

Here to Stay

An exploratory study into the needs and preferences of Gypsy/Traveller communities in Cheshire, Halton and Warrington - July 2006



Report commissioned by Cheshire, Halton & Warrington
Racial Equality Council and compiled by Dr Corinne Thomason

Acknowledgements

The process could not have moved forward without the hard work and commitment of many people too numerous to mention individually. However I would particularly like to thank the community researchers, without them we would not have received the quality of information we did. I would also like to thank the interviewees who overcame their reservations and shared details of their lives so that we might learn and understand more about the lives and needs of Gypsies and Travellers in Cheshire, Halton and Warrington.

*‘I left school when I was 9 years old
after 4 years of constant bullying’*

Notes

¹Of concern are the number of studies which have reported marked inequalities in health compared to non Gypsy counterparts and even to other socially deprived/excluded groups. (Parry et al 2004.) The study found that ‘reported health problems were between twice and five times more prevalent with chest pain, respiratory problems and arthritis especially more common.

²Similarly Crawley (2003) found in respect of a number of key indicators of deprivation such as levels of perinatal mortality, stillbirths and infant mortality, significantly higher rates of these in G&T communities compared with the national average and that in terms of average life expectancy women live 12 years less and men 10 years less.

³In the Drugs Misuse Needs Assessment Project, the University of Central Lancashire trained 204 people from 47 community groups to undertake research within their own communities as part of their strategy to engage the wider community. Arguments for using community members to further engagement revolved around capitalizing on existing networks and trust which leads to improved access, an understanding of the community which leads to sensitivity and the ability to find ways of reaching those who would not normally be consulted.

Foreword

The last four years have seen a significant increase in the numbers of Gypsies and Travellers seeking our help. Around half of our casework enquiries each year are now from Gypsies and Travellers, who have encountered discrimination, harassment and abuse. However, our role isn't only about helping individuals - a large proportion of our work is about campaigning for the rights of minority ethnic groups. And out of all the groups, Gypsies and Travellers clearly remain the most marginalized and openly vilified. We no longer see 'no blacks' or 'no Irish' signs, but 'No Gypsies' and 'No Travellers' signs remain commonplace in Cheshire's pubs, bars and shops - racism towards them is still seen as acceptable to the majority population.

We have spent a considerable amount of time working with public agencies to deal with the variety of issues faced by Gypsies and Travellers, not least site provision. However, we have always recognized that the key thing missing was the voice of Gypsies and Travellers themselves. There were no community groups or voluntary organizations in the Cheshire area that dealt specifically with Gypsy and Traveller issues and we felt that this was a massive gap that needed to be addressed. So when the opportunity to secure some funding to develop a network for Gypsies and Travellers came up through Change Up, we jumped at the opportunity. Essentially what we wanted to do was come up with a way of linking Gypsies and Travellers across the area so that:

- a) they had a united voice that could campaign for Gypsy and Traveller rights
- b) that they could influence public decision makers regarding the needs of their own community
- c) information could be disseminated through the Gypsy and Traveller communities

We were lucky in that the contacts we already had were interested in such an initiative, and we came up with a steering group of local Gypsies and Travellers to take it forward. What we didn't know was what Gypsies and Travellers wanted from a network and we needed to engage the wider Travelling community to find out. What was clearly apparent though, was that there was very little known about the Gypsy and Traveller community in Cheshire and services were based on assumptions about their needs rather than evidence or adequate consultation. As we were already talking about approaching people to ask them their views on a network, we felt this was a perfect opportunity to ask Gypsies and Travellers about a whole host of other relevant issues. These would help to inform service providers and help us determine what sorts of things the network should be tackling and in what form. The steering group was very keen to do the work themselves, they felt that Gypsies and Travellers were more likely to talk to them than people from outside the community. The response and quality of replies received from the questionnaires appears to support that viewpoint.

Once the interviews were concluded, the steering group decided that the best way forward would be to formally constitute themselves into a group that would continue to develop the network idea and take forward the results of the research. Cheshire Gypsy and Travellers Voice formally launched on 16th June and is continuing to campaign for and assist Gypsies and Travellers in the Cheshire area. But that is just the beginning. What this research shows is that there is a lot more work needed, we have only touched the surface of the needs of the Gypsy and Traveller population in the area, but at last we have some insight into the realities of daily life if you are a Gypsy or Traveller in Cheshire.

Shantele Janes

Director

Cheshire, Halton & Warrington Racial Equality Council

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1 Introduction

This report presents the findings of an exploratory study into the needs of Gypsy/Traveller communities in Cheshire, Halton and Warrington. The research was commissioned by Cheshire, Halton and Warrington Racial Equality Council (CHAWREC), funded by Change-Up and designed and conducted by Dr Corinne Thomason of Diverse Solutions working with a research team from the Gypsy and Traveller community. The study is innovative in that it was conducted by Gypsies and Travellers themselves in an attempt to overcome some of the barriers to penetrating Gypsy/Travellers communities. The aim of the research was to gather evidence about the needs and preferences of Gypsy and Traveller communities in Cheshire, Halton and Warrington. Once gathered the evidence would fulfil a number of functions:-

- inform discussions with agencies
- highlight areas which require further investigation
- help to clarify issues about the lives of Gypsy/Traveller people about which there exists confusion
- empower members of the network to be 'experts in their own lives' by building up knowledge about their communities
- data from the research will contribute to a report which will inform the development of infrastructure for consulting with the Gypsy and Traveller communities.

1.1 Study context

Gypsy and Traveller communities are well established in this country and yet little is known about the needs of these communities or how to engage them. A small but growing body of research highlights inequalities in health¹ (Parry et al, 2004), unequal access to a range of services² (Crawley,2003) and the experience of prejudice and racism in the everyday lives of those from the these communities (Horton Associates, 2005). Engaging with communities has proved to be a particular problem for a range of reasons including mistrust on both sides, the provision of inappropriate services which are culturally insensitive and because these communities are disparate and diverse making it hard to establish a point of contact. Some parts of the country have successfully developed networks which aim to improve communication between members of the communities and with outside agencies and offer community cohesion and a focal point for generating common issues and having those issues addressed thereby empowering the community.

There is no shortage of experience both personal and professional to support the argument that Gypsy and Traveller communities are disadvantaged and experience a range of social problems for which they are receiving no help. However there is a dearth of rigorously collected 'evidence' of these disadvantages. In order to activate change in these communities the people who inhabit them need to be empowered to research their own communities to excavate this evidence and present it as a tool to stimulate change. Community researchers are best placed because of their cultural knowledge to gather this sensitive data which is needed to inform service delivery.

1.2 Project context

It is against this background and in the light of the many issues of which Cheshire Halton and Warrington Racial Equality Council is aware through casework with these communities that an application was made to Change Up for funding to develop a Gypsy and Traveller network spanning the Cheshire, Warrington and Halton areas. The Gypsy and Traveller Network Project will not only explore the feasibility of developing a network which is an important end in itself but it will also use innovative methods³ to achieve this aim. A guiding principle of the project was to fully engage the community by employing community-based participative research. A consultant was commissioned to train members of the Gypsy and Traveller communities to design and conduct research into:-

- the needs of their communities,
- to discover to what extent there is support for a network,
- what form a network might take and
- what would make it sustainable.

2 The Research

2.1 Developing the research

Six people attended a 2 day training course introducing them to social research methods. The training covered the following topics;-

- The characteristics of research
- Becoming research minded
- Research design

This first group also considered what areas of the lives of Gypsies and Travellers should be the subject of research. From these discussions the group developed a questionnaire which became the principal research instrument for this study. Later a further 10 people attended a 1 day course which included a general introduction to research and practice using the questionnaire. Eight people went on to collect data for the study. As part of the analysis stage consultation took place to 'make sense of the data' in the light of the sample characteristics.

2.2 The design

The research used a structured questionnaire administered by trained community members who were paid a fee for each interview conducted and their travelling expenses. Interviews took place in February/March/April 2006.

The questionnaire was structured around 10 domains: personal details; identity; general satisfaction; accommodation; disability; interest in the network; education; health and social care; discrimination; work and benefits. The research employed convenience and snowball sampling which are non probability sampling techniques. All members of the Gypsy and Travelling communities were eligible to participate in the research as long as they were resident in or visiting the areas served by Cheshire, Warrington and Halton Racial Equality Council and aged 16 or over.

2.3 Evaluation of the design

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

The study interviewed 93 people in all which is a reasonable sample considering time, access and knowledge constraints. People were contacted through networks which the community researchers had but within a framework of what CHAWREC already knew about where people were living. CHAWREC produced a list of sites and addresses which were known to the organisation. Interviewers added to this from their own knowledge and then selected locations where they would look for participants.

