



# Listening to bereaved Gypsy and Traveller children, young people and families.

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# Background information

- Romany (English/Welsh) Gypsies recognised as ethnic minorities in 1989; Irish Travellers (2000) Scottish Gypsy-Travellers (2008)
- At least 300,000 Gypsies and Travellers resident in Britain (CRE, 2004)
- Approximately 2/3 believed to reside in housing (Cemlyn et. al., 2009)
- 24% of Gypsy/Traveller caravans are stationed 'unlawfully' rendering the occupants technically homeless
- Evidence from GTAAs suggests that Romany Gypsy women have an average of 3.5 and Irish Traveller women 5.9 children

# Disadvantage and Social Exclusion

- Stonewall 'Profiles of Prejudice' Survey 2001 – 35% of survey population prejudiced against Gypsies & Travellers
- Scottish Social Attitudes (Bromley et. al. 2007) 37% respondents would be very unhappy if a relative married a Traveller-Gypsy
- CRE – discrimination against Gypsies and Travellers the last 'respectable' form of racism (2005)
- In excess of 90% of Gypsies and Travellers interviewed for GTAAs (all forms of accommodation) report experiences of enacted racism

# Educational Issues

- Widespread adult illiteracy re: lack of access to schools / high mobility/experiences of bullying/early age of starting work/low cultural expectations of education (estimated 35-40% of the whole population) TLRU 2001
- 50%+ of sample in BNU/ARU research (2006) could not undertake basic tasks *'easily'* or *'feel comfortable'* when reading, writing or completing a simple form.
- Gypsy/Traveller pupils as *"the group most at risk in the education system today"* – Ofsted 1999/2003
- Decline in attendance at secondary level (1/3 of children registered on school roll as Gypsy/Roma/Traveller when start school still in school at Key Stage 4) DfES 2005

# Children's Educational Attainment

- In 2007 (latest available figures)

**8.4% Travellers of Irish Heritage and  
7% of Gypsy/Roma children  
achieved 5+ A\*-C GCSEs** (including English and Maths)

- 33% of Irish Travellers and 20% of Gypsy/Roma children failed to obtain any qualifications (DCSF, 2007; Skidmore, 2007)
- **49.6% of pupils (all ethnicities)** achieved 5+ A\*-C GCSEs (inc. English and Maths)

# Travellers' Health I

- Environmental health issues – contaminated land, roadside encampments, etc (Clarke, 1998; Home and Greenfields, 2006; etc.)
- *“one young girl died from cancer, she didn't even know she had cancer in the womb and had been on the site for 9 months and that's one of the sites that are on a sewer bed or rubbish tips and children are picking up meningitis and kidney infections”* (Richardson et al 2007).
- Lowered rates of childhood immunisation for children where specialist Traveller Health Visitors are not available (Davis & Hault, 2000; Parry et al, 2004; Matthews, 2008)

# Travellers' Health II

- High rate of heart disease; diabetes: premature morbidity and mortality (Parry et, al., 2004; Matthews, 2008; Cemlyn et. al., 2009)
- Decreased life expectancy – by 12 years women 10 years for men (Crawley, 2003) Leeds Baseline Census, (2005) indicates only 2.3% Gypsies and Travellers aged 60+
- Greatly increased levels of perinatal mortality and stillbirth (Hajioff and McKee, 2000; Sheffield Health Study, 2004; Matthews, 2008)
- High childhood accident rate (Beach, 1999)
- 18% of G&T women have experienced the death of a child (Parry et. al., 2004)

# Premature and Preventable Deaths

- Suicide amongst Gypsies and Travellers anecdotally very high in Britain, particularly in prison populations. No clear statistical evidence. (Cemlyn et al, 2009 ).
- Ireland 9% of all Traveller deaths over 10 year period. >50% suicide victims married and aged 25-39. Cultural practices lead to assumption of high number of bereaved children. (Brack & Monaghan, 2007)
- Substance Abuse (increasingly reports of drug related deaths amongst G&T populations (Cemlyn et al, 2009)
- Childhood Accidents/Illness (e.g. several deaths from Measles outbreak – extended families in UK and Ireland – Nursing Times; Travellers Times, 2007)
- Road Traffic and Work related Injuries (anecdotal and GTAA/case work)

- *“she was two and I was turned away - only a second or two - getting the baby out of the car seat – we lived on a lay-by – I told her to stand still – just wait.. she was hit by a lorry [interviewee breaks down in tears]*
- *“you never ever, ever , get over it”*
- *“I found my son – he was hanging out back in the woods”*
- *“I miss my Nan all the time – every day of my life she was there”*
- *“It was a first child for God’s sake, and the family was grieving over this little boy they lost at 2 weeks old, and the woman will never get over it”*
- *“My brother – he smashed the car up and him and my two cousins were dead – 13, 16 and 19 they would be... it isn’t the same now and Mammy cries and Daddy gets angry all the time”*

