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Experience of multiple disadvantage among Roma, Gypsy and Traveller children in England and Wales

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Abstract

Roma, Gypsy and Traveller children across Europe experience high levels of disadvantage and have repeatedly been identified as a priority in European Commission policy documents, yet they are often missing or invisible in the large-scale statistical analyses of children at risk of poverty and deprivation that drive policy development and monitoring. In this paper we argue that population Censuses, and other administrative sources, many of which already record Roma ethnicity, are under-utilised as a source of robust and comparable data, allowing the scale, intensity and multi-dimensionality of the challenges facing Roma, Gypsy and Traveller children to be investigated and tracked. We illustrate this through the descriptive analysis of secure microdata from the 2011 Census of England and Wales, which included a pre-coded category for 'Gypsy or Irish Traveller' for the first time, and to which we add children identified as Roma. Disadvantage in each of four dimensions - housing, household economic activity, education and health - are examined in turn before computing a multiple deprivation count. Nearly a quarter of Roma, Gypsy and Traveller children in England and Wales aged under 19 are deprived on 3 or more dimensions, compared to just two per cent of other children. And conversely, only a small minority (15%) of Roma, Gypsy and Traveller children are not deprived in any dimension, compared to the majority (67%) of all other children. We conclude that data scarcity should no longer be used as an excuse for a lack of effective policymaking: it is both desirable and feasible to exploit Census data, as a step towards tackling the data deficit, and that the results can improve the design of child poverty and Roma, Gypsy and Traveller integration policies.

Keywords

Roma, Gypsy, Traveller, poverty, deprivation, inclusion, integration, 'data exclusion'

JEL numbers: I14, I24, J15

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Introduction

Vulnerable groups of children are often missed from large-scale statistical analysis of children at risk of poverty and deprivation because they are not included in the sampling frame for survey data, because they are present in too small numbers, or because the characteristics that would identify them as at risk are not recorded. Roma, Gypsy and Traveller children across Europe are missed for all three reasons, and yet evidence from NGOs and agencies working with this population indicate that they experience very high levels of discrimination and deprivation (ERIO, 2016; REF, 2015; ERRC, 2010). Lack of robust data has been cited as a barrier to effective policy development and to the evaluation of interventions (Open Society Foundation, 2010), and despite a raft of initiatives including the Decade of Roma Inclusion 2005-2015, an EU framework for social and economic integration of Roma, and a number of national integration strategies, it is difficult to ascertain what progress has been made. In this paper, we argue that administrative data in general, and census data in particular, despite their limitations, are under-utilised sources of robust and comparative information about Roma, Gypsy and Traveller (RGT) children. We situate current EU and national strategies for Roma inclusion and on child poverty in the context of existing evidence on RGT children, before going on to illustrate the potential of exploiting census data more fully. Our analysis uses secure microdata from the 2011 Census for England and Wales, which, following years of equalities advocacy work by Travellers' organisations and others, included 'Gypsy or Irish Traveller' as an identified ethnic group for the first time.¹ This enables us to contribute to addressing the data deficit by quantifying the gap between RGT children and other ethnic groups in relation to their accommodation, household economic activity, education, and health. We conclude by reflecting on the ways in which this more detailed understanding of multidimensional disadvantage among RGT children can provide the foundation for ensuring that national and EU child poverty strategies are sensitive to, and respond to, the needs of this group.

Undoubtedly the 'data deficit' in relation to RGT in general and children in particular reflects a lack of political will historically to address the needs of this marginalised group. Social recognition of the cultural and ethnic identity of RGT has often been negative or actively hostile, including among children (Djurovic, 2002; Maricic and Mihalj, 2016). Indeed 'Gypsy' continues to be used as a term

¹ A similar question was included in the Scottish Census but definitions, access arrangements, and the policy context are distinct from England and Wales, and as a result we chose not to include Scottish data in this analysis.

of abuse in some contexts, although it has also been reclaimed and used self-ascriptively by some individuals and groups (Bhopal and Myers, 2016). Social misrecognition has been accompanied by institutionalised forms of subordination (Fraser, 2000), including through legal and illegal discrimination in employment, education, housing, and access to basic services.