Half way through the data collection phase the characteristics of those interviewed were reviewed to ensure that the sample was not too biased in terms of age, sex, location or domicile type. There are more women than men in the sample and the majority of respondents were under 50 years of age. This profile is attributable to a number of factors. To penetrate the communities researchers contacted people through their own networks. Many of these networks involved women as men were away working. Researchers reported that men were more likely to decline to take part and were suspicious of the motives of the research and the motives of the researchers. There are however a good number of men from all age bands excepting the under 20 bracket. Considering the 'trust' issues which the researchers had to contend with, this exceeded our expectations.

In terms of roadside encampments, the study only managed to interview 5 people although this was due to practical problems of locating people rather than refusal to be interviewed. On a positive note the data collected from these 5 interviews was extremely rich and has helped us to further our understanding of the needs of communities who are travelling. Time constraints on this piece of work have meant that we were unable to include more people from this category although it would be an urgent priority for any further work.

a) Assessing the interview process

A separate report will be available in the Autumn which will examine the process of conducting community participative research. This will include the experiences of the community researchers as they looked at their communities in a very different way. However there were two important issues which the research team had to deal with and are worthy of discussion here, they are -suspicion and the importance of privacy in Gypsy/Traveller communities.



(i) Suspicion

All researchers reported high levels of suspicion when approaching people about the work. In research support sessions this was the main issue which people wanted to discuss and had battled with. Researchers had used a number of strategies to try to overcome this hurdle, the most successful of which was their own credibility in the community ‘if Jim thinks it is OK then it must be.’ Another strategy was to explain the benefits of the network when dealing with a particular issue which the researcher might have in common with the interviewee eg advice about rights.

Researchers were asked to evaluate the interviews they had conducted by rating them on a scale of 1-10, 10 being the best it could be. This rating had to be done within an hour of the interview taking place. Table 1 documents the frequency with which different points on the scale were selected. 67% of the interviews were rated 5 or above which suggests that researchers considered most interviews went relatively well.

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

Score	Number
10	6
9	4
8	16
7	12
6	16
5	14
4	8
3	4
2	2
1	1

10 = best it could be 1 = worst it could be n=83

Researchers were also asked to consider a number of statements about each interview to gauge the level of participation of interviewees. Table 2 presents the results. Researchers felt that in two-thirds of cases they only received basic answers to their questions. When consulted about this response the overwhelming feeling of the group was that suspicion about how the research would be used was a primary factor in terms of quality of response.

Table 2 - Interviewer perceptions of level of engagement of respondents expressed as a percentage of all respondents

Engagement type	Percentage
The interviewee had little to say apart from basic answers to my questions	67%
The interviewee seemed very interested in the network	67%
The interviewee had plenty to say and gave me more than basic answers to my questions	33%

N=83

(ii) The importance of privacy in Gypsy/Traveller culture

The importance of privacy and keeping personal information in the private domain emerged as a key issue when discussing the design of the research and the areas to be covered by the questionnaire. Issues such as teenage pregnancy, domestic violence, child abuse, sex education, drugs and anything to do with business and money were viewed by some members of the group as 'out of bounds.' Realizing that these were very sensitive areas it was agreed not to include them in this exploratory piece of work although it was agreed to ask questions about work and benefit income as it was seen to be an issue which people need help and advice on.

Although this was included in the questionnaire the group had reservations about how people would react to questions about benefit income and national insurance. Some researchers felt that merely broaching these questions would impact on the rest of the interview and lead to lack of cooperation, others that they were unwilling to ask any of these questions as 'it is not what we do-it is private.' Others said that they would try to ask them and explain the benefits for Gypsies and Travellers of gathering the information. In view of these reservations the information gathered about these private domains exceeded all expectations and has offered up vital data which will inform future work.

2.4 Characteristics of the sample

Ninety three people were interviewed. Tables 3-5 show the age and sex profile of the respondents. Women outnumbered men in the sample by 2:1. (28 men and 65 women).

As tables 4 and 5 reveal the sample is young overall with 63% under the age of 40. Nearly half of the women in the sample were under 30 (48%) compared to 21% of men.

The youngest participant in the study was 16 and the eldest 75. The most frequently represented age band was the 30-39 band with almost a quarter of interviewees from this category. Figures 1 and 2 show this diagrammatically.

Table 3 - Age and sex profile of interviewees

Age Band	Men	Women
Under 20	0	11
21-29	6	20
30-39	10	12
40-49	4	7
50-59	3	7
60-69	4	5
70+	1	3
Total	28	65

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

Age Band	Total Sample%	Men%	Women%
Under 30	40	21	48
Under 40	60	57	66
Under 50	75	71	77
Under 60	86	82	88

Table 5 - Number and percentage of sample in each age band

Age Band	Number	%
Under 20	11	12
21-29	26	28
30-39	22	23
40-49	11	12
50-59	10	11
60-69	9	10
70+	4	4
Total	93	100

Figure 1 - Percentage of female respondents by age band

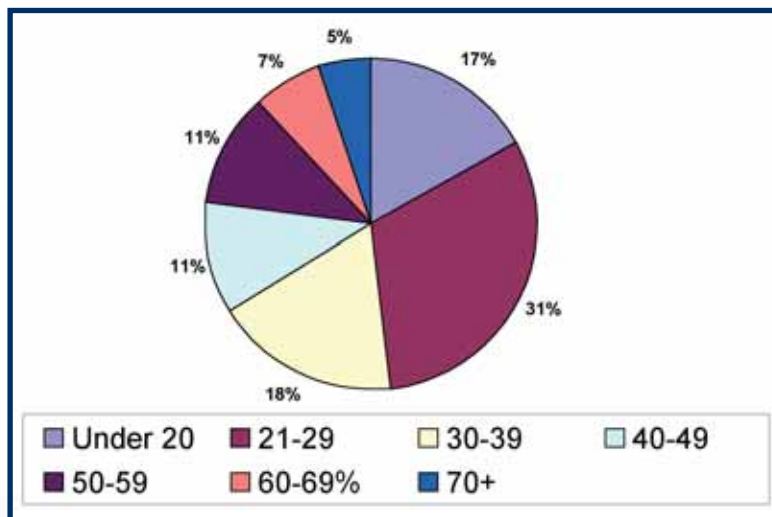
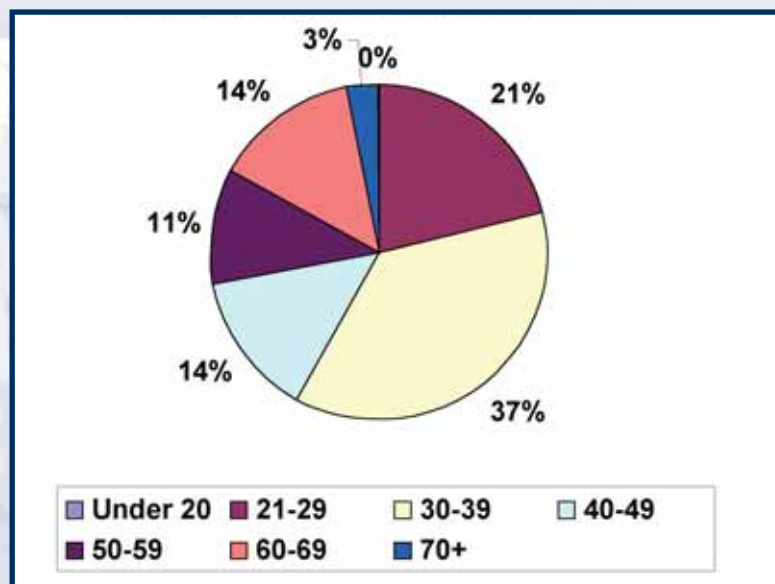


Figure 2 - % of male respondents by age band



3 The Results

3.1 Identity

We asked respondents how they would classify their ethnic background. As Figure 3 indicates over ¾ of the sample said they were Romany Gypsies and 10% saw themselves as Irish Travellers. A further 7 interviewees were unhappy with both of these classifications and saw themselves either as Travellers, English Travellers or Romany Travellers whereas others who were of mixed heritage wanted this reflected in their classification.(Table 6)