# Culture Specific Impacts of Grief and Bereavement

- Close-knit nature of Gypsy and Traveller culture, high birth rate and pattern of extended family residence means that the death of an individual is keenly felt as a loss by a large number of kin including significant number of children.
- *“X lost his little girl too. His wife has died too. She was only 31 when she died... two little children he’s got”*
- *“I suppose with us when you lose your mother, your head of the family, you’ve lost your mentor so you’re having to fill a pair of shoes as well as grieve a pair of shoes. When you lose one of your children its worse. You can’t explain the pain or the hurt when you’ve lost a kid”.*
- *“I’m 36, I’ve lost two brothers [road accidents] a sister [cancer], my Daddy [heart attack] and one of my children [congenital illness] are gone before”*
- Bereavement and grief leading to high rates of long-term untreated depression and anxiety can impact on family functioning (Van Cleemput, 2007; Goward, et. al., 2006) exacerbated by lack of access to services, limited cultural knowledge of surrounding sedentary communities and casual racism.

- *“Its like X down there that lost his baby in a cot death they were on the land for about 2 weeks and were invaded by police for 2 weeks and social services and that pathetic lot. She’s never recovered and then of course no quicker than the little child was buried, the baby’s belongings and everything were burned in the caravan, the next day they were evicted and of course that woman wasn’t there to get any care. She needed care, she needed somebody, a woman doctor, to say its alright my baby, everything is alright”.*
- Impacts of frequent moving/insecure accommodation impacting on access to bereavement services and long-term care
- Mother discharged from hospital 2 days after late miscarriage – evicted from roadside site 48 hours later, given prescription for anti-depressants – still taking them 10 years after event – no review of medication known to have occurred. Eldest daughter 17 responsible for household functioning and care of siblings **[MG case files]**
- “bereaved parents stated that GPs overwhelming failed to offer counselling after a death preferring to ‘fob them off with a handful of pills’ (Richardson, et. al., 2007)

- **Bereavement fear** emerged as a recurrent theme within a focus group with young people discussing health and social care employment options [you] *“get to know someone [and] they die... [which would] just break you up”*.
- *“you’d just have a nervous breakdown if they died on you”*
- *“I couldn’t watch a baby suffering – so I couldn’t do hospital work, and I can’t get close to an older person as they’d probably die on me”*
- *“Imagine sitting getting to know that old person, helping them, washing them, feeding them, being with them every day and helping them to die. I couldn’t cope with that - I’d go hang myself”* (Greenfields, 2008)
- In all cases the young people (age range 12-19) had experienced at least one significant bereavement

# Impacts on Young People

- Gendered responses to grief – alcohol/substance (ab)use or denial as coping mechanism *“the men – boys - don’t want to talk about it – they pretend it’s alright because they have to – they can’t cry like us but they go away and drink”*
- Anxiety/Depression *“I couldn’t walk from that caravan outside to get a bit of fresh air. I couldn’t do it. I was so stuffed because I had lost my mother”* [died 2 years previously – recurrent anxiety attacks]
- Premature caring responsibilities (or excessive monitoring of activities) *“My mum wouldn’t let me go to school – she was that scared what would happen – needed me around – to know I was alright.. so I stayed at home”*

## Barriers to Engaging with Services

- Problematic of accessing GP and hospital appointments (Power, 2004; Parry et. al., 2004; Matthews, 2008)
- Communication (and travel) difficulties when accessing medical/social care and voluntary sector agencies (Power, 2004; Parry et. al., 2004; Cemlyn et. al., 2009)
- Lack of facilities for terminal care on Gypsy/Traveller sites means that death may occur in hospital rather than (as may be preferred) amongst family at home (Jesper et. al, 2008) .

- Lack of cultural awareness.....
- Health/Social care/Voluntary sector staff failure to understand the importance of kin-group responsibilities (e.g family demands made by even quite distant relatives may be regarded as higher priority than professional expectations) – failure to attend appointments etc.
- or conversely that everyone will gather to support a person having medical treatment, (Lehti and Mattson, 2001) or following a bereavement – leading to conflict with police/hospital and local authorities over numbers of visitors or caravans/vehicles parked at a specific location.

# DISCUSSION QUESTIONS

- What steps can you take to engage young Gypsies and Travellers in your practice?
- Why might the 'background' issues in this presentation impact on service design and delivery?
- Are there any targeted services or resources in your locality which work with Gypsy and Traveller young people and families with whom you can work with to discuss bereavement issues?
- Where would you go to seek further information on Gypsies, Travellers and bereavement?
- How best might you feel the bereavement/grief support needs of this community (and specifically young people) be met?