

A MENTAL HEALTH NEEDS ASSESSMENT OF YOUNG IRISH TRAVELLERS AT LYNTON CLOSE, BRENT



A research project conducted by the Brent Centre for Young People

With support from a HealthWatch Brent 'Community Chest' grant

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**Brent Centre
for Young People**
"Healthy minds, brighter futures"

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Brent

CONTENTS

ACKNOWLEDGEMENTS

DECLARATION OF INTEREST

1. INTRODUCTION

1.1. THE CENTRE AND THE RESEARCH TEAM 01

1.2. PURPOSE OF THE RESEARCH 02

1.3. BACKGROUND 02

2. METHODS

2.1. SAMPLE 05

2.2. RECRUITMENT 06

2.3. DATA COLLECTION METHODS 08

2.4. DATA ANALYSIS 10

3. RESULTS

3.1. FINDINGS FROM THE LITERATURE REVIEW 11

3.2. FINDINGS FROM INTERVIEWS AND FOCUS GROUPS WITH RESIDENTS 13

RESIDENTS' VIEWS ON HEALTH AND WELLBEING 13

RESIDENTS' VIEWS ON ACCESSING HELP 16

RESIDENTS' VIEWS ON THE EXPERIENCE OF LIVING AT LYNTON CLOSE 17

RESIDENTS' VIEWS ON THEIR IRISH TRAVELLER IDENTITY 20

3.3. FINDINGS FROM INTERVIEWS WITH PROFESSIONALS 23

TRAVELLER SITE OFFICER 23

LOCAL GP SURGERY – BRENTFELD MEDICAL CENTRE 26

3.4. SUMMARY OF FINDINGS 27

4. DISCUSSION AND FUTURE RECOMMENDATIONS

4.1. METHODOLOGICAL LIMITATIONS 28

4.2. IMPLICATIONS OF THIS RESEARCH 30

4.3. CONCLUSIONS AND RECOMMENDATIONS 31

5. REFERENCES 34

6. APPENDICES 37

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DECLARATION OF INTEREST

Rita Conneely is a Councillor for the London Borough of Brent.

1. INTRODUCTION

1.1. THE CENTRE AND THE RESEARCH TEAM

THE CENTRE

The Brent Centre for Young People was established in 1967 to undertake research into adolescent mental breakdown, and to deliver mental health services to young people aged 14-21. We offer young people and their families a wide range of services, including individual long-term intensive psychotherapy, individual flexible, short-to-mid-term psychotherapy known as 'Adolescent Exploratory Therapy' (AET), psychotherapeutic group work, therapeutic consultations and ongoing work with parents and families, support work, and a 'football therapy' project known as 'Sport & Thought'. We provide our services in-house at our clinic in Kilburn, at the Brent Youth Offending Service, and in schools across the borough.

In order to provide our patients with the best service, and to contribute to the evidence base for Psychodynamic psychotherapy, we monitor and evaluate all our therapeutic services. This involves patients, therapists, teachers, and caseworkers from across our services (in-house, schools, and at the Youth Offending Team) completing a number of standardised outcome measures that tap into a range of mental health symptoms and behaviours.

THE RESEARCH TEAM



Helen Maris, Lead Author, is a Research Psychologist with a background in Child & Adolescent Psychological Development, Neuroscience, and Psychological Anthropology. She has worked on wide-ranging research topics, and has a particular interest in mental health in minority groups. She has worked in the UK, the Middle East, and West Africa.



Rita Conneely is a Mental Health Support Worker who has been involved in the Brent Centre's Irish Project since 2014, and has offered support work to Lynton Close residents since 2015. As a 2nd generation Irish woman raised in Brent, she has a particular commitment to the Irish community.

1.2. PURPOSE OF THIS RESEARCH

The key objective of this needs assessment is to better understand the mental health needs of young people at Lynton Close. Irish Travellers, as with other minority groups, are considered less likely to access health services than the wider population. In addition to this, the literature suggests that this community experiences more difficulties with health and wellbeing than the wider population. The purpose of this needs assessment is to develop a better understanding of the needs of young people at the site, to make the needs of this population more visible within Brent, and to share the findings of the research with local agencies who work with those who work, or wish to work, with the residents of Lynton Close.

- **To better understand the mental health needs of Irish Travellers**
- **To increase the visibility of the mental health needs of this community**
- **To increase the Brent Centre's visibility at Lynton Close**

1.3. BACKGROUND

IRISH TRAVELLERS

There are thought to be between 8,196 White Gypsies and Irish Travellers in London (Office for National statistics, 2011), but estimates vary greatly, and the actual number has been difficult to determine. This is because many local authorities fail to document people's Traveller identity, and because the term 'Gypsy/Traveller' was only added to the census in 2011 (Office for National statistics, 2011). The failure to gather accurate data on Gypsies and Travellers can be said to further increase the marginalisation they experience; the sense that they are not worth counting (London Gypsy Traveller Unit). The term Traveller and Gypsy are often used interchangeably and, in the UK, may refer to English Gypsies, Irish Travellers, and Romani (Gypsies). The community at Lynton Close are Irish Travellers and this report will focus on their experiences.

The Irish Traveller Community is defined as "the community of people who are commonly called Travellers and who are identified (both by themselves and others) as people with a shared history, culture and traditions, including historically, a nomadic way of life on the island of Ireland" (Government of Ireland, 2002). Some members of the Traveller community are "settled", living in permanent, mainstream, 'bricks and mortar' housing, whilst still maintaining their familial and cultural links to the wider community.

Irish Travellers have official recognition as a minority ethnic group in both Northern Ireland and Great Britain (UK Parliament Race Relations Order, 1997).

Familial ties between Irish Travellers are very strong, and maintained through consanguineous marriage. The Irish Traveller Community are Roman Catholic, and are considered more strictly adherent to their religion than the rest of the UK Irish population. Men in the Irish Traveller Community are likely to be self-employed - often in trades associated with the construction industry. Levels of employment amongst Irish Traveller women are still relatively low. The Irish Traveller Community is arguably one of the most marginalised in the UK, and with media coverage often perpetuating negative stereotypes. This discrimination is also prevalent within the wider Irish Diaspora community - meaning that Irish Travellers may also fail to engage with, or take advantage of, resources that other members of the wider Irish community benefit from.

LYNTON CLOSE

Lynton Close has been home to Irish Travellers since the 1980s - though it was only recognised as an authorised site, and administered by the Local Authority since 1997, after attempts to move the residents on were denied due to natural and human rights considerations (Francescotto, 2008). The Site is located just off the busy North Circular Road, and nestled between factories and building sites. Its residents, numbering somewhere between 150 and 300, live in very close quarters - it is not uncommon to have six people per mobile home, and the 30 plots often contain more than one dwelling. The community is considered static, meaning that there are many generations on site, and they do not frequently move their homes to other locations. The site residents consist almost exclusively of two extended families.