More prosaically, the data deficit is also a result of some substantial methodological challenges. Firstly, in relation to the sampling frame: some parts of the RGT population live in temporary or mobile accommodation, or are homeless, and are therefore missed by standard household surveys that use addresses as the sampling frame. Secondly, even where the population is in principle within the sampling frame, they may be present in too small numbers for separate analysis to be feasible. Although the Roma are Europe's largest ethnic minority, in some countries – including England and Wales – the absolute numbers in sample surveys are very low. This is the combination of small population size and high levels of non-response. The latter may arise as a result of a fear of persecution, a fear rooted in the history of the Roma community in the 20th century, and the lived experience of prejudice, harassment and repeated evictions in the present. Less deep-seated but nevertheless substantial obstacles include low levels of literacy, and a distrust of officials, especially among RGT who are engaged in informal or unlicensed employment, or whose accommodation or stopping places have been deemed unauthorised. Finally, even where RGT are within the sampling frame and present in sufficient numbers for analysis to be possible in principle, their characteristics may not be recorded. Many datasets do not record ethnicity at all, and there is a belief that it is prohibited by law in some countries - although that interpretation has been challenged (Ivanov et al, 2015; Cahn, 2004). Some datasets that do record ethnicity nevertheless fail to list Roma and other related categories as ethnic groups. Moreover even when offered the possibility to self-identify as Roma or related groups, respondents may understandably choose to record a less stigmatised identity.

For all of these reasons, generating robust and reliable evidence on RGT, and especially RGT children, is a significant challenge. But documenting and analysing poverty and deprivation among marginalised groups of children is critically important from a child rights and equality and human rights perspective (UNICEF, 2015; UN Committee on the Rights of the Child, 2003; Holder et al, 2011), because it is particularly these groups whose rights may not be protected or fully realised. Moreover, improving the evidence base on RGT children can be a significant contribution towards boosting the priority

accorded to them in child poverty strategies and other policy interventions, and assist in developing more effectively targeted service provision.

Roma integration and child poverty strategies

European Union

Social policy in the European Union has increasingly recognised the necessity to address multi-dimensional disadvantage of children, and especially among the most vulnerable. A series of EC communications from 2006 onwards on children's rights single out Roma children as particularly exposed to poverty, exclusion and discrimination.² In 2013, as part of its Social Investment Package, the European Commission adopted Recommendation 2013/112, "Investing in children: breaking the cycle of disadvantage" (2013), stressing the importance of integrated multi-dimensional strategies based on a child rights approach, the need for early intervention, and the opportunity to strike a balance between universal policies and to "ensure a focus on children who face an increased risk due to multiple disadvantage", including Roma children.

While EU involvement in addressing the predicament of Europe's largest and most excluded (EC, n.d.; Open Society Foundations, n.d.) ethnic minority is somewhat new, it grew rapidly between 2005 and 2010: mainly in the light of the two waves of EU enlargement (in 2004 and 2007) and the increased westward mobility of EU citizens of Roma descent (Vermeersch, 2011). The Decade of Roma Inclusion (2005-2015) was pivotal as a source of inspiration (EC, 2014b), and in agenda-setting (Brüggemann and Friedman, 2017). The origin of the Decade dates back to a 2003 conference, "Roma in an Expanding Europe: Challenges for the Future", where the formal decision to establish it was taken. The participating countries were Bulgaria, Croatia, Czech Republic, Hungary, Macedonia, Romania, Serbia, Montenegro, Slovakia, Albania (from 2008), Bosnia and Herzegovina (2009), and Spain (2009). Three countries, Slovenia, the US, and Norway, joined it as observers. Both the UNDP and the European Commission joined at its inception – the former as partner, and the latter as observer. The World Bank and Open Society Foundation provided financial support and technical assistance.

