

## **Gypsy, Roma and Traveller pupils and Mental Health**

**Martin Myers**

**Martin.Myers@Nottingham.ac.uk**

### **Synopsis**

Gypsy, Roma and Traveller<sup>1</sup> (GRT) communities suffer some of the worst health outcomes in the UK including low levels of life expectancy, high rates of infant mortality and a high prevalence of chronic health conditions (McFadden et al, 2018; NHS, 2020). Less widely understood outside of GRT communities has been the prevalence of mental health issues including anxiety, stress and levels of suicide seven times that for the wider population amongst GRT men (Sweeney and Dolling, 2020). Young GRT people are often ill-equipped to deal with mental health challenges as within communities there has been a reluctance to talk about mental health. This is all the more problematic as GRT communities experience the very social conditions that exacerbate mental health issues including poor and insecure accommodation, higher incidences of family bereavement and trauma, and higher rates of imprisonment (Cemlyn et al, 2009; HoC, 2019). Other specific circumstances including the exclusion of GRT identifying as LGBTQ+ has similarly exacerbated many young people's problems. Recently there has been a concerted drive by GRT community and advocacy groups to promote accessible healthcare messages throughout their communities and in particular to younger community members. Schools also have an important role to play in delivering these messages. However, relationships between schools and GRT families are often shaped by misunderstandings about GRT culture and this does result in teachers not always addressing pupil's needs (Bhopal and Myers, 2009; Hamilton, 2018). This chapter explores mental health issues within GRT communities and situates these within the community and social structures that have made this such a devastating area of daily life; it will then explore how schools can support young GRT people better in the future.

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<sup>1</sup> Gypsies, Roma and Travellers or GRT is used in this chapter to reflect nomenclature used within official UK data collection and are also terms that would be recognised within the protected characteristic of 'race' in the Equality Act 2010. It should be noted this collective grouping tends to obscure the individual differences between many different groups of people and how they identify themselves.

## **Gypsies, Roma and Travellers in the UK**

Gypsies, Roma and Travellers are distinct ethnic groups of people who have lived in all parts of the United Kingdom for over 500 years. This chapter discusses some of the social, political and historical background that shape GRT lives before focusing on the impact of mental health on GRT groups and pupils in schools. Despite using GRT as a catch-all category for people who often share ethnic backgrounds, characteristics and heritage, GRT is not a homogenous category and there are significant differences within and between different groups of people.

One over-arching similarity shared by most GRT people is the regular experience of racism towards their communities (Myers, McGhee and Bhopal, 2010; HoC, 2019). These include populist stereotypes that GRTs are invariably criminals, vagrants and unclean. These are not new stereotypes but rather they are a common currency prevalent for generations (Myers, 2018). The same stereotypes were included in the very first piece of legislation to directly target Gypsies in the UK. The Egyptians Act passed in the reign of Henry VIII identified Gypsy identity in terms of criminality, vagrancy and dirtiness and required them to renounce their identity or face an escalating punitive regime from losing property rights, through deportation and finally the death sentence (Mayall, 2004; Myers, 2019). Neither the Egyptians Act nor the other major building blocks of GRT history feature on the history curriculum. Consequently, there is little public recognition that GRT groups migrated from the North of India to Europe in the early Middle Ages; that they were often enslaved in Europe throughout the 19<sup>th</sup> and early 20<sup>th</sup> Century; and that hundreds of thousands of Gypsies were exterminated in the Nazi holocaust (Myers, 2019; Spielhaus et al, 2020).

In Britain today, despite the enactment of policy such as the Equality Act 2010 it is widely acknowledged that GRT groups experience daily racism in all aspects of their daily lives (Cemlyn et al, 2008; Myers, 2018; Cromarty, 2019). In terms of the provision of social services GRT communities are consistently identified as suffering a range of inequalities. Access to healthcare and poor health outcomes, access to schooling and poor educational outcomes, and access to good quality accommodation have all been acknowledged as longstanding failings of UK social policy (Myers et al, 2010; Bhopal and Myers, 2016; Cromarty, 2019). These failings generally sit together as a pattern of discriminatory behaviours that reflect structural racism within schools, healthcare providers, local authorities and other state institutions; but they also reflect, the widely held racist beliefs about GRTs in

the UK. It is important to take a holistic view of how these discriminatory factors interlink. One factor that directly causes poor health outcomes and poor educational outcomes is the unacceptable levels of provision of accommodation available to many GRT families (Myers, 2018; HoC, 2019). A key driver of poor accommodation for GRT families has been the success of many local communities to campaign, with the support of their political representatives from all sides of the political spectrum, against the provision of new Traveller sites in their neighbourhoods. Poor social provision is often a direct reflection of public prejudice and not just a nebulous failing of an inept government or ill-informed policy. Cemlyn et al note the multiple damaging effects this has on GRTs,