Though the road running through the site is public access, it is rare for non-Travellers to visit. In addition to housing, the site contains a small playground, a small football pitch, and two Portacabins; one which operates as the Traveller Site Officer's office, and another which operates as an occasional community space. Schools and a GP surgery are within walking distance of the site, but the North Circular Road makes navigating this journey somewhat dangerous, especially for children. Long standing and ongoing road works on the North Circular Road make access to the GP surgery on foot with a pushchair and one other child, for example, particularly perilous. Only two bus routes service Lynton Close itself, and one of these bus routes is to be permanently re-directed later this year. The community are therefore heavily dependent on car access.

See Appendix 1 for an aerial view photograph of the site.

THE CENTRE'S RELATIONSHIP WITH LYNTON CLOSE

The Brent Centre has a strong history of engaging with so-called 'hard-to-reach' young people, who may be reluctant to access mental health services, or who have more difficulties engaging successfully. Irish Travellers, such as those at Lynton Close, are one such 'hard-to-reach' group with whom we have engaged. We have worked for many years with the Irish Community, with support from the Irish Government.

The Centre has provided services to the Lynton Close community since 2006, beginning with a Drug and Alcohol Service, then developing into a Support Work service. Since 2014, we have intensified our efforts to reach out to the Irish Traveller Community both directly, at Lynton Close, and through making our Clinic easier to access for young Irish Travellers.

Our efforts to engage more effectively with young Irish Travellers includes increasing our ability to identify referrals made for young people from this community, and by ensuring we use effective and appropriate methods of communication to make contact with these clients to support their engagement with therapy appointments at our Clinic. This has been especially effective for one patient from the Irish Traveller community with whom we successfully engaged and who subsequently made good use of both our psychotherapeutic work and practical support work. In addition to this, we understand the importance of building relationships with those who work at the site, and have seen the benefits of such efforts.

Although the mental health needs of the wider Irish Traveller population have been investigated, they remain a much understudied group. Through our own direct experience of working with this community and through communicating with other agencies in the field, we have gathered some information on the needs of Lynton Close residents, but we have not had the opportunity to document this experience more systematically.

2. METHODS

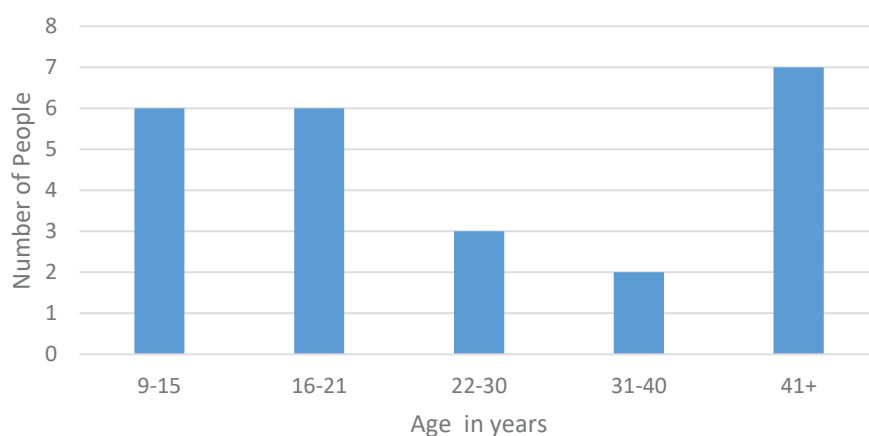
2.1. SAMPLE

Lynton Close in Neasden is the fourth largest Traveller Site in London (Department for Community and Local Development, 2011). An estimated 160 Irish Travellers reside at the site (International Alliance of Inhabitants, 2008), which has 30 pitches, and capacity for 60 caravans. Recent estimates suggest that a third of people living on the site are under 25 year old.

The aim of our research was to identify the mental health needs of young people aged 11-21 years, and thus we were particularly keen to engage with young people within this age bracket. We decided, however, to involve people from across all age groups. There were a number of reasons for this. Firstly, adolescents can be less willing to engage in research exercises such as these, particularly because of the stigma attached to mental health and wellbeing, as well as the fact that we are not from the Community. Secondly, it is useful to consider the perspectives of people in other age groups; in speaking with children, we are able to begin pinpointing where problems may arise in those who will be within this age group within the next few years, and by speaking with adults, we not only gain some more reflective comments from people who have experiences of being a teenager on the site, but also input from parents who currently have teenage children. Thirdly, given the short time frame in which this research was conducted, we felt that it was important to engage with all those who were interested in speaking with us.

In order to get a representative sample of residents, we hoped to speak with between 10-20% of the population. With an estimated 160 people on site, we thus aimed to speak with 16-32 people. Over the course of our visits to the site, we spoke with 24 residents, aged 9 to 59, equivalent to 15% of residents. See Figure 1, below.

Figure 1. Graph to show age distribution of Site respondents



In addition to site residents, we also spoke with professionals who work with site residents, and requested feedback from four agencies. The opinions and knowledge of these individuals was crucial to deepening our understanding of this population.

2.2 RECRUITMENT

We used opportunity sampling to recruit respondents, making repeated visits to the site and asking people to speak with us. With limited time and budget, this was thought to be the most suitable recruitment method.

We used a number of methods to recruit respondents. In January, we advertised three informal 'Information Sessions' at Lynton Close - advising that the Brent centre for Young People were interested in hearing people's opinions, and that we would be conducting research from March. Additionally, the Traveller Site Officer was encouraged to talk to residents about our research. Throughout March and April, we contacted the following agencies/organisations for support with identifying participants, and asked them to distribute questionnaires to Travellers who sought support from their service:

- Kilburn Park Medical Centre (Some 'Settled' Irish Travellers have been identified in this GP Practice)
- BIAS (Brent Irish Advisory Service)
- Education Welfare Service (Brent Council)
- Professionals who previously worked with Site residents on behalf of Tricycle Theatre / Traveller Movement of Britain

Attempts to gain feedback from many local agencies were ineffective in eliciting responses. If a similar project were to be conducted again, it may be useful to work in partnership with Healthwatch Brent to encourage more professionals to contribute to the discussion. However, our priority for this piece of research was to gain the views and insight of the Travellers themselves.

When our application was submitted, we had hoped to gather information and recruit young respondents via a contact at Crest Academy, Brent, with whom we had previously enjoyed good relationships, and were hoping to establish some joint projects at the school. Unfortunately, however, this link person moved away, and we were therefore unable to engage young people via this route. In lieu of this, we scheduled a number of

our site visits during evenings and school holidays, in order to increase the chances of findings young people able and willing to speak with us.