² The term 'Roma' is used broadly in the European context and explicitly includes Gypsies, Irish Travellers and other groups with similar culture and customs. The communications include: EC Communication 2006/367 "Towards an EU Strategy on the Rights of the Child", Communication 2008/420 "Non-discrimination and equal opportunities: A renewed commitment", and the EU Agenda for the (2011a).

In Communication 2010/133 “The social and economic integration of the Roma in Europe”, the EC put forth its first strong statement on the topic, followed by a communication on national Roma integration strategies (EC, 2011b), and a series of high level political documents showing a growing recognition of the importance of tackling the multiple disadvantage of the EU Roma minority, often with a focus on children.³ The Roma population in Europe has a young age structure, with a child rate (population under age 15) of 35.7 percent for Roma and 15.7 percent for the overall EU population and a youth rate (15-29) of 26.7 percent compared to the general population’s 19.3 percent (Gitano, 2009).

Despite such efforts, a significant factor that has hampered progress is the ‘data deficit’ (EC, 2005; World Bank, 2005; OSF, 2010; UNDP, 2012). The lack of disaggregated data on ethnicity hindered efforts undertaken through the frame of the Decade of Roma Inclusion, and has similarly been an obstacle in establishing the “robust monitoring mechanism to ensure concrete results for Roma”, which was advocated by the framework for national Roma integration strategies (EC, 2011b). As things stand, the main data sources about the living conditions of Roma populations are the cross-country surveys conducted by the UNDP (2002, 2005, 2011) and the FRA (2009, 2012) – yet, while they provide comparative EU-wide data, such surveys are costly and imperfectly representative. In many member states data collection on ethnicity is either prohibited or not often undertaken, even if the EU data protection law does not, in fact, prevent it (DG-JUST, 2014). As argued in the Open Society Foundation’s “No Data – No Progress” report (OSF, 2010), the almost complete unavailability of official statistics disaggregated by ethnicity across the EU makes it impossible to be fully effective in tackling Roma exclusion, in terms of setting clear targets and carrying out thorough evaluations. Relatedly, Bernát and Messing (2016) show how National Roma Integration Strategies present extreme heterogeneity in terms of the quantity and quality of the indicators member states use across policy domains.

³ Communication 2012/0226 on “National Roma Integration Strategies: a first step in the implementation of the EU Framework”; European Council’s Recommendation 2013/C 378/01 on “Effective Roma integration measures in the Member States”; Communication 2013/0454 on “Steps forward in implementing National Roma Integration Strategies”; Communication 2014/209, “Report on the implementation of the EU Framework for National Roma Integration Strategies”. Communication 2015/299, “Report on the implementation of the EU Framework for National Roma Integration Strategies 2015”; Communication 2016/424, “Assessing the implementation of the EU Framework for National Roma Integration Strategies and the Council Recommendation on effective Roma integration measures in the Member States – 2016”.

Given the history of exclusion, prejudice, discrimination and persecution of Roma, Gypsies and Travellers (UNDP, 2012), concerns related to the sensitivity of equality data are emotionally charged, while also being heightened and made more relevant by the entrenched stigma that still in today's Europe results in physical attacks in both eastern and western Europe (FRA, 2008; ERRC, 2009; Sigona and Trehan, 2009; Amnesty International, 2014). However, while such concerns are understandable and valid, data disaggregated by ethnicity is necessary to promote research, firstly, in order to evaluate and improve outcomes for the target group (Finney and Simpson 2009; Ivanov et al, 2015); and secondly, to set the foundation for planning and resource allocation (Hillygus et al., 2006). Indeed, the Open Society Foundation has warned that the lack of equality data is an important barrier to the implementation of the EU's Race Equality Directive (OSF, 2013a). The adoption of consistent safeguards may be helpful in dispelling concerns and persuading stakeholders about the benefits of data collection, as suggested by the World Bank (2005).