Figure 3 - Percentage of respondents by ethnic background

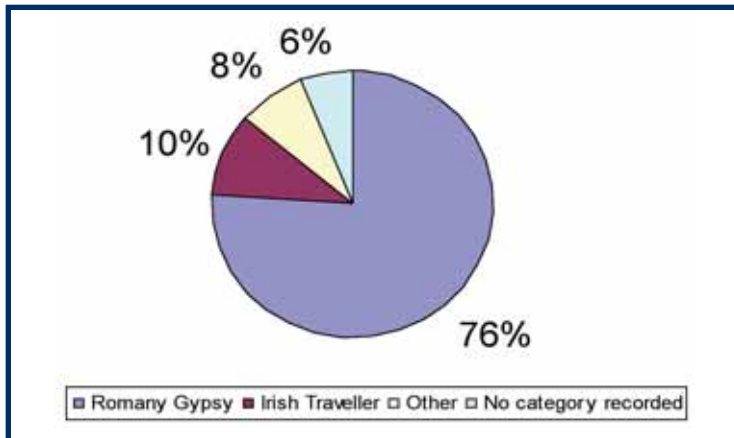


Table 6 - Ethnic background identified by respondents

Ethnic category	Number
Romany Gypsy	71
Irish Traveller	9
Romany Traveller	2
Traveller	2
Romany Gypsy/Gorga	1
Romany Gypsy/Irish Traveller	1
English Traveller	1
None recorded	6

‘Gaujas don’t like Travellers, they follow us in shops, pubs, they try to look like they are being nice but aren’t’

3.2 Faith

We asked interviewees whether they followed a faith, 67 people (78%) said that they did (Table 7). When asked to specify their faith 50% classified themselves as Catholic and 47% as Christian, although within this category 11% specified that they belonged to particular streams of evangelical Christianity such as the ‘Light and Life Mission’ (10%). (Table 8 and Figure 4)

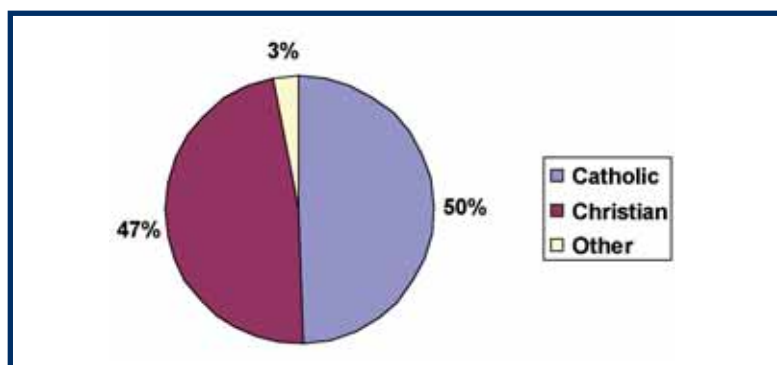
Table 7 - Number of respondents reporting a faith

Faith reported	No Faith reported	No reply
67	20	6

Table 8 - Proportion of respondents expressing a particular faith

Faith specified	% of respondents
Catholic	38
Christian	25
Born Again Christian	8
Light and Life Mission	3
Scientologist	1
Christian scientist	1

Figure 4 - Percentage of respondents by faith

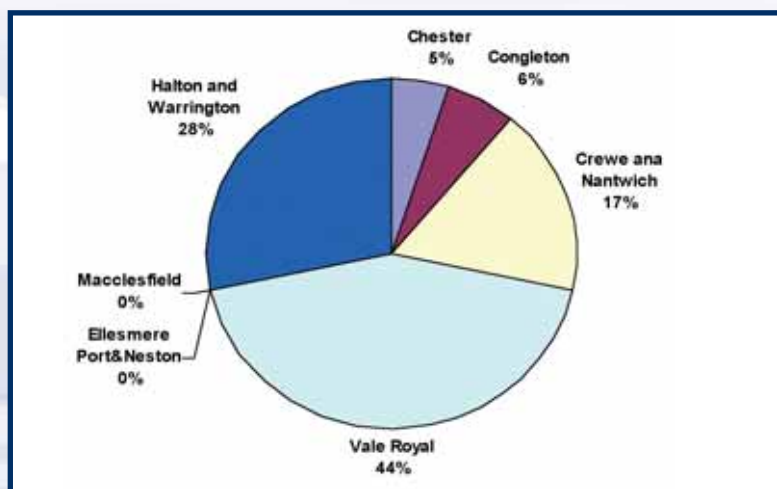


3.3 Where do people live?

(i) Location of respondents

Figure 5 provides information about the part of Cheshire which respondents came from. Participants came from all over the area served by the Racial Equality Council. The largest majority came from Vale Royal (Central Cheshire) (44%) followed by 28% from Halton and Warrington.

Figure 5 - Percentage of respondents by area



The majority of those interviewed lived on sites (61%). It was more difficult to secure interviews with people who were travelling not because they refused but because they were hard to locate. They accounted for 5% of the sample.

Figure 6 - Percentage of respondents by location type

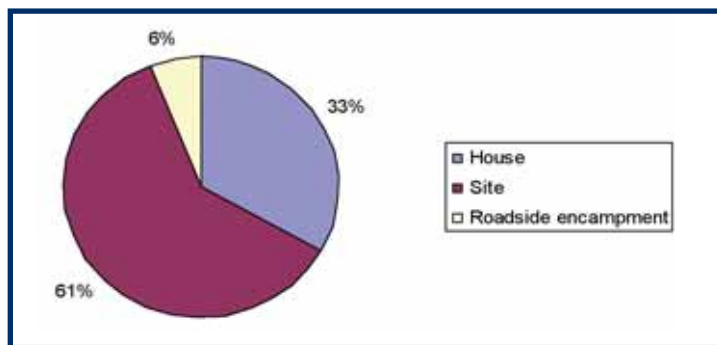


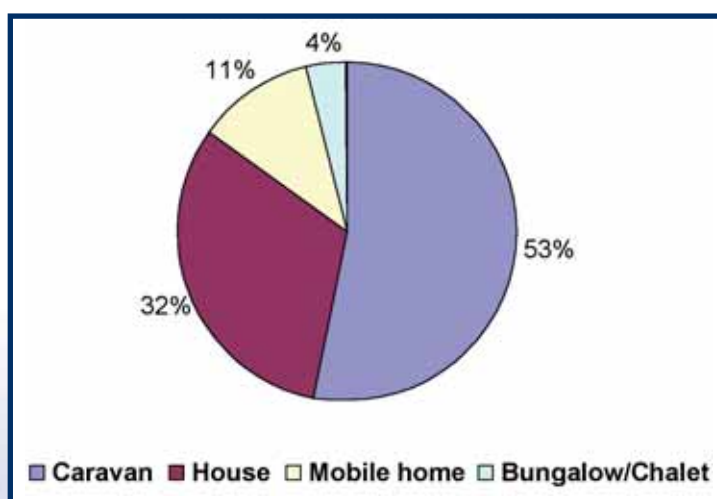
Table 9 - Number of respondents by type of location

Location type	Number
House	31
Site	57
Roadside encampment	5

(ii) Domicile type

As Figure 6 and Table 9 show the majority of those interviewed lived on sites (61%). It was more difficult to secure interviews with people who were travelling but 5 interviewees (5%) were living roadside. The most popular type of home for participants was a caravan (53%) although a significant proportion 32% live in houses. (Figure 7) Over 2/3rds of the sample lived with other people. The median household size being 5 people (Table 11).

Figure 7 - Percentage of respondents by domicile type



(iii) Time at current address

As table 10 indicates 77% of those sampled had been at their current address over 1 year, 43% over 5 years which suggests a level of stability amongst those sampled. 38% of those living on sites had been there over 10 years compared with only 1% of house dwellers. This is likely to account for the high percentage of sample settled with a doctor and their subsequent high levels of satisfaction. However the same does not apply to registration with dentists, which requires further investigation.

Table 10 - Length of time at current address

Length of time at address	House	Site	Roadside
Over 10 years	1	21	0
5-10 years	6	12	0
1-4 years	17	15	0
Under 1 year	7	6	0
Under 1 month	0	0	5

Table 11 - Number of people per household

Household size	Number of respondents
1	18
2	14
3	13
4	16
5	15
6	7
7	4
8	1
9	2

(iv) Ownership

Table 12 provides information about ownership of property for those living in housing. The majority of those living in houses (53%) live in the private rented sector. A smaller proportion, 35% own their own home. For those living on sites as Table 13 shows the majority (59%) live on privately owned sites.

Table 12 - Ownership of property identified by respondents living in housing

Ownership of property	Number of times cited
Privately rented	16
Rented from housing association	3
Rented from the council	1
Owner occupier	8

Table 13 - Ownership of pitch for respondents living on sites

Type of ownership	Number
Your land and planning permission to live on it	0
Your land but no planning permission	1
Council run site	12
Privately owned site	33

(v) Problems encountered where respondents live

Table 14 documents the number of respondents in housing and on sites who have had problems where they live. 37% of those in houses said they had experienced problems compared to 34% of those on sites.

Table 15 lists the types of problems identified by those in housing and Table 16 the problems experienced by those on sites. In housing racial abuse was the most prevalent problem whereas on sites the behaviour of other residents and safety on sites were the problems most frequently cited. Safety issues mainly concerned the increase in cars on sites which is a danger for children playing.