We visited the site three times between mid-March and Mid-April, attempting to contact and recruit residents. From March 23rd we dropped letters into people's letterboxes, we handed out flyers telling people when we would be onsite, and went door-to-door asking people to speak with us. From April 5th- May 4th, we met with four interested residents to discuss suitable dates. From April 5th we also had assistance from interested residents, who spoke with friends and family on our behalf and encouraged them to participate. In particular, on May 9th a resident who couldn't attend our Focus Group called to say they had spoken with friends/ family and provided us with names of people who could attend. Though we provided our contact details regularly on material, we received only one contact (May 9th) offering to engage and to request a 1-1 interview. However, this resident later informed us that they had obtained our contact details through other residents, rather than from flyers. We contacted residents via phone on approximately 25 occasions between mid-April and early June.

For our focus groups, we decided to use pre-existing groups, obtained through opportunity sampling. This was done for a number of reasons. Firstly, the site is quite small, and there is a high likelihood that even group participants placed together at random would know one another. Secondly, strong divisions and ongoing tensions between families on site meant that it would not be realistic to invite people from different families to discuss issues together openly. In order to have productive discussions, we wanted to ensure that all group members got along with one another. Limited time and budget also made pre-formed groups a good option. Though some argue that focus groups formed of strangers leads to more honest conversation (Askew, 1989), the use of pre-existing groups, is considered to be beneficial when one wishes to create more natural, supportive discussion (Kitzinger, 1995) – something that we felt would be of importance when raising the topic of mental health and wellbeing.

CONSENT

Verbal consent was obtained from respondents. Respondents were informed that their feedback would be used anonymously in a report describing the view and experiences of Lynton Close residents, and that they were free to withdraw from the interviews at any time.

2.3 DATA COLLECTION METHODS

We aimed to add to the current research base by using a range of methodologically appropriate and culturally sensitive approaches. We were aware that it could be difficult to engage people in conversation about mental health, and so we tried a number of different approaches, adapting our methods as part of an ongoing process to respond to the needs of the group and in response to the effectiveness of our engagements. Data gathering exercises were also tailored to the specific audience; children, for example, were asked about things that make them happy or sad; older adults were asked about their views on the younger generations' needs.

INDIVIDUAL INTERVIEWS

We conducted a number of semi-structured interviews with site residents. We used a range of different methods to recruit these people to our research project, as described in section 2.2., above. Respondents were asked if they had views on the health and wellbeing of people on site, and asked about what they thought the site experience was like for young people living there. We asked questions about: their views on mental health: their views on what it means to be an Irish traveller; their views on health, more generally; their understanding of the health and wellbeing services available to people in Brent

FOCUS GROUPS

We asked our focus group respondents to voice their opinions on a range of topics, elicited through open ended questions. These questions were fine-tuned and adjusted over the course of our research, taking into account issues that other respondents had raised. We ran two separate focus groups, one with young men, and one with women of mixed ages. Unfortunately, despite many attempts to arrange a focus group with young females in our target age group, we were unsuccessful. We reminded potential participants via text before every planned focus group, and spoke with them frequently via phone/ text and face-face from April 5th- May 9th; however a funeral, a health emergency, and a wedding led our focus group of young women to be postponed repeatedly, and then cancelled altogether. Although this was disappointing, it is not uncommon in this type of research, and instead we prioritised gathering individual interviews, in the hope that these would be more appealing. Despite being unable to arrange a young women's focus group, we are pleased to report that we began to develop good relationships with the young women, who would contact us directly to explain why they could not attend. This interest in and respect for our time and work bodes well for our future engagement on site.

The running of single-sex focus groups is relatively common practice in research concerning sensitive topics such as mental health. It is felt that this arrangement allows respondents to feel more comfortable talking openly and honestly about issues affecting them. Our decision to run single-sex groups was in part informed by this, but also largely due to the cultural values of the Irish Traveller community; the Community has strongly defined gender roles, and cultural norms dictate minimal interaction between young men and women. We also took advice from organisations who had previously delivered services on site, who advised us that they had ceased to run activities for mixed groups because mixed gender activities had proved disruptive and ineffective, instead, they concentrated efforts on single-sex activities.

RESEARCH SETTING

It was originally our plan that focus group discussions and individual interviews would take place in the Portacabin on site. This cabin is used as a community space, and is next to the Traveller Site Officer's office. Residents are used to visiting these cabins to speak with the Traveller Site Officer about queries or concerns, or to take part in events arranged for the community, such as a Christmas Santa visit, or a community art project from the Tricycle Theatre. The space, though windowless, is pleasant but neutral, which we considered a suitable space for discussion. However, despite offering to meet with people in either the Portacabin or their homes, these offers were rarely accepted, and most interviews took place in a more casual manner, over the garden fence of people's plots.

OTHER METHODS EMPLOYED, AND LESSONS LEARNED

Some of our attempts to recruit and engage with respondents were less successful than others. The Traveller Site Officer, hand delivered a number of very brief questionnaires, but none were returned to the collection box. Though we thought that focus group interviews would be a more popular options, as they might feel less intimidating, they were hardest to arrange. Our attempts to run focus groups were, as described above, impeded by a number of factors such as family issues and ill health. On reflection, we could have utilised some of our initial meetings and phone conversations with young women to elicit some basic feedback, in the event they were not able to participate in the future planned focus groups.

One initial plan was to design a brief online questionnaire. We decided against this mode of data collection, however, because it was felt that direct conversation was preferable both in terms of lower-than-average literacy rates, and lack of computers. This decision was reinforced by GP feedback, and from Rita's personal experience on site.

Questionnaires and a feedback/drop-box were left at the site over a period of a few weeks. The Traveller Site Officer delivered leaflets individually, and asked people to complete them anonymously and then drop them back to the site office.

2.4. DATA ANALYSIS

Discussions and interviews were recorded and subsequently transcribed by the researchers, or brief notes were taken and elaborated upon shortly after the discussions ended. The decision to record the conversation was done individually, typically, it was felt that use of a recording device would make people nervous and less able to talk openly. In addition to this, with many conversations taking place in public spaces, it was felt that taking out a recording device would have drawn attention from neighbours, and may have made people less willing to speak with us. Once the notes and transcriptions were compiled, the common emerging themes were then summarised.

3. RESULTS

3.1. FINDINGS FROM THE LITERATURE REVIEW

The purpose of our literature review was to build on our current understanding of the mental health needs of Irish Travellers. With this, we are better able to position our findings from Lynton Close within the wider context of Irish Traveller mental health and wellbeing.

We conducted a search of various themes related to the mental health and wellbeing of young Irish Travellers living in London, with a particular focus on those living in the borough of Brent. Although our work at Lynton Close has given us some understanding of the needs of young people at this site, we wished to more clearly determine what information is currently available. The main findings of this literature review are outlined below.