United Kingdom

The UK is one of the few countries where data collection by ethnicity has become a constituent part of social policy, as it serves to implement and verify equality policies (OSF, 2010; Brown et al., 2013). The Race Relations (Amendment) Act 2000 gives public authorities a general duty to monitor policy and service delivery for different ethnic groups, and recognises 'Gypsy/Roma' and 'Travellers of Irish Heritage' as defined groups (Bhopal and Myers, 2016).. The 2011 population Census for England and Wales included 'Gypsy or Irish Traveller' as a pre-coded ethnic group category for the first time, and the Census for Scotland included 'White: Gypsy/Traveller'. The Pupil Level Annual School Census (PLASC) for England started to record ethnicity data in 2004, and includes Roma, Gypsy and Traveller identities (D'Arcy, 2014). Department for Education data on 'school readiness' of children at age 5, which includes information on their physical and emotional development, feeds into Public Health England's outcomes framework, with breakdowns by ethnicity including RGT (PHE, 2017), although information on RGT are lacking for many of the other public health indicators. The National Health Service outcome framework on health inequalities also in principle includes breakdowns by ethnicity, including 'Gypsies and Irish Travellers' (NHS England, 2017), with some indicators based on GP patient experience data.

Even though the UK fares comparatively well in terms of data collection on ethnicity, it has not developed a detailed National Roma Integration Strategy. In

the European Scrutiny Committee's (DCLG, 2011) assessment of Communication 2011/173, it is made clear that: firstly, the Government would not cede any new powers or competence to the Commission; secondly, it would not accept additional requirements above what the UK is already doing; and thirdly, that it would have a 'flexible' approach to what constitutes a national strategy. Particularly, this entails that specific targets would be seen as "unhelpful" and reporting obligations "burdensome" in consideration of the relatively few RGT citizens in the UK. The UK has thus only put forth: 1) a set of policy measures including one roadmap each for England, Wales, Scotland and Northern Ireland with "Council Conclusions on an EU Framework Strategy for Roma Integration up to 2020" (EC, 2012); 2) a general strategy highlighting the overarching tenets informing ethnic integration, but not specifically devoted to RGT with "Creating the conditions for integration" (DCLG, 2012a); and 3) a "Progress report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers" (DCLG, 2012b) that contains 28 commitments in 6 main areas of intervention⁴. Wales, however, has submitted a separate annex to the UK submission, called "Travelling to a Better Future" (Welsh Government, 2011), together with two updated delivery plans (Welsh Government 2013, 2016), which are more detailed and present an increasingly coherent strategy (Ryder and Cemlyn 2014, Lane et al. 2014), creating a sharp contrast with the absence of targets and monitoring mechanisms in England. Several criticisms have been made by the European Commission, the academic literature, and NGOs of the UK government response. Issues include: an over-reliance on mainstream measures, drawbacks of the emphasis on localism, limited consultation with relevant stakeholders, as well as shortcomings in relation to the policy areas of education, employment, healthcare, and accommodation.

One way to analyse the UK's response is to test it against the ten Common Basic Principles⁵ on Roma Inclusion, a tool distilled from successful policies in RGT

⁴ 1) Identifying ways of raising educational aspirations and attainment of Gypsy, Roma and Traveller children; 2) Identifying ways to improve health outcomes for Gypsies and Travellers within the proposed new structures of the NHS; 3) Encouraging appropriate site provision; building on £60m Traveller Pitch Funding and New Homes Bonus incentives; 4) Tackling hate crime against Gypsies and Travellers and improving their interaction with the criminal justice system; 5) Improving knowledge of how Gypsies and Travellers engage with services that provide a gateway to work opportunities and working with the financial services industry to improve access to financial products and services; 6) Sharing good practice in engagement between Gypsies and Travellers and public service providers.