Table 14 - Numbers of respondents living in houses

Trouble with neighbours	No trouble with neighbours
11	22

Table 15 - Type of problem encountered by respondents living in housing

Type of problem encountered	Number of times cited
Children arguing	1
Complaints about noise and cars	1
People don't like us and think they are superior	3
Racial abuse	6

Table 16 - Types of problems identified with site living by respondents

Problems	Number of times cited
Behaviour of other residents	9
Safety on site	8
Service charge	6
Delivery of mail	4
Access for visitors	2
Site owner	2
Bad publicity/ Relationship with local community	6
Site owner	2

(vi) Travelling

3% of those in housing and 29% on sites still went on the road for fairs and family visits (Table 17). Table 18 lists the problems encountered when on the road cited by respondents.

Table 17 - Number of respondents living in houses and on sites who still travel

Domicile type	Still travel	No longer travel
Sites	16	39
Houses	11	20

Table 18 Problems encountered when on the road

Problems encountered	Number of times cited
Not allowed on sites	13
Concerned about safety of pitch when away	15
People living with us might cause problems	3
Name calling and harassment	7

(vii) Roadside encampments

Tables 19-22 contain data about the experiences of respondents from roadside encampments. Interviewees said that they were there mainly because of the lack of good paid sites which will allow them to pull up (Table 19). All interviewees had been moved on in excess of 30 times this year (Table 21). Of the 5 people interviewed only 1 said that anyone had asked them about their circumstances and needs (Table 20). All respondents bar one expressed interest in transit sites if they were available. Desirable facilities cited were toilets, showers, electricity, schooling,

water. Impacts on families of moving identified by interviewees were stress, inability to work and lack of schooling for children (Table 22).

Table 19 Reasons given for choice of stopping place

‘Not enough sites’
‘Site owners are choosy who they let on’
‘I need to work here’
‘This is my way of life’
‘Owner let me stay here for a couple of weeks’

Table 20 Number of people asked about their needs when they have been moved on

Asked about needs	Not asked about needs
1	4

Table 21 Number of times roadside respondents moved on in last year

‘Lots of times’
‘Three to four times per month’
‘Over thirty times’
‘More than forty’ ‘Twenty two’ ‘twenty-five’

Table 22 Impact on family of being moved on expressed by roadside respondents

‘Stress’
‘Children can’t go to school’
‘I can’t work’
‘None we just move on’
‘No problems yet in this place.’

Although the number of interviewees from roadside encampments was small the data was very rich and gives a flavour of the very difficult circumstances people are living with day to day. It is an urgent priority that more people are interviewed from this category to further our understanding of the issues they face and what help they need.

3.4 Satisfaction

(i) Are you happy where you live?

Tables 23-25 provide data about the how happy/satisfied respondents reported that they were with where they were living and the services they received. Over 70% of people surveyed said that they were happy where they were living.

Of those living on sites, 60% said they were satisfied with the services they received

Table 23 Proportion of respondents who said they were happy where they lived

Yes	No	D/K no reply
73%	17%	9

Table 24 Proportion of respondents who said they were happy where they lived by type of location

House	Site	Encampment
28%	45%	2%

Table 25 Number of respondents satisfied with the services on rented sites

Satisfied with services	Not satisfied with services
34	6

(ii) Satisfaction with the range of services available.

Tables 26-28 and Figure 8 provide a range of data about levels of satisfaction expressed by respondents. Interviewees were asked to assess their levels of satisfaction/dissatisfaction with a number of services and agencies. Tables 27a-d give a broad picture of the services which respondents were satisfied/dissatisfied with, neutral about or had no comment about. Table 28 shows the top 5 rankings for each judgement expressed. Table 29 takes the analysis further by attributing a score to the judgements made by respondents. The entries in the table are the top 5 rankings arrived at by this method. High levels of satisfaction were expressed with neighbours, landlords, hospitals and doctors, however a large number of respondents (over 50% in most cases) had no view to express when asked a range of questions which may be linked to a lack of familiarity with being consulted.

Table 26 Agencies ranked by level of satisfaction expressed by respondents

Very satisfied with	Satisfied with	Very dissatisfied with	Dissatisfied with	No strong opinion	Don't know
Doctor	Doctor	Local council	Police generally	Businesses	Benefits agency
Neighbours	Neighbours	Benefits agency	Community	Community	Health visitor
Landlord	Community	Police generally	Refuse collections	Police-general	Businesses
Hospitals	Hospitals	Local police	Local police	Schools	Local council
Refuse collections	Refuse collections	Landlord	Hospitals	Benefits agency	Schools



Table 27 Satisfaction responses recorded as scores and ranked

Satisfaction score	Neutral score	No opinion expressed score	Ranking
Doctor	Business	Benefits	1
Neighbours	Local community	Health visitor	2
Hospitals	Police(general), schools/benefits/HV/local council*	Business	3
Landlord		Local council	4
Schools		Schools	5
*equal ranking			

Table 28(a)

Most likely to express satisfaction towards
Doctor
Neighbours
Local hospital

Table 28(b)

Most likely to express dissatisfaction towards
Police in general
Refuse collection
Local community

Table 28(c)

Most likely to have no strong views about
Local businesses
Local community
Police
Schools
Benefits agency
Health visitor
Local council

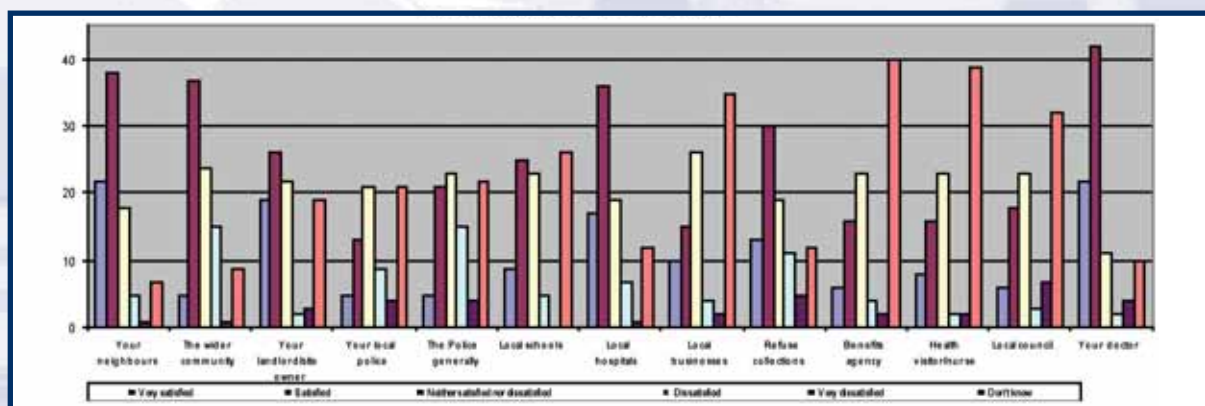
Table 28(d)

Most likely to have no knowledge of
Benefits agency
Health visitor
Local businesses

‘health visitor gave good care and advice’

Figure 8 shows pictorially levels of satisfaction for each service. The high number of responses in the neutral or ‘don’t know’ categories is of interest here and may be indicative of respondents complete lack of interaction with these agencies or lack of experience with expressing a view or being asked for a view.

Figure 8 - Levels of satisfaction by services



3.5 Health

(i) Health conditions

Interviewees were asked whether they were living with any medical conditions. As Table 29 suggests a third of the sample recorded some sort of health condition. Table 30 lists the types of conditions that people live with and these are ranked in order of frequency. Back problems and arthritis were the most prevalent conditions.

Table 29 - Do you suffer from any medical conditions?

Yes	No
31	58

Table 30 - Health conditions cited by participants ranked by frequency

Health condition	Ranking
Back problems	1
Arthritis	2
Anxiety and depression	2
Cardiovascular problems	4
Hearing/sight/speech problems	4
Asthma/breathing difficulties	6
Multiple health problems	6
Diabetes	8
Gynaecological problems	8
Other health problems	10

(ii) Disability

Although a third of the sample were living with health problems only 15% of the sample considered themselves to have a disability and fewer 13% acknowledged that they were receiving benefits in respect of their disability (see tables 31 and 32). When asked about their work status 14% said they were unable to work because of their health. (Table 55)

Interviewees were asked whether they were caring for/living with anyone who was elderly or had a disability. Only 4 people in the sample were carers (Table 33). Over 50% of these said that they were caring 24/7 with no help from outside agencies.

Table 31 - Do you consider yourself to have a disability?

Yes	No
14	76

Table 32 - Do you receive benefits in respect of your disability?