Irish travellers are almost three times as likely to be anxious, and twice as likely to be depressed as the wider population (Parry et al, 2004). Further, traveller women are twice as likely as men to experience mental health problems (Parry et al, 2004). A Needs Assessment conducted in Cumbria in 2009 found that four out of five respondents reported either having had depression themselves, or having a family member that had experienced depression or “nerves”. Yin-Har Lau & Ridge (2011) suggest that high levels of depression and suicide among Travellers are due to social exclusion, racism, and unresolved grief following the death of loved ones.

These increases in mental health problems appear early on: research has shown that young Irish Travellers are more likely to feel lonely, more likely to feel sad, and less likely to feel treated fairly by their parents (AITHS, 2010). It has also been suggested that young Irish Travellers have lower levels of ‘positive psychological characteristics’ than all other groups of children (Biggart, O’Hare & Connolly, 2009).

In addition to high rates of depression and anxiety, there is also great stigma surrounding mental illness (Tilki et al, 2009). Pavee Point’s (2015) research on young Travellers in Ireland, for example, found that views of mental health were very negative, using words such as ‘psycho’, ‘mad’, and ‘loser’. Many saw depression and other mental health problems as something to be secretive of, or embarrassed by (Van Cleemput et al, 2004). Of those Travellers that do seek treatment, there is a greater reliance upon drug treatments rather than talking therapies (Tilki et al, 2009), however it is unclear if

this is due to Travellers not wishing to engage in talking therapies, or if GPs and health service providers are less likely to offer psychotherapy as a treatment option. There is some evidence that people from ethnic minorities are more likely to be offered drug treatment over psychotherapeutic treatment than non-ethnic-minority patients.

Despite documented increased levels of mental health problems, Irish Travellers face a number of barriers to accessing mental health services. One suggestion is that this is due to lack of trust in health professionals among Travellers, said to be half as strong as the trust in health professionals felt by the general population (AITHS, 2010). Parry et al's (2004) research found that many Travellers decided against seeking help because they thought they would 'snap out of it', or did not make a link between their symptoms with medical labels of depression or anxiety.

Further reasons for Travellers being less likely to engage with health services include the impact of frequent changes of address and subsequent difficulties in getting a GP, health professionals' lack of awareness of Traveller culture and customs, and a tendency towards lower levels of literacy which may limit their ability to locate services or act as a source of embarrassment (MacNamara, 2012). Parry et al (2004, p11) described the importance of having health service provisions that are 'sensitive to the age and gender issues in the Gypsy Traveller population). The fact that gender roles are strongly defined and separated in Traveller communities means that women's access to health services may be influenced by restrictions on their autonomy, highlighting the need for gender awareness as part of cultural diversity training, argue Parry et al (2004).

Suicide is of particular concern in the Irish Traveller community (Tilki, Ryan, D'Angelo, & Sales, 2009; Raleigh & Balarajan, 1992) with Irish men and women having some of the highest rates of suicide in the UK (De Ponte, 2005). Male Irish Travellers are 6.6 times more likely to commit suicide than males in the average settled population (All Ireland Traveller Health Study (AITHS), 2010).

A number of issues affecting women are of concern. The Traveller community has higher rates of stillbirth, infant mortality, and maternal death than the wider population (Royal College of Gynaecologists, 2001). Domestic violence is widespread, though often hidden, amongst Irish women (Tilki, 2003). For many Irish Travellers, the lack of secure accommodation is of concern, for it can deny or lead to difficulties accessing education and training, and access to health services (Irish Traveller movement in Britain, 2015).

3.2. INTERVIEWS WITH LYNTON CLOSE RESIDENTS

We asked site residents a number of different questions, including their experiences of living on site, and the difficulties they or their family have experienced. We have arranged the responses we received into four main categories, each of which contains a number of subthemes:

- Health and wellbeing
- Accessing help
- Living at Lynton Close
- Irish Traveller identity

▪ RESIDENTS' VIEWS ON HEALTH AND WELLBEING

HEALTH

Young people at the site were generally physically fit and healthy, a number of respondents reported. Young people, both males and females, regularly visit the gym, and health and image were important. The physical activities in which young people engaged differed; for example, only boys were into boxing.

A number of mothers told us that they felt the site's location, near numerous factories and building sites, caused health problems for their children. Rashes and asthma were very common, they told us. Residents suggested that smoking was common on site, contradicting the view of the Traveller Site officer. This highlights the importance of gathering data from different sources.

POSTNATAL DEPRESSION AND MISCARRIAGE

Postnatal depression, referred to as "the baby blues", is relatively common on site. Young women we spoke to felt that they weren't warned that they might experience low mood after the birth of their first child, and those who experienced the 'baby blues' initially felt as though they were "going mad", until they confided in someone and discovered how prevalent it was, that their mother, aunt, or cousin had also experienced it. However, it was made clear to us that most people who experienced postnatal depression were completely unprepared for it, and wished they had been given more information about it during their pregnancy.

Although the community is typically very close-knit and supportive, some young women felt that they had to actively seek out the information about postnatal depression, and that others who had experienced it were not initially forthcoming.

Similarly, one woman who had experienced a miscarriage said that she felt very well supported when she experienced the loss of her unborn child, but that she knew of people who had felt unable to talk about their miscarrying experiences and thus fared far worse. It was suggested that any people felt unable to discuss such things with friends or relatives.

DEPRESSION

According to one respondent, “Everybody’s depressed...young people, old people...” This prevalence of depression, she said, was due in part to the difficult conditions on site. There was a sense that although things had improved greatly, there were still difficulties. A number of the women we spoke to had been prescribed antidepressants at one point or another. One mother detailed her depression after losing a child, another after her adult son was attacked. It seemed that those with direct, personal experience of depression were able to talk to us about it, but a couple of respondents denied any knowledge of low mood or anxiety on site.

“Everybody’s depressed...young people, old people”

CHILDREN’S WELLBEING

We raised the topic of wellbeing with children through discussions about what made them happy or sad, and explored how they felt about living on site.

Many children and young people expressed a strong sense of boredom, and said that there was nothing for them to do on site. One respondent, a 28 year old man who had grown up on the site, told us that he had seen a big decline in activities available for young people over the past 10-15 years. When he was a child there were weekly football clubs and activity clubs, but now there was very little for children to do.

Going to school and doing homework were also listed as things that they made young children on site feel sad. Though many children from all backgrounds dislike school, there is a particular problem of absenteeism among young people in the Irish Traveller community. During one of our visits, an education officer was also visiting, to see a primary-school aged child who was frequently absent from school.

Many parents also reported that they felt schools were quicker to punish Traveller children than others, which may contribute to this negative attitude towards education. Some nearby schools were said to have considerable problems, with some respondents saying that they would refuse to send their children or grandchildren to certain schools in the area.