‘A history of mistrust and suspicion between Gypsies and Travellers and authorities, arising from a history of institutionalised prejudice and mistreatment means that developing mutually beneficial relationships of trust and positive communication can sometimes be challenging.’ (Cemlyn et al, 2009 p.4)

Such mistrust has been a feature of the relationship between many GRT families and schools. One notable success driven by policy-makers has been the steep increase in school attendance. In 1967 the Plowden Report identified Gypsy children as “the most deprived in the country” and estimated only 4% of GRT children attended schools. By the 1990s this figure had risen to around 70% in large part reflecting the work of the Traveller Education Services (TES)<sup>2</sup>. The TES were notable for approaching the problems GRT families faced accessing education from a holistic perspective. In addition to working with schools they also acted as advocates for families using their resources to address accommodation problems or negotiate access to healthcare. TES officers often had close personal connections with families and also worked from the position of understanding GRT culture and the pressures under which many families lived. The success of such an approach, based on an understanding of both GRT culture and their experiences of discrimination, would be beneficial in classrooms to understand GRT pupils experiences of mental health.

Whilst the numbers of GRT children attending schools has increased, GRT children are still the group most likely to experience the worst educational outcomes of all ethnic groups (DfE; Cromarty, 2019). In 2020, Gypsy and Traveller children were still less likely than other children to attend school, more likely than any other ethnic group to be excluded from school,

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<sup>2</sup> The Traveller Education Service was introduced in the 1970s to provide support for nomadic families. They were largely phased out following the 2010 Coalition government decision to cut funding.

and have worst outcomes in terms of exam achievement and progression into higher education. It is worth noting these educational outcomes are a backdrop to pupils own mental health experiences but also relate to wider health issues within communities due to the poor provision of social care cuts across different services.

Unofficial exclusions or ‘off-rolling’ is the practice of schools persuading certain pupils they would be better suited to home education. Although off-rolling has only recently become a public issue, it is a practice that many GRT families have encountered for decades. Schools often explain GRT pupils absence from school because they are nomadic and have ‘moved on’ (Myers, 2018; Bhopal and Myers, 2018). However, the majority of GRT families live in bricks and mortar housing or on fixed Traveller sites, and their children are unlikely to move from place to place at short notice. Families are more likely to choose settled accommodation so that their children can access stable and secure education in one locality. If anything, for families who are mobile, the prospect of accessing education for their children is often a specific reason for choosing more settled accommodation.

As discussed previously, access to accommodation is often difficult for GRT communities because of public and political discourse which fails to address accommodation shortages. The impact of this failure of policy making includes significant educational and healthcare inequalities. In 2015 the DCLG (Department for Communities and Local Government) introduced planning policy that made it increasingly difficult for Gypsies to build new Traveller Sites on land they owned. The policy defined GRT ethnicity as related to their mobility and nomadism; however most GRT families are no longer nomadic, (a fact readily identified in the House of Commons briefing paper (Cromarty, 2019) cited above). One consequence of this policy was that it increased the likelihood of GRT families being evicted from land they owned and made homeless. Being homeless, like other forms of insecurity, is a significant factor in undermining families’ access to education and other social provision such as healthcare. It also has damaging consequences for families’ mental health.

In the classroom it is useful for teachers to understand the dynamics of GRT families issues around securing accommodation. Firstly, to understand the pressure that evictions cause pupils is important because it will impact their educational performance and mental health. Secondly to acknowledge that such pupils are experiencing multiple inequalities when they are made homeless, that sit within the broader patterns of racism that affect their lives.

When GRT pupils have been made homeless this is not necessarily an indication that they are

nomadic or mobile but that they no longer have access to their home. Making such holistic judgements about GRT pupils and framing them from the perspective of those pupils is one of the most helpful ways teachers can work with GRT pupils. It is also one of the most helpful ways they can understand how mental health impacts on pupils' lives.

