

Barriers to Accessing Services

Accommodation Issues

Unplanned travel patterns, lack of permanent accommodation or regular evictions make it impractical to access services.

Highly mobile families: Those travelling or residing on unauthorised sites are unlikely to have official addresses.¹ This can be a barrier to accessing funded early education places and also health services, whose systems rely on contact addresses for further appointments and details from previous health history.

Additional issues associated with highly mobile communities particularly issues around safeguarding of children, children missing in education, issues of homelessness, human trafficking as well as domestic violence and abuse.

Homelessness: Gypsies and Travellers living on the roadside area officially classed as *homeless*. Under Section 175(2) of the Housing Act 1996 – A Gypsy or Travellers is homeless if

“Their accommodation consists of a moveable structure and there is nowhere that they can legally place it to reside in it”. Furthermore, those that stop at the roadside are often evicted and moved on swiftly.

Site Provision: Save the Children suggest that sites are often in the most inappropriate and unhealthy locations (SCF, 1996). The CRE found that over half of authorised sites were in unsuitable locations with 26% of sites next to motorways and main roads, 13% close to railways, 12% close to rubbish, 8% close to industrialised activity and 3% close to sewage (CRE, 2004).

Social and Health Inequalities

Lack of Support networks / Peer Group: Disruption of social networks (particularly peer groups and friendships for young GRTs) can lead to feelings of anonymity, social isolation and lack of confidence.² GRT families have survived on the cultural capital of living in multi-generationally households and/or near familial relations – which contemporary living arrangements and legislation (i.e. bricks and mortar and lack of site provision) have contributed to the socio-economic deprivation of these communities.

Familiarity and Geographical Isolation: The area may be unknown to the family; parents have no local knowledge of services and arrive without a support network or confident sense of belonging within the community.

Many families experience rural isolation in addition to social isolation. Also, families are often visiting, living or residing on sites that have been situated on the periphery of communities. The family vehicle may also double as a work vehicle, leaving *mothers and children isolated on sites*. Others may not have any transport or are reliant on extended family for this support. Appointments can be difficult to meet; transport may be available only at the start or end of the day, not at the times when sessions or particular service groups run.

¹ Registration (schools, health centres, etc. are problematic for GRT families in transit with no fixed address.

² In the context of education and learning Galton *et al.* (2003) noted that peer support is equally as important as academic support and is often overlooked by schools.

Parental Roles: Some parents have a sense that they are not fulfilling their role completely by sending their child to an early year setting, or using services that may suggest they have 'a need'. Occasionally, traditional gender roles have a clear influence too. Mothers may wish to 'hold on to the baby' of the family, even if older children accessed early years provision before, especially if it is expected that no further children will be born. This may be combined with a sense of positive identity within her community associated with being a mother. Fathers sometimes prefer their boys not to attend play settings, but to remain with them learning a 'cultural role' from a very young age.

Safety and Security: A combination of the many barriers experienced in accessing basic services, alongside a strong sense of protection towards children, means that many Gypsy and Traveller parents would prefer provision to be made available on sites. This preference may in itself prevent use of services within the local community.

Gypsy and Traveller parents have concerns about the safety of their young children and the possibility of prejudice, racism and bullying. They may be concerned about the attitudes of other parents, supervisors and professionals and the particular vulnerability of their child, being of such a young age. These concerns are intensified if and when the parents have unhappy memories of their own schooling or have experienced racism or prejudice.

Gypsy and Traveller parents are also often cautious about the safety and security of the buildings where services are provided. These concerns might be heightened due to experiences of domestic violence, health and/or housing concerns.

Communication Barriers: As well as language barriers experienced by Roma families, some Gypsy, and Irish Traveller families find that culturally specific words or phrases are often misunderstood or ignored. Jargon can also be off putting and can close down lines of communication. Practitioners should also be aware that terminology relating to mental and/or sexual health, cancer, disabilities and/or special educational needs are culturally taboo subjects and must be approached in a culturally sensitive way.

Cultural Events and Travelling Seasons: These are likely to be given priority over appointments, groups or sessions.

Literacy Barriers: Some parents have low literacy levels, making correspondence related to services difficult. Registration (schools, health centres, etc. can be problematic for many GRTs who struggle to read and write.

Poor Health: GRT have poor health outcomes when compared to other groups in the UK (Parry *et al.* 2004). Gypsies and Travellers were more likely to have a long term illness, health problems or disability (42% compared to 31%).

Recent research highlights that the average life expectancy of 50 years, compared to a city-wide average of 76.2 years for males and 81.2 years for females (Baker, 2005; APHO & DH 2007). Other known health problems are: respiratory problems, chest pain, anxiety and depression and there appears to be a decrease in both mental and physical health when people move from a caravan into a house (Parry *et al.* 2004).

There is also an excess prevalence of miscarriages, still births, neonatal death and premature death of older offspring (Jenkins, 2006). Perry *et al.* (2004) found that nearly 18% of G/T women had suffered the death of a child, compared to 1% of the comparator group.

Shortage of School and/or Early Years Places: Availability of school and/or early year's places varies; there may be no places available in local settings. Families may arrive in an area after submissions of headcounts for funding. Furthermore, GRT parents may not have experienced early years services themselves and may not be familiar with or at ease with the systems. These families will need additional support in accessing the services they need in supporting their child.