“Some Traveller kids are neglected in schools. Schools make assumptions about Traveller children, and tar them all with the same brush”

Some respondents felt marginalised and judged for their Traveller identities. When a Traveller child misbehaved in school, for example, one respondent said that it was assumed that because the child was a Traveller they were beyond help and that, in a fight between a Traveller child and a non-Traveller child, the Traveller child would always be assigned blame. While blame was felt as more likely to be assigned to Traveller children, one respondent felt that teachers were more likely to overlook some problems in other cases, assuming that a child’s difficulties are simply as a consequence of their Traveller status, and not something that could easily be worked on and improved; “Some Traveller kids are neglected in schools. Schools make assumptions about Traveller children, and tar them all with the same brush”. For example, a teacher would fail to make extra effort to encourage a child who had difficulties with reading and literacy, because they believed in the stereotype of poor literacy in Irish Traveller communities, and were felt unwilling or unable to intervene.

One mother we spoke with described her child as “very shy and clingy”. Because the boys on site tend to play in quite a boisterous manner, her daughter was scared to play outside and thus rarely left their home. Having previously been bitten by one of the many dogs on site, she had also become very scared of being bitten again.

▪ RESIDENTS' VIEWS ON ACCESSING HELP

DIFFICULTIES WITH THE GP SURGERY

When asked how their local GPs dealt with people's problems, our respondents complained that it often took weeks to make an appointment, but that the help she'd received, and the antidepressant medication she'd been prescribed, was helpful and of a good standard. A number of respondents felt that reception staff were rude to them.

The available literature suggested that Irish Travellers often found it very difficult to access their GP, or failed to make appointments. This was not a problem for residents of Lynton Close, perhaps due to their more settled and static lifestyle, or their proximity to a surgery that had taken steps to improve engagement with marginalised groups.

HOW TO RESPOND TO A FRIEND'S LOW MOOD

To explore how low mood and anxiety were viewed on site, we asked respondents what they recommend people do when experiencing difficulties. Some women suggested that they would not wish to get involved in other people's problems. One respondent told us that she encouraged her grandchildren to stay out of trouble; that they should study and to avoid fighting, so there was less need for her to intervene later. Most people, however, were of the impression that the site offered a good, supportive space in which to chat with friends and family about one's difficulties.

The children we spoke to said that the way to help a friend who was having difficulties was to try and cheer them up, and to ask them talk to about it "You should tell the teacher, or play with them. You should tell them it's good to get their thoughts out, so you should say 'I'm your friend, you can trust me and I won't tell anyone else'", one 11 year old respondent told us.

"You should tell them it's good to get their thoughts out"

SEEKING EDUCATIONAL SUPPORT

One woman we spoke to told us of her difficulty of getting her teenage daughter back in to education. Despite some initial attempts to encourage her back, it seemed that the school did little to follow up or to re-engage her. School absenteeism is considered a big problem in the Irish Traveller community and although the Lynton Close site has much better school attendance than many Traveller communities, it remains an issue.

▪ RESIDENTS' VIEWS ON LIVING AT LYNTON CLOSE

There were mixed opinions about life on site: "Complete satisfaction" to "living in a hole". Some respondents felt positive about the site's strong sense of community, describing it as "a safety net, a security blanket, everyone's together". With family around, there was always someone to support you or keep an eye on you. Being around other Travellers also meant that young people growing up on site had a keen sense of their community and culture.

"A safety net, a security blanket, everyone's together"

Conversely, many respondents felt that the site had many problems and was a bad place to live; "It's like living in a hole", one respondent reported. While one respondent, a grandmother, initially told us that the site was a really good place to live, she soon confided that she wasn't on speaking terms with most people on site, and that she was quite overwhelmed by caring for her many pre-school aged grandchildren.

"It's like living in a hole"

Not surprisingly, many had both good and bad feelings about the site. One young man from our focus group said of the site "Good company and good craic (fun)..." before looking back at the car behind him which has a smashed windscreen that had been subsequently been covered in white paint "...Then there's that..." he said, before saying that it had been used to run someone over, before quickly confirming that it was just a joke. It seemed that although there were positive elements to the site, they were aware that there were difficulties, and that some elements of the site may surprise or shock 'outsiders'.

OVERCROWDING

Overcrowding was a common complaint, with most respondents saying that there was too little space on site for people to live happily and comfortably. Though it is a close-knit community, there was a strong sense that it was too cramped and that "people are living on top of each other". Older members of the community expressed concern over young people starting families in such an overcrowded environment, and feared that increasing numbers would be forced to move away in order to have enough space.

"People are living on top of each other"

Despite overcrowding and difficult conditions on site, moving away was not a straightforward choice. One young woman spoke of her fears of moving into settled accommodation, of being isolated and out-numbered, and potentially exposing her and her children to racial discrimination in their new neighbourhood. They were safer and better off living together, at the site, she concluded.

Not all London Irish Traveller sites have such problems with overcrowding. The Traveller site in Hounslow, where one of our respondents had spent some time, was said to be much more spacious and much greener than Lynton Close, something that seemed to make a positive difference to residents' experience of living there

ACTIVITIES FOR CHILDREN AND YOUNG PEOPLE

Many mothers felt that children between the ages of six and 12 were most in need of more activities on site. This is useful to know in terms of designing targeted interventions in future. Once young people were aged 15-16 years or older, it was felt that they would not engage effectively with any projects provided for them. In terms of early interventions to improve wellbeing, it may be worth developing programmes aimed at this age group. "Kids need something more to keep them motivated, to keep them well-behaved" one respondent said. All respondents that we spoke to expressed concern and dissatisfaction about the lack of activities for children and young people on site.

*"Kids need something more to keep them motivated
...to keep them well-behaved"*

ACTIVITIES FOR WOMEN

Some respondents also expressed a desire for computer classes and fitness classes for women on site. Women are typically on site with their children for much of the day, and it was felt that they would all benefit from more opportunities. Classes with an educational element may be particularly helpful given the higher level of school drop-out in this community.

LACK OF COMMUNITY SPOKESPERSON

A number of respondents expressed that they wished to have a Community Spokesperson to speak on their behalf and to avoid their community being neglected. They felt they were not listened to or understood by their local council more specifically, and by society more generally. In recent months, their hope to extend their site into the empty plot opposite was denied, and they feel that their needs were ignored. If they'd have a spokesperson there, a physical presence in the room when decisions were being

made, they feel they may have been able to change the councillors' minds and there may have been a different outcome.

DANGEROUS LIVING CONDITIONS

Children play freely around the site, and it was not uncommon to see small children climbing over fences and on top of abandoned furniture and building materials. In the past decade one child had been involved in a fatal accident on the nearby North Circular road, but dangers could also be found on site. In our focus group with young males, they gestured to a pile of scrap wood and metal and said young children played with it "It's dangerous, but they've nothing else to do". In addition to this, the dust and grit from nearby factories and building sites caused respiratory problems – a number of respondents said that their children/grandchildren had asthma which they thought was exacerbated by the dust.