The NHS identify that ' Gypsy, Roma and Traveller communities' experiences some of the poorest health outcomes' of all people living in the UK (NHS, 2020). These include significantly lower life expectancy; higher maternal and infant mortality; higher incidence of accidental injury and infections amongst children; high rates of accident and emergency attendance; low uptake of childhood immunisations and consequent increasing risk of preventable disease; and, poor dental health. A wide range of factors contribute to poorer health outcomes many of which relate to structural inequalities. Many GRT families live in poor accommodation, including poorly maintained local authority Traveller sites situated in inaccessible locations; and many others are effectively homeless as a consequence of discriminatory planning policies (Myers, 2018). In addition poor educational outcomes, social exclusion and discrimination encountered when accessing health services have been identified as directly contributing to poor health (McFadden et al, 2018). Whilst problems of accessing healthcare are often contextualised as being a consequence of GRT 'mobility' or nomadism this obscures the reality that most GRT families are not nomadic. As in the case of children absent from school, the suggestion of mobility often provides a smokescreen for service providers to explain poor outcomes (Myers, 2018). There is evidence of social service agencies relying on charitable agencies to assume the responsibility for working with GRTs citing their expertise; this offloading of casework has been identified when dealing with mental health issues.

Whilst the NHS is explicit in identifying worse health outcomes for GRTs than the population at large, it is largely silent on issues surrounding mental health. In 2019 the House of Commons Women and Equalities Committee highlighted the problems faced by GRTs when accessing mental health services and recommended the need for increased long term funding (HoC, 2019). The Women and Equalities Committee drew upon the limited research that had been conducted around GRT and mental health and gathered evidence from a range of GRT advocacy groups including Friends Families and Travellers and The Traveller Movement. These identified a number of disturbing trends that together indicate the seriousness of mental health for many different GRT communities.

Comparisons between the general population and GRTs indicate there are much higher levels of poor mental health. GRT people are more than twice as likely to experience depression and three times more likely to suffer from anxiety (HoC, 2019). Suicide rates amongst GRT communities are extremely high. In particular GRT men are seven times more likely to commit suicide than other men with a study in Ireland finding that suicide accounted for 11% of Traveller deaths (AITHS, 2010). Within GRT communities the disproportionately high numbers of GRTs serving custodial prison sentences are at greater risk of suicide (Traveller Movement, 2019). HM Inspectorate of Prisons found that 27% of GRT prisoners experienced mental health problems compared to 13% of the wider prison population (PPO, 2015). Young GRT boys are also disproportionately more likely to be sent to Young Offenders institutions. Those GRT groups who openly identify as LGBTQ+ are also at a high risk of mental health and suicide (Traveller Movement, 2019a). They often find their sexuality is incompatible with the religious and heteronormative culture of GRTs communities causing them to be ostracised by both family and community.

To understand the causes of such high prevalence of mental health issue it is important to relate this to the broader patterns of discrimination described above. GRT lives are often characterised by insecurity around their accommodation and poor access to healthcare. GRT pupils often find the experience of attending school difficult and traumatic with little recognition of their culture in the curriculum and very poor understandings of the issues affecting their lives. Discrimination and prejudice towards GRTs has been described as the ‘last acceptable form of racism’ (Traveller Movement, 2017; HoC, 2019) highlighting how much of the British population may be complicit in such racist beliefs. Unfortunately, this includes pupils and teachers in schools and this has a damaging effect on the mental health of GRT pupils. The impact of these structural inequalities is regularly exacerbated by racist hate crimes directed towards GRTs and ‘the persistent grinding and demoralising effect of hate crime/hate speech and discriminatory representations’ (Greenfields and Rogers, 2020 p.15). These have all shown to be directly associated with stress, anxiety, depression, PTSD, self-harm and suicide.

Within many GRT communities mental health carries stigmatising connotations of madness and commonly used healthcare terms such as ‘anxiety’ or ‘stress’ are often not readily understood (Matthews, 2008). School initiatives to educate young people about mental healthcare are likely to be less effective for GRT pupils due to high rates of school exclusions (Wilkin et al, 2010; HoC, 2019). Pupils missing out on health education is also more likely to

impact young GRT men who are more likely to leave school at an earlier age to start work (Myers, McGhee and Bhopal, 2010).

