in preventative and crisis work, as they draw upon the strengths of extended families and facilitate the voices of the local communities in being heard.

It has been a challenge for GRT communities to be included in the mechanics of influencing local groups responsible for commissioning Health and Social Care, due to difficulties in reading and writing. Only a minority of members of these communities finish formal education, which means literacy problems are commonplace (Cronin, 2003). The struggle to follow agendas, and keep up with minutes, hinders participation and undermines confidence, and would require...
particular efforts in pre-planning meetings (recommendations from Workshop, 2009). Current Government policy is for local decision making in terms of setting funding priorities for local populations. If GRT communities are not effectively represented on locality groups, e.g. Health and Wellbeing Boards, or Commissioning bodies, will there be a forum for their needs to be considered, and met? These are concerns that have come forward from GRT representative groups, such as the Irish Traveller Movement of Great Britain, Friends Families and Travellers, London Gypsy Traveller Unity, and Derbyshire Gypsy Liaison Group.

Case study
Jodie, age 14, was referred to a Child and Family Consultation Centre for assessment as she had recently taken an overdose whilst away from home in temporary foster care. She had taken an overdose in response to the stresses of being bullied, with name calling in the foster home. When seen by one of the authors (AL), Jodie presented as being extremely bright, with good academic potential. Her mother came from an Irish Traveller background, while her absent father was English. There had been a long history of ambivalent relationships with her mother, starting in adolescence, when she became ashamed of her mother's illiteracy. Arguments around wanting to stay out late escalated into violence on Jodie's part, and she threatened her mother with a knife on the occasion when she was taken into care.

Jodie’s mother, an Irish Traveller, remembered accompanying her father while he went hawking, i.e. picking up scrap metal from other people’s backyards in order to sell this. She had few years of school as a result of the family's traditional nomadic lifestyle. She married young, and her husband was physically violent. Her older son died from an accidental overdose, and she had never gotten over his death. She admitted to difficulties in being firm with Jodie, for fear she would also lose her daughter. Eventually after several years of support from a Local Authority Traveller Support Team, with a strong education support component, Jodie was resettled into a school with high-academic standards, able to stretch Jodie to achieve her potential. This is being very much supported by her mother, who is anxious that Jodie have a better life than the one she had.

Conclusions and recommendations
The GRT communities have long felt that the lack of site provision, and culturally sensitive accommodation, has had a negative impact on the mental health of the families, and contributed significantly to child poverty, and disempowerment. This is likely to get worse within the current climate of financial cuts affecting all government departments.

Current government policy is to bring Health and Social Care together, with accountability for commissioning being managed by Health and Wellbeing Boards, which are being set up as this article goes to press (and see further Travellers Aid Trust report (Ryder et al., 2011). It will be important for these Boards to take on a wider, more inclusive view and develop an understanding of the needs of their minority communities, including excluded groups such as the subject of this paper, who are likely to be “under the radar”, as it were. One mechanism would be to adopt an assertive outreach approach, which reaches out to the various communities, and seeks to understand their diverse needs and particular circumstances. It would also be important for services to take on board the low literacy levels and gender constraints in the GRT communities. In addition, the reduction of public sector funding for Traveller Support Teams sited within local authorities will mean voluntary bodies will need to take on the mantle of user empowerment, and engage with Health and Wellbeing Boards.

The Mental Health Equality Board (Department of Health) of which one of the authors was a member, received reports from a number of community engagement projects conducted during 2008 under the auspices of the NIMHE Mental Health Programme (Mental Health Equalities Programme Sustainability and Legacy Plan, 2011). These were community led research projects carried out by local black and ethnic minority community groups across the UK, in the form of needs assessments around various themes, e.g. the elderly, and barriers to services. The research process involved individuals from community
groups being trained and supervised by academic researchers from the Ethnicity and Health Unit at UCLAN. The community groups had proven access to the communities, the individuals had the potential to be trained, and the infrastructure was in place to conduct the work required. By the end of the project, there were people in the communities who would be able to carry on further work, and to articulate those needs to local service providers. One such successful (and award winning) project has been developed in South Buckinghamshire under the auspices of Buckinghamshire New University, Buckinghamshire PCT and One Voice for Travellers. It is suggested that this model of community empowerment would be a helpful one for GRT communities and statutory agencies to consider, as they face the challenges of moving forward into the future.

There is a dearth of culturally informed and sensitive counselling available to GRT communities. For example, the extent of the anecdotally high levels of depression and bereavement in GRT families (Greenfields, 2008; Cemlyn et al., 2009) is not widely known, nor has the importance of the extended family as a source of strength and resilience been fully explored. The cultural competency gap needs to be bridged through cultural awareness training for professionals, in order that mainstream services are perceived as more accessible by these communities. The development of Gypsy Traveller Roma culturally sensitive counselling, psychotherapy and other mental health services should also be considered. An Irish Traveller in Ireland, Thomas McCann, a qualified psychotherapist, has recently set up the Traveller Counselling Service for Travellers in Dublin. This offers a promising model of good practice in the development of appropriate mental health services. Thomas also advises that mainstream services need to build relationships with the communities through outreach, to break down the mistrust and barriers that exist between the communities and mainstream services. Cultural awareness training alone will not suffice. Service providers need to become more aware of the negative assumptions and perceptions they may be carrying around GRT culture, values and lifestyle. Also, crisis intervention services are needed to fit in with the nomadic cultural traditions (personal communication).

There has been a perceived divide between the work of staff in Traveller support teams – including health visitors, Education workers and community social workers, and the world of mainstream social work. This has led to fear and distrust of mainstream social work by GRT communities. A major theme is the distance between social services and Travellers. Cemlyn (2008) comments that the lack of trust between Gypsy Travellers and public bodies has specific social work manifestations as Travellers actively avoid contact often out of a historically informed fear of losing their children into care. Community social work models should be used to bridge this gap. An example is the work of the small specialist Traveller Support Team in Haringey, which uses a community social work model that engages Gypsy and Traveller families before a crisis occurs (Davis, 2010, 10 June).

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Further reading


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