"It's dangerous, but they've nothing else to do"

VIOLENCE

Though things had improved in recent years, after a difficult family was removed from the site, there was a time when there were a number of stabbings, where fires were repeatedly set, and where people had acid thrown at them. Now things had returned to normal, and it was felt that there was a relaxed feel to the site. People know not to get into fights, one respondent said, as they know the consequences would be very severe.

▪ RESIDENTS' VIEWS ON THEIR IRISH TRAVELLER IDENTITY

STRONG, POSITIVE IDENTITY

Being a Traveller was very important to people's sense of self, and represented a very positive element of their lives. Some reported feeling very satisfied with their existence on site, and valued the close, family atmosphere it fostered. "We've a close bond, sticking together as a unit, we're always supported".

"We've a close bond, sticking together as a unit, we're always supported"

BEING INVISIBLE AND FORGOTTEN, OR MARGINALISED AND JUDGED

Feeling unheard and unnoticed was a common theme. Respondents said that they felt "pushed aside", and argued that "Other religions and races get help and support, but we don't". Another said that "We're not being heard, or seen". Some respondents spoke about voting during local and general elections, which they saw as a civic duty, but expressed strong concern that they were not heard or represented, despite their attempts to engage with the political process.

A number of respondents said that life was better for Travellers in Ireland. "In Ireland, Travellers are catered to. No-one is helping us, the site is a hazard...we're just pushed aside".

"Other religions and races get help and support, but we don't"

"No-one is helping us, the site is a hazard...we're just pushed aside"

CULTURAL AND RELIGIOUS EVENTS

Cultural and religious events are very important to the community. One of our visits took place the day after a number of children had completed their First Holy Communion, and many children were missing a day of school to recover from the festivities. The event had been very exciting to the children we spoke to, a chance to see extended family, receive money and gifts, and stay up late. The commitment to, and enjoyment of cultural and religious events seems to be a very positive part of many residents' lives. One woman, keen for her daughter to nourish ties to her Irish heritage, spoke of her desire to enrol her daughter in Irish Dancing classes.

BEING A GIRL

A number of our younger respondents expressed that it was difficult to be a girl on site. "It's hard being a girl", we were told. Boys were said to be aggressive and to misbehave a lot and, with boys dominating the outside spaces, girls had little to no space for themselves. Moreover, boys often caused damage to the play area, making the area unusable even when they were not there; "Boys always piss and shit on the climbing frame!" said one young respondent. Parents proved to be of little help when boys were causing trouble, with the girls we spoke saying that they were typically told to leave the boys alone. It seemed rare that the boys were reprimanded or asked to behave differently towards the girls.

"It's hard being a girl"

During one visit to the site, we were chatting with group of children in the Portacabin. It was a sunny day and there was a lively atmosphere, but this quickly tipped over into quite aggressive behaviour. Two boys were held apart by others in the group to stop them fighting, asking them to apologise to one another, and it seemed very difficult for the boys to calm down. The girls looked at us despairingly, "It's always like this" they told us.

The boys fighting? "It's always like this..."

While boys have freedom to go out and do things, girls have less freedom, and it was felt by both parents and children that girls needed more activities to keep them occupied. Responsibility for looking after younger siblings fell to girls, something that some suggested could burden them, as they needed to protect the younger siblings from boys who behaved in an annoying, disruptive, and aggressive manner and could be too cruel for the youngest members of the community. Though the girls were happy to take care of younger siblings, and felt it their duty, it was felt to limit what they did with their spare time.

BEING A BOY

One young man in our focus group quipped that "boys are raised to get married at 14 years old". Though Irish Travellers do not typically get married until their late teenage years, it seemed clear that there were strongly defined gender roles on site and young men and women led quite separate lives. When we asked young men in the focus group what kind of activities the teenagers onsite engaged in, they joked that it was "against

[their] religion to chat to girls". The majority of boys at Lynton Close attending boxing clubs. One young respondent, 12, in describing the current lack of activities on site recalled a football club that he'd particularly enjoyed. When asked to provide more details, it transpired that the influence of the friendly, reliable, and positive male role model seemed integral to his enjoyment of the club.

FEELING HOPELESS

Young men in our focus group expressed scepticism that the questions we were asking for our research would really make any difference to their lives. The feeling of being marginalised and left out of decision making was raised by other respondents, and it seemed important for these young men to make it clear to us that they did not expect anything to come of our research.

3.3. FINDINGS FROM THE INTERVIEWS WITH PROFESSIONALS

- Views of a Traveller Site Officer
- Views of staff at the local GP surgery, Brentfield Medical Centre

VIEWS OF A TRAVELLER SITE OFFICER

A Traveller Site Officer from Brent, "J", provided us with much useful information about the Lynton Close community. Having worked with the site for a number of years, he has a good understanding of the needs and experiences of its residents. Though not a member of the community, he had earned a level of respect and trust of those on site.

Working across a number of different sites, J's knowledge allows us to begin to place the experiences of Lynton Close resident into the context of Irish Travellers in the Greater London area. In comparison to many sites, Lynton Close was, he said, one of the least problematic, and one of the most integrated; in terms of schooling and GP registration. Much of the site's progress, J considered, had been the result of a hardworking education officer, R, who worked tirelessly at the site to encourage young people into school. Moreover, while there exists some movement during the summer months, the site population is relatively static and stable, which contributes to the more 'integrated' nature of the community within the local area. At other London sites, he reported, rates of illiteracy are far higher, and people have much larger families. In addition to this, criminality is much higher on other sites than at Lynton Close, with more people involved in petty crimes.

- Suicide
- Depression
- Domestic Violence
- Children's poor health
- Boxing
- Children's independence
- Importance of image
- Strictly defined gender roles

SUICIDE

Suicide was considered to be a key issue for Irish Travellers, with three suicides in the community within the past five years. Suicide attempts typically take place in public areas, where family and friends are likely to witness the aftermath, if not the event itself. Those who have committed suicide are said to have been 'slain'. Though people discussed the suicides afterwards, there was a reluctance to suggest any personal or individual cause of the suicide, or mention of depression preceding it, because it would bring shame on the family. Instead, suicide is seen as something which happens to them.

DEPRESSION

Depression was considered prevalent among middle-aged men, and suicide attempts were most common in this demographic. These increased rates of low mood and feelings of despair were considered to be a consequence of men in this age bracket no longer being able to have financially viable careers with the old trades they were brought up with and trained in, leading to them falling out of work. Being able to provide for one's family is particularly important to men in the Traveller community, and being out of work can make men feel that they have failed their family.

Drug and alcohol use were not considered key problems in the Lynton Close community. Although it was common for people to drink heavily at the weekend and at family events, and for frequent fights to break out when people were intoxicated, the community's consumption of alcohol was considered to be within normal social-drinking limits. Similarly, though cocaine use amongst some residents is suspected, its use was not considered problematic.