There is also evidence to suggest that many family members, including pupils, experience multiple bereavements within their families (NHS, 2020; Rogers and Greenfields, 2017). This is partly a direct consequence of factors such as the overall poor health of GRTs. Rogers and Greenfield highlight how many GRT bereavements result from illnesses where the expectation amongst the general UK population would be that mortality was preventable. They also demonstrate how many bereavements are ‘sudden, unexpected and often traumatic, with high numbers of road traffic accidents, suicide and infant and childhood deaths’ (2017, p.97). For communities who often survive within hostile marginalised environments by maintaining tightly knit family bonds, with family members often living and working together, the impact of such losses can be devastating. Within GRT communities, the expressions of extended grief that are often considered normal, are interpreted as ‘pathological’ or ‘complicated grief’ that requires treatment in a healthcare context (Rogers and Greenfields, 2017; Shear et al, 2011). Within GRT communities the normalisation of extended grief is often believed to represent individuals or families coping with their loss. Many GRT pupils are likely to have encountered bereavements within their families and also experienced the very deep collectively felt impact of such loss. They are often ill-equipped at a young age and without wider support to deal well with their losses.

Other characteristics of GRT culture, often shaped by their marginalised status in society, also contribute to poor mental health. For GRT men and boys in particular, gendered roles and expectations often assume that they need to always present an image of being strong, in control and providing for their families (FFT, 2019). This often makes it difficult for GRT men to acknowledge or recognise they are suffering from mental health issues including depression, stress and anxiety. By doing so they may feel they are letting their families down. They are however often very susceptible to such problems not least because of the burdens they shoulder when faced with resolving insecurities in providing for their families. These include finding decent accommodation and generating regular income. Many GRT men choose self-employment and at times when it is difficult to generate work, or when the marginalised status of GRTs makes it difficult to secure work, this is often perceived as a personal failing to provide for the family.

In summary GRTs experience racism and marginalisation in many aspects of their lives. This contributes to their likelihood of experiencing poorer mental health outcomes because of the difficulties they face. The same forms of marginalisation also tend to restrict access to healthcare services that might be able to offer solutions to poor mental health.

### **Teachers, Gypsies, Roma and Traveller Pupils**

For teachers the prevalence of mental health problems facing GRT pupils may not be as apparent or as approachable a subject as for other pupils in their classrooms. The main approach recommended from this chapter is that teachers should make themselves more aware of the issues and the background to what are often complex problems. There is a plethora of evidence which shows that GRT pupils do not feel their needs are met in schools. This reflects a wide range of longstanding problems that need to be understood individually and holistically. Mental health issues, both those of individual pupils and their experiences of mental health issues amongst family and friends are not isolated issues.

One practical measure which may have an impact on improving the mental health of GRT pupils is to acknowledge and address the discrimination they experience in schools. GRT pupils do experience racism and bullying in schools from other pupils, from parents and from teachers; GRT culture is missing almost entirely in the curriculum and is rarely acknowledged or celebrated by schools; too many GRT children are excluded permanently from schools; and too many GRT pupils do not achieve satisfactory exam results which would help them progress to university. To be clear these experiences form a backdrop to understandings about mental health and the racism that characterises GRT health outcomes. They are symptomatic of the racism GRT pupils experience in all aspects of their lives beyond the school gates. As teachers it is important to think about how some of these issues can be addressed and how pupils can gain the most value from their educational experiences. In this respect it is not an expectation that it is the role of teachers to change the world but rather that they contribute to some change. Small steps such as acknowledging the devastation of the Nazi holocaust on GRT lives in a history lesson or using accounts of hate crimes towards GRT families in a debate on what modern day Britain looks like are small steps towards recognising GRT lives more clearly.

Of all the detrimental experiences faced by GRT pupils in schools those of racism and bullying are the most consistently identified. These reflect the endemic racism encountered



by many GRT outside the school gates. Unfortunately some teachers also share the same racist attitudes and this contributes to racism in schools going unaddressed. For GRT pupils there is a direct correlation between experiencing racism or being bullied and feelings of anxiety, stress and depression. If a GRT pupil feels unable to discuss these feelings, in school or at home, this will make their life much harder. It may be that at home it is difficult, particularly for young GRT men who feel they have to maintain an image of individual strength, to discuss mental health issues. If at the same time the school allows racism or bullying to persist, that leaves these young men with few options. They may feel it is better and easier not to attend school. As teachers it is important to think about the reasons why GRT children are identified as 'others' and why the same racist tropes that were prevalent in Henry VIII's day maintain their resonance in schools today. These should be challenged, particularly when such views are held by senior school leaders.