Yes	No	No response
12	46	25

Table 33 - Are you a carer?

I am caring for someone who is elderly or disabled	I am not caring for someone who is elderly or disabled
4	89

(iii) Stress

We asked respondents whether they ever felt stressed. The majority (59%) said that they sometimes felt stressed. (Table 34)

Table 34 - Numbers of respondents who feel stress in their lives

Yes	No	No reply
55	37	1

Table 35 - Level of stress expressed by respondents on a scale of 1-10

Point on scale	Number of responses	%	Ranking of scores
10	14	22	1
9	7	11	3
8	4	6	8
7	10	16	2
6	5	8	6
5	7	11	3
4	4	6	8
3	5	8	6
2	2	3	10
1	6	9	5

10=most stressed n=64

To examine this in more detail we asked interviewees to rate their stress levels on a scale of 1-10, 1 representing the least stress and 10 most stressed. Table 35 documents the responses by frequency, percentage and rank order when asked to rate their stress levels on a scale of 1-10. 40% of respondents rated themselves high (points 8-10) and 41% medium (points 4-7). The most popular ratings were 10 and 7 accounting for 38% of the responses. When asked which particular aspects of their lives caused stress, the most common responses were 'everyday life' health, family and children. One person said 'the Gypsy way of life' and many others mentioned issues special to the way of life such as stressors like name calling, having nowhere to stop, being moved on and finding work. The stressful nature of peoples' day to day lives is of concern and needs to be investigated further.

(iv) Registration with a doctor

Tables 36-40 focus on respondents experiences of GP services. A very high proportion, over 90%, were registered with a GP, most within 3 to 5 mile of their homes. The same high percentage felt comfortable attending the surgery to discuss health issues. This finding is contrary to other studies which suggest that a number of factors- transient domiciles, poor treatment by the practice, reticence of Gypsy/Travellers themselves, perceived lack of awareness and understanding of culture- makes it difficult for Gypsy/Travellers to register with a doctor. As we have established our sample is fairly static and longstanding in the community which will have a bearing on numbers who have registered. Registering is of course a particular problem for those on the road which only constitute 5% of our sample. Only 10% of respondents were uncomfortable attending the surgery and the reasons given for lack of comfort were a mixture of the need for privacy articulated by two women as 'I don't like discussing those things with anyone, they are private' and 'I don't like to see a man there are not enough women'-and poor customer service from administrative and reception staff (Figure 9). Some of the issues mentioned were to do with appointment systems and the bureaucracy of doctor's surgeries in general which are difficult for many customers. These issues are perhaps magnified when literacy is a problem and when there is a general lack of experience interacting with agencies.

Participants were generally very positive about the services received from their local doctor 69% recording that they were satisfied or very satisfied. There may be a link here with positive views about services with which there is a long association.

Table 36 - Number of respondents registered with a GP

Registered with doctor	Not registered with doctor
85	8

Table 37 - Number of people experiencing difficulty registering

Difficulties registering	No difficulties registering
19	74

Figure 9 - Examples of difficulties encountered when registering

‘Not actually getting to register but I can’t fill in the forms’

‘The receptionists talk horrible to me’

‘Can’t read and write the receptionists were not very nice; I had to have help from Traveller’s education’

‘Don’t listen receptionists are tw__s!’

‘Books are full’

‘Too far away’

‘No address when travelling’

‘With being from a travelling family I feel uncomfortable discussing personal details’

Table 38 - Where is your doctor located?

Proximity of doctor	Number of times cited
Under 1 mile	48
2- 3 miles	26
4- 5 miles	10
6-10 miles	5
11-20 miles	2
Over 20 miles	2

Table 36 - Number of respondents registered with a GP

Registered with doctor	Not registered with doctor
85	8

Table 39 - Are you comfortable attending the surgery?

Comfortable attending the surgery	Not comfortable attending the surgery
84	9

Table 40 - Reasons given by respondents for feeling uncomfortable attending the doctor's surgery

'Receptionists'
'I get very nervous'
'Me mam goes with me'
'There are no female doctors'
'I don't like going'

(v) Alternatives to GP services

Tables 41-45 document interviewees responses to a range of questions about health services other than GP care. When we asked participants if they used other health services; 15% had used the telephone helpline NHS direct (table 41); 28% had attended an A&E department in the last year (table 42) and a similar proportion had seen other health professionals such as specialists, health visitors and district nurses(table 44).

Other studies have found that Gypsies and Travellers are more likely to present at A&E than at a GP surgery with non urgent medical issues. We asked those who had attended A&E in the last year what their reason for attendance had been. Table 43 lists the range of conditions and the frequency with which they were cited. In all cases the reason for attendance would appear to be justifiable which does not support the findings of other studies but may be largely due to the settled nature of our sample.

We also asked respondents who else they turn to for health advice. The most popular answers were family, self care and the chemist accounting for 85% of the responses. It is interesting that respondents rarely consulted friends and neighbours about health problems which may be due to respondents viewing this matter as private.

Table 41 - Have you ever used NHS direct?

Used NHS direct	Not used NHS direct
14	79

Table 42 - Have you used A&E in the last year?

Used A&E in last year	Not used A&E in last year
26	67

Table 43 - Reasons given for use of A&E

Reasons for attendance	Number of times cited
Heart problems	3
X ray	5
Fall	1
Dog bite	1
Car crash	3
Problem with pregnancy	1
Did not specify	12

Table 44 - Have you been in contact with other health professionals in the last year?

Contact with other health professionals	No contact with other health professionals
23	70

Table 45 - Health professionals consulted

Health professional consulted	Number of times cited
District nurse	3
Health visitor	8
Fertility specialist	1
Other consultants	3
Nurse at GP	2
Did not specify	6

Table 46 - Other ways of dealing with illness

Other health advice	Number of times cited
Advice of family	25
Advice of friends and neighbours	5
Herbal remedies	6
Advice from chemist	19
Self care	20
Home remedies	1
Old wives tales	1

(vi) Registration with a dentist

Tables 47-49 document responses to a range of questions about engagement with dental services. The high levels of engagement with GP services was not mirrored in relationships with dental services. 60% were not registered and over half of these had either never been registered, had been registered long ago or at least not within the last 6 years. Several interviewees who had dentists travelled some distance (over 50 miles) to see them. Some like this lady was unable to find a dentist;

‘I can’t find a dentist who will take me, and I do have teeth problems, I find this very upsetting’- Gypsy woman aged 68, site in Halton and Warrington.

Table 47 - Are you registered with a dentist?

Registered with a dentist	Not registered with a dentist
38	55

Table 48 - Where is your dentist located?

Proximity of dentist	Number of times cited
Under 1 mile	15
Up to 3 miles	11
3-10 miles	7
over10 miles	5

Table 49 - Last time registered with a dentist

Length of time since last registered with a dentist	Number of times cited
Don't know	6
Never	5
Years ago	7
15 years	5
6 years	4
1 year	4
Not recently	3

The lack of dental care is concerning and needs to be investigated further.

3.6 Discrimination

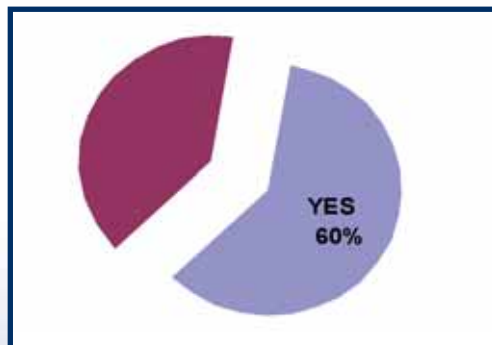
(i) Unfair treatment

Tables 50-52 document a range of responses to questions around the area of unfair treatment because of ethnic origin. We asked interviewees did they feel they had ever been unfairly treated because they were Gypsy/Travellers. 60% of the sample said they felt that they had. Unfair treatment took the form of name calling, being refused entry to local amenities, being asked to leave pubs, shops and other facilities for no reason, being followed by security, being blamed for trouble which is nothing to do with them.

Table 50 - Treated unfairly because you are a Gypsy/Traveller?

Yes	No
53	40

Figure 10 - Percentage of people who said they were treated unfairly



When asked more specifically had the interviewee or their family ever been abused called names or attacked because of their background, 47% said they had. When asked if the incidents had happened in the last year 36% said that they had.



Table 51 - Abused, called names or attacked because of your background?

Yes	No
44	47

Table 52(a) - Abuse in the last year?