DOMESTIC VIOLENCE

Domestic violence was thought to be relatively common in Irish Traveller communities within London, and is widely – even if not openly- accepted. Though it appeared to be less common at Lynton Close, J reported that it was not uncommon to see a woman with a bruised eye. However, any suggestions to intervene or offer support were unwelcomed because the violence was considered a relatively normal part of an intimate couple relationship. The sentiment expressed by J was that the community saw domestic abuse as something that happens between a man and his wife, and thus one should not intervene. Attempts to do so would result in you being blamed or turned against. There was a suggestion that domestic violence was perpetrated by both men and women.

BOXING

Boxing is a common activity for men on site, allowing them to earn a living through paid fights. Young boys grow up trying to emulate their fathers and older brothers, and boys start boxing at a young age. J commented that males on site are very macho, and even young boys will attempt to start fights with people much older than themselves. The reputation of Lynton Close means that they are feared and respected throughout the Traveller community for their fighting prowess.

Many children have frequent colds and infections, which J believes could be due to the very high standards of hygiene and cleanliness of people's caravans. It is not uncommon for homes to be thoroughly cleaned and disinfected on a daily basis, and J felt that this appeared to impact upon children's immune systems. Image is very important to those on site, and people we encountered were typically very well presented. Women and children are well presented, and homes are spotless.

There are a number of feuds between families, one recent disagreement stemming from an occasion where an 'arranged' marriage was declined by one party. As a consequence, tensions can run high on the site.

CHILDREN'S INDEPENDENCE

Children are given a lot of independence on site, and it is common to see them walking around playing happily by themselves, or in groups, with no adults present. J recalled a time when there was a Santa's grotto in the Portacabin on site, and not one parent joined their child –

“You never see them. When we had the Santa's grotto all the kids came down. Not one parent came out, not one of them. In case they bumped into someone they don't get along with....The kids are coming to pick up gifts from Santa, and not one parent came down and took a photograph. The kids were between four and seven years old.”

The Lynton Close site, despite its challenges, was considered by J to be one of the most well-functioning, and most well integrated in the area. Mostly, people on site want to work, and don't want the bad Traveller label applied to them. However their reputation remains, and this often means that certain agencies struggle to engage with them, or feel wary of making contact.

VIEWS OF STAFF AT THE LOCAL GP SURGERY – BRENTFIELD MEDICAL CENTRE

Brentfield Medical Centre is one of the main surgeries at which Lynton Close residents are registered. GPs at Brentfield considered mental health problems, namely depression, to be a concern for Lynton Close. Along with pregnancy check-ups, they considered depression to be the main reason for visiting the GP. There was a feeling that mental health problems were widespread and often quite severe, and they noted that there had been a number of suicides in recent years. “Mental health issues are huge...really huge”, they said of the Lynton Close community. This confirms the views elicited from within the community.

One respondent from the GP surgery said that depression in younger males was of particular concern, and that she would encourage more of them to come in for check-ups and to attend review appointments. This need was not found in our interviews with residents, but this is likely because mental health difficulties among men are particularly stigmatised.

“Depression...the main reason for visiting the GP”

“Mental health issues are huge...really huge”

GPs considered that Irish Travellers’ relationship with the surgery and other health services had improved greatly over the past 20 years, and that their engagement with services had increased. Though feuds between families had previously resulted in careful scheduling to avoid arguments in the waiting room, this had not been an issue for a number of years.

In addition to seeking support and medication for depression, prenatal check-ups and other appointments related to pregnancy and ante-natal care were common reasons for visiting the practice. Mothers on site are very good at attending all their antenatal appointments, and can be relied upon to bring their infants in for immunisations. GPs reported that mothers were caring and attentive to their children. The rate of accidental injuries in children had previously been of concern but, after health visitors spoke with parents on site, this was no longer the case. During our visit to the Site we met with a family where two children had broken arms, acquired through falls during playing.

The population at Lynton Close is mostly stable, except during summer time, and so this means that residents' attendance to appointments is reliable.

3.4 SUMMARY OF FINDINGS – KEY THEMES

The most commonly reported concerns related to the condition of the site, and how this impacted upon people's lives. For children, there was inadequate space to play, and little to keep them occupied. During our visits, children would often be seen playing in unsafe conditions, climbing over fences and atop vehicles surrounded by broken glass.

For young families, the high levels of overcrowding meant that some were forced to move off site, away from their families, in order to have space to raise children. Overcrowding was exacerbated by the fact that residents felt their views were not listened to, and that they were being ignored. They perceived that their lack of visibility and a lack of respect given to their way of life meant that their difficulties were overlooked, and that their needs were not taken into account. When land became available near their site, they had hoped to extend their boundaries, but the local authority denied their application.

Residents' experiences of living on site were mixed, though it was felt as a positive thing to have so much family around, it seemed that the lack of space, activities, and opportunities created difficulties for everyone. Mental health concerns were expressed sporadically by residents; for those that discussed it, they were able to be very open with us and describe both their own personal experiences and the high prevalence of emotional difficulties on site, but many said that there were no difficulties present, and were uninterested to discuss further.

4. DISCUSSION AND FUTURE RECOMMENDATIONS

4.1. METHODOLOGICAL LIMITATIONS

SAMPLING METHODS

Though this research adds useful insight into the needs of the Lynton Close population, it has some shortfalls. Our use of Opportunity Sampling, though most suitable for our time frame and budget, has some weaknesses; certain people are less likely to agree to participate, and thus we cannot say with certainty that the views of our respondents are representative of the wider site population.

Timing of visits - The populations of Irish Traveller sites are said to change over the course of the year, as people move between sites, or move between England and Ireland. Due to time constraints we made our visits during spring and early summer, but future research would benefit from findings collected at different times in the year.

OUR LACK OF VISIBILITY

Although we have a relationship with the Traveller Site Officer, and have worked on site for a number of years, many people we spoke with were unaware of our presence on the site, or what services we were able to provide. A key strength of this exercise has been its ability to raise awareness of our work, which is highly beneficial in and of itself, but our prior lack of visibility on site for some residents meant that some people were wary of speaking to us. Future research would benefit from more in-depth research taking place over a number of months, in order to foster trust and build stronger relationships with residents.

LIMITED TIME FRAME

The relatively short time frame in which this research was conducted created some difficulties.

POOR UPTAKE FROM OUTSIDE AGENCIES

Despite contacting a number of agencies that work with Irish Travellers, in an attempt to recruit more young people to our research, this method proved unsuccessful. This may have been because the agencies dealt with very few people within our preferred age range, or because workers' busy schedules meant that they were unable to pass our details on. In future, as part of a larger scale research project, it would be very interesting to gain input from a wider range of agencies.

As can be seen in the findings above (e.g. with regards to the prevalence of smoking on site), one can obtain contrasting findings from different groups. In working across different agencies, adopting a triangulated research approach, one could develop a richer, more reliable data set. It would, for example, have been very helpful to add the experiences of educational support workers to this research, to try and better understand the issues underlying school absenteeism onsite.