Discussions about mental health in the classroom will often be framed within the context of mental health having become a normalised topic of conversation compared to 10 or 20 years ago. There may be an expectation that many pupils feel more comfortable to talk about mental health. In some quarters it has even been suggested mental health issues have become trendy or glamourised. Not all GRT pupils fall within these expectations of how mental health is understood. Many GRT advocacy organisations and charities have made exceptional efforts to address mental health and foster conversations about mental health problems amongst different communities and different sections of those communities (Traveller Movement, 2019b). These are often led by younger GRT men and women. However in classrooms GRT pupils may be less comfortable with open discussions about mental health because of their own engagement with family culture. Often pupils feel torn by the contrary demands and expectations of what constitutes normative behaviours for school pupils and the expectations of their families. It would be unhelpful to exacerbate these very complicated personal dynamics by assuming the whole school approach to addressing mental health was necessarily the best for GRT pupils. GRT pupils may associate the school environment with the broader marginalisation and discrimination of GRT groups and not feel the school is a safe environment to discuss issues that affect them. This does not preclude having conversations with GRT pupils about mental health (their own or others), rather it is to suggest that getting to know pupils, their circumstances and their perceptions of the world they live in, might be a better starting point.

## **Take Away Points**

GRT groups have been British citizens for over 600 years. They have consistently been portrayed within a range of misrepresentative racist stereotypes including criminality, vagrancy and dirtiness. One consequence has been their marginalisation throughout society. GRT pupils entering classrooms bear the burden of this history; they know that many pupils and teachers share those racist beliefs about them and their families.

Mental health issues are prevalent across all parts of GRT communities and many pupils will experience individual problems and be affected by its impact on other family members. Supporting such pupils includes not just being aware of their individual needs but also understanding the broader social conditions that shape GRT pupils lives.

GRTs experience some of the worst health outcomes of any group in the UK. This includes high mortality rates for illnesses that are often regarded as preventable in the wider population, high incidence of infant mortality, traumatic or violent deaths such as road traffic accidents, and suicides. Collective grief in response to these deaths can often be very deeply expressed throughout communities and families.

GRT pupils may not share the same attitudes and understandings of mental health as other pupils. It may be a more difficult subject for some GRT pupils, particularly young men, because they feel acknowledging mental health issues is a weakness.

Some GRT pupils may find particular aspects of their own identity are in conflict with their family's expectations and community values. Some LGBTQ+ pupils may be scared their sexuality would not be accepted by other GRTs. However, this is changing and many more GRT young people do identify their sexuality openly.

## **Further Reading**

The last five years has seen a considerable body of academic research around many aspects of Gypsy, Roma and Traveller lives. Published work that specifically addresses mental health issues is noticeably absent and with that in mind it is worth highlighting the role of GRT advocacy groups and charities in both campaigning for better access to healthcare and also promoting better mental initiatives within communities. Some useful starting points include:

The Traveller Movement      <https://travellermovement.org.uk/>

Friends, Families and Travellers      <https://www.gypsy-traveller.org/>

Pavee Point      <https://www.paveepoint.ie/>

Roma Support Group      <https://www.romasupportgroup.org.uk/>

The websites for these organisations provide detailed advice for GRT on accessing mental health services and a wealth of information more generally about different communities and the issues facing them. In addition, Margaret Greenfields work has addressed many aspects of inequalities facing GRT communities in the UK including healthcare and ways of improving outcomes in the future. Her article ‘*Good Practice in working with Gypsy, Traveller and Roma Communities*’ discusses the practical value of building relationships and outreach with communities (available in open access form here:

<https://bucks.repository.guildhe.ac.uk/id/eprint/17262/>).

For more general discussion of Gypsy and Traveller culture in the UK, *Insiders, Outsiders and Others: Gypsies and Identity* by Kalwant Bhopal and Martin Myers remains a useful starting point. It discusses the historic background of Gypsies in the UK and uses this as means to explore contemporary issues including accessing education, poor accommodation and media representation. The House of Commons library also publishes a Gypsy and Traveller briefing paper (Cromarty, 2019) which is periodically updated and includes good summaries of a range of issues facing different communities and some of the data that evidences these. The briefing paper can be accessed here:

*House of Commons Gypsy and Traveller briefing paper*

<https://commonslibrary.parliament.uk/research-briefings/cbp-8083/>

To note, issues affecting GRT communities are not homogenous and it would be a mistake to assume that every person identifying within the broad category shares similar characteristics or experiences. It is also worth noting that this is equally true within different categories. One distinction that is worth acknowledging is that whilst the experiences of GRT groups in the UK are not unrelated to those of other European Roma; there are many differences and discussions of European Roma need to be situated within specific understanding of their lives and histories. Ian Law and Martin Kovat’s *Rethinking Roma: Identities, Politicisation and New Agendas*, provides an excellent discussion of changing European political and social structures and how Roma communities have adapted to these.

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