⁵ 1) Constructive, pragmatic and non-discriminatory policies; 2) Explicit but not exclusive targeting; 3) Inter-cultural approach; 4) Aiming for the mainstream; 5) Awareness of the gender dimension; 6) Transfer of evidence-based policies; 7) Use of Community

inclusion, which was first presented at the Prague meeting of the European Platform for Roma inclusion in 2009 (EC, 2009). Principles 2 and 4 point towards “explicit but not exclusive targeting” and “aiming for the mainstream”, which entails that policy initiatives should explicitly target Roma without excluding other people who share similar socio-economic circumstances on the one hand, and should avoid the pitfalls of segregation in the long-term, on the other hand. By contrast, the UK has relied heavily on mainstream measures, thus hardly striking a balance between the two abovementioned principles, and eschewing explicit targeting. Such approach is consistent with its general integration strategy, according to which “the challenges facing local communities today are too complex to be tackled [...] by singling out specific groups for special treatment”, the UK has relied heavily on mainstream measures. However, according to the European Commission’s (EC, 2016) latest assessment of the UK NRIS, the mainstream approaches have not demonstrated sufficient impact on improving the situation of RGT. Ryder and Cemlyn (2014, 2016) have noted how the unwillingness to adopt a national strategy is indicative of the aversion to tailored measures for RGT. What is more, not only has the Government failed to explicitly address RGT disadvantage, but its general anti-poverty measures have fallen short of protecting children from the negative impact of the economic crisis. The situation could deteriorate even further with the intended restriction of income tested cash payments to two children in a family, given that there are a higher proportion of large families among RGT than among the majority White ethnic group (Bradshaw, 2017). Ryder and Cemlyn (2014, 2016) more specifically note how the welfare reforms started in 2013 could disproportionately impact on RGT families and children: firstly, in terms of eligibility, and secondly, in terms of bureaucratic barriers – a fear shared by RGT NGOs (Jeffrey 2013, Traveller Movement 2013).

Gypsy and Travellers’ accommodation has been especially affected by an emphasis on localism and decentralisation. A survey of local authorities by the Irish Traveller Movement in Britain (2011: i) on the consequences of the abolition of Regional Spatial Strategies, responding to a request by Secretary of the All Party Parliamentary Group for Gypsies, Roma and Travellers, Lord Eric Avebury, has found that as many as 40% of respondents (out of 100 local authorities surveyed) expressed “concerns about increased local opposition to development for Travellers under a community based planning system”. According to the EC (2016), “planning policies and decisions should be carefully

instruments; 8) Involvement of regional and local authorities; 9) Involvement of civil society; 10) Active participation of the Roma.

assessed in order to eliminate discriminatory practices and advance equality". Ryder and Cemlyn (2014) highlight how most authorities have failed to comply with the obligation, pursuant to the Housing Act 2004, of allocating land for Gypsy and Travellers. Further, as Lane et al (2014) underline, meeting the accommodation needs of Gypsy and Travellers is made more difficult by cuts in the funding provided. The latter decreased in England from £32m per year between 2008 and 2011 to £15m per year between 2011 and 2015 (Richardson 2011, Ryder et al. 2012). A lack of stopping sites forces Gypsy and Travellers either into unauthorised encampments or into fixed houses and flats. Greenfields (2009) and Greenfields and Smith (2010) point to the evidence of the detrimental effect on mental health of living in culturally-unsuitable bricks and mortar housing.