RESEARCHERS FROM OUTSIDE OF FROM THE COMMUNITY

The fact that neither Rita nor I are of Irish Traveller heritage may have influenced how comfortable respondents felt discussing sensitive topics with us. Some research projects into youth mental health rely upon peer researchers to help gather data, by training up local young people to gather data themselves. Not only would this provide a new insight into the problems experienced by young people at Lynton Close, it would also provide young people with a new skill set.

4.2. IMPLICATIONS OF THIS RESEARCH

The information gathered during this research project provides a rich and important insight into the Lynton Close Irish Traveller community, and goes some way to helping understand the needs of this population. The information we gathered highlights the importance of engaging with communities directly, rather than making assumptions or generalisations about their needs.

There is a tendency to assume Irish Travellers will act according to stereotypes, and choose to shun outside contact and support. However, this is not what we found during our visits to the site. It is important for residents to be included in local agencies' thinking about their needs. One respondent said that she and all other site residents voted, but that they felt neglected and overlooked. This suggests that the community is keen and willing to engage, but that they need to see a measurable impact of their contributions. They will engage, and they are interested, but it is of utmost importance that they do not feel cast aside. This is highlighted by the view of the young men we spoke to, who suggested that whatever they told us it would make no difference; nothing would ever change or improve for them

The young children we spoke to were very keen to speak with us, and yearned to engage in positive activities. It is of great importance that this willingness is acknowledged and nourished.

Data from patients accessing our in-house services at Laufer House suggest that young people from Irish backgrounds are likely to *underreport* their difficulties, compared to young people from non-Irish backgrounds. We can deduce this by looking at the disparity between self-reported and therapist reported problems. In light of this, it is likely that the problems at Lynton Close are greater than we have found. This likely contributes to the lack of discussion about depression among young males on site, and should be taken into consideration.

It is also important to consider that although some issues may seem of great concern to 'outsiders', they may not be viewed that way within the community. Thus, attempts to change or improve these things will not always be well received, and one should be sensitive to cultural differences. The normalising and acceptance of certain behaviours, such as domestic violence may thus not be flagged up in discussions, as it is not seen as something of great concern, rather as something that typically happens in a marriage.

4.3. CONCLUSIONS AND RECOMMENDATIONS

The main conclusions to be drawn from this research are that there are a number of difficulties experienced by residents of the Lynton Close Irish Traveller Site but that residents, on the whole, are willing to engage to think about these, and that their needs are strongly affected by their living conditions.

The mental health need of the Irish Traveller community at Lynton Close must be understood within the context of the practical difficulties and realities of their existence at the site. Over-crowding and lack of activities and opportunities appeared to have a significant impact upon emotional wellbeing, and once these more basic needs are addressed it is feasible that many other difficulties would subsequently reduce.

Postnatal depression was raised an issue on site, and so it would be important to ensure that all first time mothers are educated about the possible complications and difficulties associated with becoming a mother. Encouraging women to share their stories with other first time mums may be a good way to go about increasing awareness about the “baby blues”, as it was described.

Though the children we spoke to did not express concern over their wellbeing, the evidence suggests that their wellbeing is likely affected by the overcrowding and lack of positive activities to engage with. Children’s wellbeing could be improved, or resilience fostered, by providing more activities on site. Parents we spoke to expressed desire for more sports clubs for boys, and arts & crafts clubs for girls. It would be important to provide clubs that were both age-appropriate (6 to 12 were the best ages with which to engage, parents suggested), and single-sex – considering the difficulties we encountered of boys and girls interacting together.

Given the marginalisation and discrimination felt by some Irish Travellers in schools, it is important to increase teachers’ awareness and understanding of Traveller children. Electing a spokesperson to speak out for the community would go some way to reduce their feelings of marginalisation. However, electing one individual may prove difficult, given the family divides on site.

Pride in their Traveller identity is very important, and likely a positive and protective factor against poor mental health. It could be useful for the Community to communicate with the wider public about their cultural values and lifestyle to share some of the more positive aspects of their culture, and go some way to allay negative stereotypes.

In our discussions with children about health and wellbeing, some young females we spoke to were able to think thoughtfully about how to engage with friends who were feeling sad, and spoke of the importance of talking about their feelings. In light of the fact that some respondents spoke of others' struggles as a consequence of not talking about their difficulties, it is important to encourage this type of thoughtful thinking, in order to reduce later difficulties.

Depression in males, both younger and older males, was raised as a point of concern by GPs. Given the 'macho' nature of the Traveller community, it is important to think carefully about designing interventions to address these needs in an appropriate way. Though the mental health needs of young men on site were not raised during our interviews with residents, our conversations with GPs clearly show that depression in males – both young and old - is an area for concern. The clearly-defined gender roles on site, combined with the reported high levels of depression in young male Irish Travellers, not only highlights the importance of our work on the site, but may also indicate that young men on site would benefit from an additional service operated by young men. However, given the 'macho' nature of the Traveller community, it is important to think carefully about designing interventions to address these needs in an appropriate and culturally-appropriate manner. Although single-sex activities are already standard practice, it is also important to consider the gender of the person running the activities. It may be that activities for young men would be more successful if run by a man.

People asked for more women's activities on site. Given that many women are unable to leave the site during the day because they are looking after their children, the provision of sports and education classes could go some way to alleviating the depression that is reported to be so common on site.

Overcrowding and the conditions of the site were a key point of concern for residents, and it may be the case that addressing these housing and space needs would go some way to alleviating the difficulties some of them were experiencing. The experience of children growing up on the site was not overly positive – at least not in reports from parents, with most respondents saying that too little was available to keep them occupied and engaged in safe activities.

Girls on site felt that boys always took over, and ruined their chances to play with things and enjoy things (e.g. by urinating and defecating in the playground). While boys often

play football or practise boxing, there are fewer activities for girls, and so it is important to provide activities that allow them their own space.

Though not raised as a concern by site residents, domestic violence is said to be relatively commonplace in the Irish Traveller community. However, due to the different perception of these behaviours within the community – viewed instead as a relatively normal and expected part of married life, it will be hard to reduce it. Any steps to do so must be done in a thoughtful and culturally-appropriate way, taking care to understand the residents' personal views.

Further research should explore the differing experiences of men and women on site, particularly given the high rates of male depression reported by the local GP practice. It would also be interesting to develop a better understanding of the repercussions of growing up in an overcrowded space, given this seemed to be a key point of concern for those on site. Comparisons with sites where the populations are less established and static would also be of interest.

Irish Travellers are a small but well-known minority group, and there remains a dearth of information about them. This piece of research goes some way to understand the needs of people on site, but more research is needed.

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6. APPENDICES

1. Location and bird's eye view of Site

Site shown outlined by white box.