Yes	No
16	27

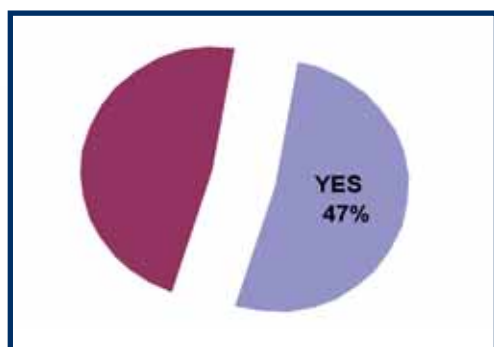
Table 52(b) Incident reported

Incident reported	Incident not reported
7	9

Table 52(c) - Who did you report it to?

Agency Reported to	Number
Racial Equality Council	0
Police	2
Solicitor	0
School	3
Church	0
Landlord	1
Family	1
Educational welfare officer	0

Figure 11 - Percentage who had been abused because of their background



(ii) Abuse, name calling or attack

When asked if abuse had been reported to anyone, the majority said that they had not. Only 16% reported offences against their families. Reasons given for not reporting tended to centre on either not being believed or a belief based on experience that the complainant themselves would end up being blamed for the offence (see Figure 12). Where people had reported incidents they were largely to do with their children’s education.



‘There are so many racist people in shops, streets and towns’

Figure 12 - Reasons for not reporting incidents

Don't really take (me) seriously

FEMALE TRAVELLER, AGED 39 LIVES IN HOUSE

No point no-one believes me

FEMALE IRISH TRAVELLER, AGED, 25 LIVES ON A SITE

Reasons for not reporting incidents

We were too scared to say anything because of who we are and we'd only get in trouble

FEMALE ROMANY GYPSY AGED 26 LIVES ON A SITE

The teachers were horrible as well, til me Dad went to see the Head Teacher to give him what for

FEMALE ROMANY GYPSY AGED 28 LIVES IN A HOUSE

As a child I was always asked to empty my pockets even when someone else had stolen something

MALE ROMANY GYPSY AGED 64 LIVES IN A HOUSE

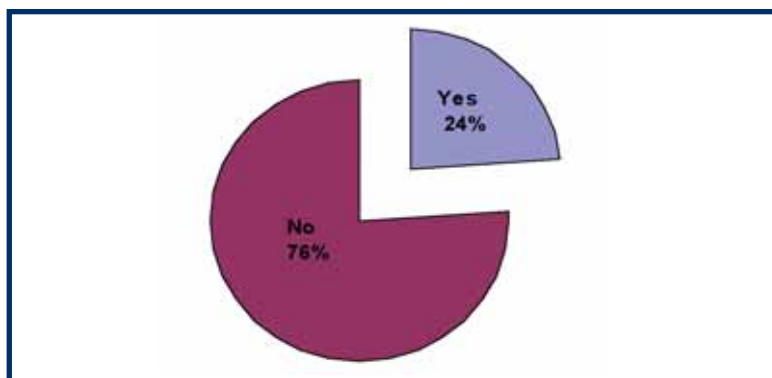
(iii) Stop and search

Respondents were asked whether they had ever been stopped and searched by the police, if it had happened recently and whether if stopped and searched the reasons for doing so had been clearly explained (see Table 53). A quarter of the sample reported that they had been stopped and searched by the police.

Table 53 - Stop and search by the police

Yes	No
23	70

Figure 13 - Percentage of respondents recording clear explanations for being stopped



Out of 17 cases in the last year only 4 people reported that they had received a clear explanation of why they had been stopped, which is of concern. Some of these respondents reported unsatisfactory interactions with the officers who stopped them as demonstrated by the experience in Figure 14.

Although such examples are not prevalent in this study cases such as this are part of common parlance about interactions with the Police.

‘My sisters has been in fights because of who they are and my little brother gets picked on school’

Figure 14 - Personal experience of stop and search

Last Christmas I was stopped by Police near Chester for having a dirty car, I had ID on me, when I checked out to be from the Gypsy community, he said he was now going to check my car for stolen items, as your people like to steal at this time of year.

Irish Traveller, male, aged 37 lives on site in Congleton

Examples such as these and the large numbers who report unfair treatment as a matter of course in their lives gives some indication of what Gypsies and Travellers are facing every day.

3.7 Work and Benefits

Tables 54 -56 document responses to questions about work, benefits and social inclusion activities.

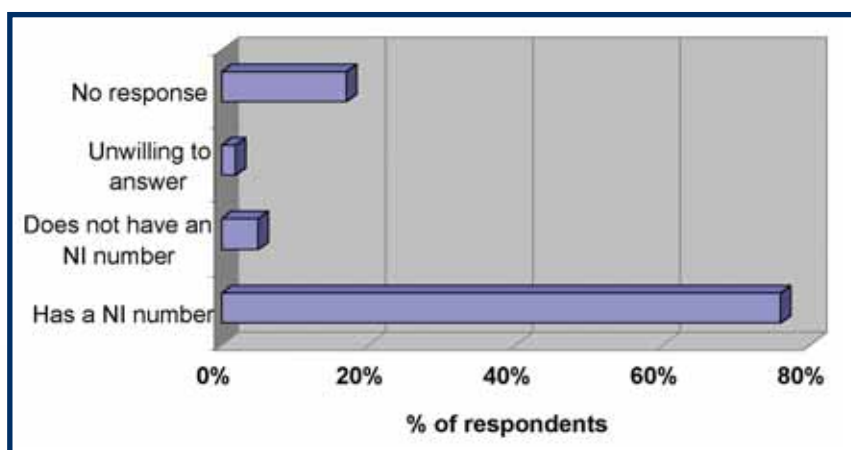
(i) Do you have a National Insurance number?

We were interested to know how many people had a national insurance number as this is a gateway to state support for families and others who are unable to work. The majority, over $\frac{3}{4}$ reported that they had a national insurance number. 14 respondents did not know or were unwilling to answer this question.

Table 54 - Number of respondents with a national insurance number

Has a NI number	71
Does not have an NI number	5
Unwilling to answer	2
Don't know	12
No response	3

Figure 15 - Percentage of respondents with a national insurance number



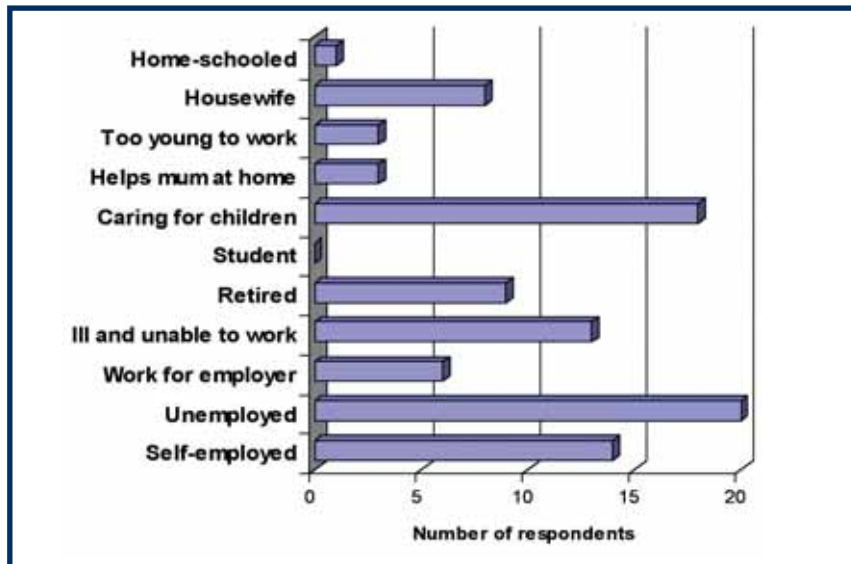
(ii) Employment type

We asked participants to describe themselves in terms of a number of work- related categories. Table 55 and Figure 16 document the results of this exercise. Of those interviewed, the vast majority, nearly 80% were not in paid employment (although someone in their family may have been) this suggests a low income and yet over $\frac{3}{4}$ said they were not in receipt of benefits or refuse to talk about the subject.

Table 55 - Work status

Work status	Number of times cited
Self-employed	14
Unemployed	20
Work for an employer	6
Ill health and unable to work	13
Retired	9
Student	0
Caring for children	18
Helps Mum at home	3
Too young to work	3
Housewife	8
Home- schooled	1

Figure 16 - Pictorial representation of self reported work status



(iii) Difficulties finding employment

19% of people surveyed said that they had experienced difficulties finding employment. Difficulties were mostly to do with literacy, and the views of others towards Gypsies and Travellers. Table 56 and Figure 16.

Table 56 - Difficulties experienced by respondents when looking for employment

Type of problem	Number of times cited
Illness	2
General suspicion	3
Racist incidents	2
Can't read or write	3
People don't like Gypsies working for them	4
I have caring responsibilities	2
The site address puts people off	1
Not looked I help my mother	1

Figure 16 - Personal experiences of difficulties finding work

Have applied for jobs but when the employer is given site address has not got back. Jobs applied for still remain vacant.