While there are no policies in England to specifically include Gypsy, Traveller and Roma children in the curriculum, in Wales curriculum materials for use in secondary schools on cultural awareness and understanding of Gypsies and Travellers have been introduced, thus denoting a more intercultural approach (EC, 2009: Principle 3). In Scotland, the Traveller Education Review Group have developed guidance to encourage schools and local authorities to develop inclusive policies and practices. A key element of the English strategy is the Pupil Premium - a grant given to schools for each pupil who is eligible for free school meals, with the intention of decreasing the attainment gap of deprived children. The Government's explanatory memorandum (DLCG, 2016: Section 26) highlights that its uptake among RGT children is higher than the national average – 60% compared to 28%. However, Lane et al (2014) specify that many RGT children do not benefit from free school meals, because parents are too proud to claim benefits, or, in the case of EU mobile Roma, face barriers to claiming them. The authors lament that the Department for Education has refused to specifically include RGT children within the criteria for the Pupil Premium. Moreover, evictions by local authorities and the police frequently disrupt educational continuity for some families, and the process rarely takes into account the best interests of the child (Pona, 2007). Conversely, it is a widely held view that Traveller Education Support Services (TESS) constitute good practice (Ofsted, 2003). Unfortunately, budgetary cuts have resulted in about a half to two-thirds of TESS being withdrawn (Traveller Movement, 2015). In Wales, TESS have been more successful in retaining service provision, but they do not include Roma pupils (Lane et al, 2014).

Policies related to employment and healthcare have also predominantly followed the mainstream path. As for the specific vulnerabilities of RGT, the

Scrap Metal Dealers Act (2013) allows local authorities to set the fees for licences, requires operators to be licensed in each borough and district where work is carried out, and specifies that each family member must have an individual licence, thus adding to the financial and bureaucratic burdens associated with this traditional occupation of travelling families. In healthcare, there have been improvements in data collection and equalities monitoring, but there are still major gaps in information and associated targeting of policies (Aspinall, 2014). The Marmot review (2010) on health inequalities highlighted Gypsies and Travellers as one of the groups who have additional needs, currently unmet.

Lastly, scarce consultation in devising the integration plans has been lamented. The EC Communication 2011/0173, states that the NRIS should “be designed, implemented and monitored in close cooperation and continuous dialogue with Roma civil society, regional and local authorities”, in line with Principle 9 (Involvement of civil society) and Principle 10 (Active participation of the Roma) of the Common Basic Principles on Roma Inclusion (EC, 2009). According to a survey of stakeholders by the European Roma Policy Coalition (ERPC, 2012), 78% of respondents in the UK did not think national governments had allowed adequately for stakeholder participation in the process of designing the NRIS. Unsurprisingly, NGOs such as the Irish Traveller Movement and Friends, Families and Travellers have voiced their discontent at the proposed commitments (Willers, and Greenhall, 2014). The Government (DCLG, 2016) has acknowledged the Commission’s (EC, 2016) opinion that efforts should be made to strengthen the capacity of RGT and their involvement in policy-making and monitoring, while also underlining how a quarterly Liaison Group Meeting is in place to respond to issues raised by RGT representatives. However, Ryder and Cemlyn (2014) noted that: firstly, the Gypsy and Traveller Liaison Group was convened at the request of the National Federation of Gypsy Liaison Groups for which the latter does not receive funding, making participation harder; and secondly, that there have been complaints that concerns raised fall into deaf ears.

Existing evidence on disadvantage among RGT children

Existing quantitative evidence suggests a fairly bleak picture of the risks of disadvantage faced by Roma, Gypsy and Traveller children across Europe, in terms of standard of living (especially accommodation and household economic activity), education, and health. This section briefly reviews the evidence from across Europe before focusing in on England and Wales.

Standard of living

According to Gabel (2009), Roma families have been at a high and increasing risk of poverty and social exclusion in Central and Eastern Europe for several decades. A UNDP survey carried out from 2004 onwards focused on vulnerable groups and included clustered sampling in areas with high concentration of Roma people across Europe. Within these localities, Roma and non-Roma people were compared, enabling the authors to calculate that 44% of Roma households were living in poverty compared to 11% of non-Roma in the same areas (UNDP, 2006). "Roma households are much less likely than majority households to have access to toilets or piped water inside the house or yard. They possess fewer basic household items, such as a bed for each household member, furniture or major household appliances. Lack of access to information and communications technology is also manifested in the Roma situation" (UNDP, 2006: 55, quoted in Eurofound, 2012: 21).