General suspicion

People don't like Gypsies working for them

saying they have no jobs although they've been advertising otherwise, I feel that this is because of my ethnic background

As soon as I disclosed I was a Traveller the job offer would cease to exist

Because I am a Gypsy it's hard to get work because people automatically think you're a bad person.

(iv) Benefit income

We asked respondents a series of questions about benefit income. Half of those interviewed said that they were not in receipt of any benefits. Over 1/4 were unwilling to discuss this area at all.

Table 57 - Are you in receipt of any benefits?

Yes	No	No response
22	44	27

Table 58 - Any problems trying to claim benefits?

Yes	No	No response
2	42	51

Table 59 - Are you claiming all you are entitled to?

Yes	No	Don't know	No response
14	5	36	38

Of those receiving benefit, income support, housing benefit and council tax benefit were the most frequently cited. Benefits such as tax credits which are designed to lift people out of poverty were only cited in 2 cases. Comparing the work profile of this sample with the level of benefit claiming it is highly likely that there is significant under-claiming for this population.

Table 60 - Number of respondents involved in a range of social inclusion activities

Type of activity	Number of times cited
After school clubs	6
Playschemes	3
IT education classes	5
Business enterprise training	1
Into work programmes	1

Table 60 shows the number of respondents who said they made use of a range of activities designed to promote inclusion. The number is very low. When asked if they would like further training or more involvement in these activities 20 people expressed an interest. These figures are unexpectedly low and merit further investigation.

3.8 Interest in the Network

We asked interviewees a number of questions about the setting up of a network to gauge the level of support for the initiative, elicit preferences for methods of communication, to gain some indication of the types of issues people would want help with and to ascertain the communities' experiences of consultation previously. Data collected in answer to these questions is contained in tables 61-66.

(i) Support for the network

71 % of participants thought the network was a good idea. 32 people said they were interested in joining the network and a further 33 said they were unsure about this. 46% of the sample said that they would attend regular meetings. In addition in table 2 when asked to assess the interest expressed by the interviewees, researchers said that 67% of all those interviewed seemed very interested in the network.

Table 61 - Is the network a good idea?

The network is a good idea	66
The network is not a good idea	4
I don't know if the network is a good idea	20

Table 62 - Are you interested in joining the network?

I am interested in joining	I am not interested in joining	I don't know if I would be interested in joining
32	22	33

(ii) What type of help do people want?

40% said that they would like a focal point where they could go for advice. (Table 63)

Table 63 - Number of respondents who would like an advice focal point

I would like a focal point where I could go for advice	37
I do not want a focal point where I can go for advice	9
I don't know if I want a focal point	42

(iii) Communication

We asked respondents how they would like us to communicate with them. Table 64 lists a number of strategies and the frequency with which respondents mentioned them as a preference. It was interesting to note that the most popular methods by far are still the traditional ones - by post (48%) and through a local contact 29%. Text messaging only accounted for 11% of the choices made.

Table 64 - Preferences for methods of communication expressed by respondents

Communication method	Number of times cited
Text messaging	10
By post	45
In person through a local contact	27
Website	3
Email	0
CD	4
DVD	8
Audio tape	0
In person via regular meetings	12
Other	3

Table 65 - Number of respondents willing to attend regular meetings

Willing to attend regular meeting	Not willing to attend regular meetings	Don't know if I would be willing to attend
43	32	6

(iv) Access to technology

We were also interested to know whether respondents had access to the internet, their knowledge of its use and their interest in training to use it. As tables 66a-d reveal, the majority of interviewees did not have access to the internet (78). Thirty people said they would like access if possible and a further 39 said they were unsure about this. Most people did not know how to use the internet (66) 26 people said they would like to attend training on how to use the internet if it was available and a further 25 said they were unsure about this.

Table 66(a) - Do respondents have access to the internet ?

Has access	Does not have access
12	78

Table 66(b) - Would you like access?

Would like access	Would not like access	Don't know if I would like access
30	33	39

(v) Use of the internet

Table 66(c) - can you use the internet?

Can use the internet	Cannot use the internet
23	66

When asked about access to the internet and to training on how to use it, it is interesting to see how many people would either like this or are unsure about whether they would like it. This uncertainty may be the result of lack of knowledge about this type of technology which the network could address. It is certainly an area which would be worthy of more investigation.

‘I am interested in going to college but I don’t know how to go on about it’

Table 66(d) Would you like to attend training?

Would attend training	Would not attend training	Don't know if I would attend training
26	32	35

(vi) Consultation

We were interested to ask interviewees whether they had ever been consulted about their views on services by agencies in the past. A very small minority, only 8% of the sample had ever been asked for their views by a public authority before. When asked if they would be interested in putting their views forward in future, only 24% said they were not interested which leaves an encouraging majority who said they definitely would or that they were unsure about this. In view of the limited relationships in the past this is a positive result which is worthy of further work and encouragement. When asked what would deter them from being involved many of the responses were to do with confidence issues see Table 68

Table 67(a) – Involved in consultation before?

I have been asked for my views	I have not been asked for my views
7	79

Table 67(b) – Interested in consultation for the future?

I would be interested in being consulted	I would not be interested in being consulted	I don't know if I would like to be consulted
21	22	43

Table 68 - Factors identified by respondents which would deter them from being involved in consultation

- Too shy**
- I don't like the attention**
- I don't like strangers looking at me**
- I don't like speaking in front of groups**
- I have had bad experiences in the past dealing with public authorities**
- I can't be bothered, I've got better things to do**
- I'm not very confident**

3.9 Education

Tables 69 and 70 document the data collected from interviewees about their experiences of education.

(i) Current links with Education

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

Table 69 - Numbers of respondents who have family members attending educational establishments currently

Yes	No
37	56

Table 70 - Difficulties experienced by respondents in finding schools for children in their family

- We can't stop for them to go to school because there are no sites**
- It's hard to find the correct type of school**
- Not all schools welcome Travellers**
- It's hard to find a school for a short period**
- Teachers can be horrible and biased**
- the teachers were horrible as well, til me dad went to see the head teacher to give him what for**

Table 71 - Contact about educational issues reported by respondents

Contact	No Contact
12	73

(ii) **Perceived quality of education**

Comments about the quality of education were generally positive:

I am very happy with their education and they get good treatment from their teachers

33 year old mother, site in mid Cheshire

Very good she is bright and is treated well and likes going

Aunt, site mid Cheshire

Many responses were positive but tentative

Don't know but likes going

Romany Gypsy woman, 34, house mid Cheshire

Children seem to like it - ok I think

37 year old Romany Gypsy man, site, mid Cheshire

Not too sure how doing but OK as far as racism is concerned

58 year old man, house in mid Cheshire

Think doing well- quite clever

Male English Traveller, aged 43, house mid Cheshire

***'I went to school until I was twelve
so all I know is to read and write
but just a little'***

(iii) Personal experience of education.

We asked interviewees if there was anything they wished to tell us about their own educational experience. One third of the sample made some comment about their own experiences. Of these 1/3 had never been to school and a further 8 left school before secondary education.

'I passed the 11+ but I wasn't allowed to attend grammar school - I had to go to work'

Romany Gypsy Woman, aged 62, house in Mid Cheshire.

Seven regretted their poor reading and writing skills-

'I left school at 11. I would love to be able to read and write.'

Traveller woman, 29, site Mid Cheshire

'Never had much of an education, was pulled out of primary school due to racism- then at 11 I was sent to high school was then pulled out again due to racism of teachers and pupils'

Woman, 34, site- Mid Cheshire



4 Evaluation & Recommendations

(i) Reviewing the aims

In the introduction to the report it was argued that the evidence gathered would fulfil 5 functions. This section of the report will now reconsider these functions in the light of the research findings.

1. To inform discussions with agencies

The matrix at the end of this section documents key findings by research domain studied. This research has generated a wealth of information which the network is now communicating to a wide variety of stakeholders. One launch has already taken place with public agencies and a further one to disseminate the research findings to Gypsies and Travellers is scheduled for August 2006. The last launch generated huge interest and excitement in the work of the network from public agencies.

2. To highlight areas which require further investigation

This study was exploratory and the nature of the data collection mechanism combined with the reticence of some responses due to suspicion and concern with privacy meant that we really only have a broad overview of peoples needs. It is really a starting point for discussion. As part of the interview process we asked people if they would be willing to take part in more in a more in depth piece of research, 12 people said yes.

Several issues require further investigation. They are - high stress levels, possible underclaim of benefits, reluctance to report racist incidents and low numbers of registration with dentists. There is also an urgent need to talk to more people on roadside encampments and to interview more men to determine whether their needs are in some ways different.

3. To help to clarify issues about the lives of Gypsy/Traveller people about which there exists confusion.

An important role for the network is one of 'myth busting' not only as a starting point for developing improved relationships with non Gypsies but also for the community itself. Discussions around issues to be researched revealed dissonance within the community about what the key issues are. Evidence collected in a structured way by trained researchers who can gain entry to these very private communities has to be the best way forward and provides a credible baseline from which to build. Future work not only needs to address some of the issues which have been raised from this work but also the more sensitive ones such as domestic violence, teenage pregnancy, sexual health and others which will emerge from more in depth research.

4. To empower members of the network to be 'experts in their own lives' by building up knowledge about their communities

16 people received training in research methods and helped to develop this research project. 8 people went on to apply that training and to be involved in the analysis, production and presentation of the research findings. This core research group will be responsible for initiating, negotiating and conducting future work on their own communities.

5. To inform the development of an infrastructure for consulting with the Gypsy and Traveller communities.

The research has demonstrated that there is considerable interest in the development of a network. Just under 75% of the sample thought it was a good idea and 46% said they would attend regular meetings. The research has also produced data on the ways in which people would like to be communicated with and current access to technology. This information will be invaluable as the network considers its future plan.

(ii) Matrix of key findings by research domain studied

Research Domain	Key Findings
Personal details	<ul style="list-style-type: none"> 93 people were interviewed. Women outnumbered men in the sample by 2:1 78% said that they followed a faith-Catholicism and Christianity were cited in equal numbers. Age-the youngest participant in the study was 16 and the eldest 75. The most frequently represented age band was 30-39. Location- the majority of participants are from Vale Royal and Halton and Warrington.
Identity	<ul style="list-style-type: none"> Over 3/4 of the sample classified themselves Romany Gypsies and 10% saw themselves as Irish Travellers. A further 7 interviewees were unhappy with both of these classifications and saw themselves either as Travellers, English Travellers or Romany Travellers whereas others who were of mixed heritage wanted this reflected in their classification.
General satisfaction	<ul style="list-style-type: none"> Over 70% of people surveyed said that they were happy where they were living. When asked to consider levels of satisfaction with a range of services high levels of satisfaction were expressed with neighbours, landlords, hospitals and doctors however a large number of respondents (over 50% in most cases) had no view to express when asked a range of questions which may be linked to a lack of familiarity with being consulted about your opinion.
Accommodation	<ul style="list-style-type: none"> The majority of those interviewed live on sites (61%). It was more difficult to secure interviews with people who were travelling but 5 interviewees (5%) were living roadside. The most popular type of home for participants was a caravan (53%) although a significant proportion 32% live in houses. Over 2/3rds of the sample lived with other people. The most frequently cited household size being 5 people. 77% of those sampled had been at their current address over 1 year, 43% over 5 years which suggests a level of stability amongst those sampled. 38% of those living on sites had been there over 10 years compared with only 1% of house dwellers. Of those living in houses 53% live in private rented sector. 35% own their own home; 37% said they had experienced problems with neighbours; 3% still went on the road for fairs and family visits. Of those living on sites, 59% live on privately owned sites; 29% still travel and 34% say that they have experienced problems where they live; behaviour of other residents on site, safety on site, service charges, and delivery of mail are the main problem areas. Interviewees on roadside encampments said that they were there mainly because of the lack of good paid sites which will allow them to pull up. All interviewees had been moved on in excess of 30 times this year. Of the 5 people interviewed only 1 said that anyone had asked them about their circumstances and needs. All respondents bar 1 expressed interest in transit sites if they were available. Desirable facilities cited were toilets, showers, electricity, schooling, water. Impact on families of moving are stress, inability to work, lack of schooling for children.
Disability	<ul style="list-style-type: none"> 15% of the sample considered themselves to have a disability. 6% were living with someone with a disability. Over 50% of these said that they were caring 24/7 with no help from outside agencies.
Interest in the network	<ul style="list-style-type: none"> 71 % of the participants thought the network was a good idea. 40% said that they would like a focal point where they could go for advice when asked how they would like the network to communicate with them the most popular methods were by post 48% and through a local contact 29%. Text messaging only accounted for 11% of the choices made. 46% of the sample said that they would attend regular meetings The majority of interviewees did not have access to the internet (78). Thirty people said they would like access if possible and a further 39 said they were unsure about this. Most people did not know how to use the internet (66)

Research Domain	Key Findings
	<ul style="list-style-type: none"> • 26 people said they would like to attend training on how to use the internet if it was available and a further 25 said they were unsure about this. • 32 people said they were interested in joining the network and a further 33 said they were unsure about this. • Only 8% of the sample had ever been asked for their views by a public authority before. • 23% of the sample said they would be interested in putting their views forward and a further 46% said they were unsure about this.
Education	<ul style="list-style-type: none"> • Just under 40% of the sample had a current association with education. Some problems were reported with finding schools but generally comments were positive. From the comments received respondents found it difficult to evaluate the quality of education. • A third of the sample wanted to tell us about their own education. Lack of opportunity was a prevalent reflection.
Health and social care	<ul style="list-style-type: none"> • 59% of the sample said that they sometimes feel stressed and when asked to rate their stress levels on a scale of 1-10 85% of respondents rated themselves towards the top of the scale. • Over 90% were registered with a GP, most within 1 mile of their homes. The same high percentage felt comfortable attending the surgery to discuss health issues. • We asked participants if they used other health services; 15% had used the telephone helpline NHS direct; 28% had attended an A&E department in the last year and a similar proportion had seen other health professionals such as specialists, health visitors and district nurses. • Participants were generally very positive about the services received from their local doctor 69% recording that they were satisfied or very satisfied. • Registration with a dentist was less likely to occur in this sample. 60% were not registered and over half of these had either never been registered, had been registered long ago or not within the last 6 years. Several interviewees who had dentists travelled some distance (over 50 miles) to see them. • When asked whether they suffered from a range of health conditions over 70% cited health problems. The most common conditions were back problems (12), arthritis (11), anxiety and depression (10) and cardio vascular/ breathing problems (13).
Discrimination	<ul style="list-style-type: none"> • 60% of the sample said that they felt that they had been treated unfairly because of their ethnic background – unfair treatment took the form of name calling, being refused entry to local amenities, being asked to leave pubs, shops etc for no reason, being followed by security, being blamed for trouble which is nothing to do with them. • 47% said that their families had suffered abuse because of their background • when asked if abuse had been reported to anyone the majority said that they had not. Only 16% reported offences against their families. Reasons given for not reporting were ‘there is no point no-one will believe me, or I will not be taken seriously. • 25% of those interviewed reported that they had been stopped and searched by the police. Out of 17 cases in the last year only 4 people reported that they had received a clear explanation of why they had been stopped.
Work and benefits	<ul style="list-style-type: none"> • Over $\frac{3}{4}$ of respondents reported that they had a national insurance number. 14 respondents did not know or were unwilling to answer this question. • When asked to describe themselves in terms of work; 15% self-employed; 22% unemployed; 6% working for an employer; 14% ill and unable to work; 19% caring for children; 10% retired; 14% housewife/ home schooled/caring for the family. • 19% of people surveyed said that they had experienced difficulties finding employment. Difficulties are mostly to do with literacy, and the views of others towards Gypsies and Travellers.-general suspicion, site address, people don't like Gypos working for them • half of those interviewed said that they were not in receipt of any benefits. Over $\frac{1}{4}$ were unwilling to discuss this area at all. Of those receiving benefit, income support, housing benefit and council tax benefit were the most frequently cited. Benefits such as tax credits which are designed to lift people out of poverty were only cited in 2 cases. Comparing the work profile of this sample with the level of benefit claiming it is highly likely that there is significant under-claiming for this population

(iii) Recommendations for Future Action:

- This research has highlighted where further in depth research is necessary. Public agencies should look at financially supporting taking this forward to better inform their service provision
- There were worrying issues thrown up around the use of stop and search by the Police. This needs further investigation.
- The Gypsies and Travellers who were trained in community research have learnt valuable skills and secured high quality information because of their unique perspective. If agencies want to secure good quality information from Gypsies and Travellers then this technique should be encouraged and supported rather than resorting to external consultants.
- Interviewees had generally not been consulted by agencies, but were keen to be. Agencies should act on this, and take up opportunities for consultation through Cheshire Gypsy and Travellers Voice.
- The research findings should be published widely to all statutory agencies.
- Meetings should be arranged with all key stakeholders to discuss issues generated by the research and their support for the network
- Produce a report evaluating the research process with a view to publication.

***‘this week while walking to shops
a man called his children to take their
bikes in because a Gypsy was coming’***

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