Formal employment rates are low, for example in Hungary there has been a persistent 40 percentage point gap for both men and women post-transition between Roma and non-Roma (Kertsei and Kezdi, 2011). Differences in education are the most important contributor, but for women the number of children also matters, and for both genders, geographical location. In some families, children are engaged in paid work in order to supplement the family income. The proportions are low in most countries, but the FRA survey found that in Greece and Romania 10% of Roma children aged 7 to 15 reported work outside the home (for example, collecting objects for reselling or recycling, or begging) and in Italy, France, Bulgaria the figure was 6% (FRA, 2012).

Education

Children from RGT populations were found to do worse at school, make slower attainment progress and have worse attendance compared to other children. In South East Europe, a UNDP study focusing on areas with higher densities of Roma population found that Roma children spent on average 5.5 fewer years in education than non-Roma children (UNDP, 2006). A survey across 11 European countries in 2011 found that 9 out of 10 Roma children aged 7-15 were in education (except in Greece, Bulgaria and Romania) but only half accessed any early years education and only 15% of Roma young people continued into post-compulsory education (FRA, 2012). In Ireland, analysis of Census data by Watson et al (2017) showed that Traveller educational attainment had improved over successive decades, but not as rapidly as for the non-Traveller population, and hence the gap was increasing.

Among children who are in school and are formally tested, significant gaps in achievement are found. For example, in Hungary, Kertesi and Kezdi (2016) found large differentials in reading and maths scores for Roma and non-Roma children at 8th grade. However, these differentials were substantially reduced once differences in parental education, family income and wealth were taken into account, and became non-significant when children were compared within the same school and class. This suggests that the gap is a result of environmental factors rather than ethnicity *per se*.

A number of interventions have been devised to raise school attendance and educational attainment among Roma, Gypsy and Traveller children, with mixed success (as reported for example in Ryder et al, 2014 pan-European; Battaglia and Lebedinski, 2015 in Serbia; Noula et al, 2015 in Greece; Wilkin et al, 2009 in the UK, Flecha and Soler 2013 in Spain; Rose, 2013 in Ireland; Cudworth, 2008 in England). Access to early years education is markedly unequal, although again there are examples of good practice, including through hiring Roma staff (Klaus and Marsh, 2014; Murray, 2012). Hemelsoet (2015), using a case study in Ghent in Belgium, argues that policymakers, schools and Roma parents perceive 'the problem' differently, and that only if these perspectives can be brought into dialogue with one another will progress be made.

Health

Previous research shows substantial differences in a variety of health outcomes and health-related behaviours among RGT and other ethnic groups, both for adults and children (Cook et al, 2013; Matrix, 2014). A systematic review of health and access to healthcare among Roma across Europe found maternal health during pregnancy and maternal and infant health perinatally was poor with comparatively high rates of smoking, poor prenatal nutrition, low birth weight and low rates of breastfeeding (Cook et al, 2013). Some studies reported higher rates of miscarriage and infant mortality. For example, infant mortality among the Traveller population on the island of Ireland was found to be almost four times that of the general population (Hamid et al, 2013). Roma children in some areas have been found to be at higher risk of malnutrition (for example in Serbia: Brcanski, 2014; Janevic et al, 2010); and of respiratory difficulties (for example in Italy: Matrix, 2014).

The Cook et al (2013) review found some protective factors for Roma young people's health, in particular strong parental and wider family support. And in some countries (Croatia, Hungary and the Czech Republic) immunisation uptake among Roma is at a comparable level to other groups, although in other countries data is missing or suggests very low levels (only around half of Roma

children in Slovakia and Romania, for example (Matrix, 2014)). In other respects, there is evidence of higher risk factors for Roma children including higher rates of smoking and exposure to smoke, lower rates of physical activity, poor nutrition, higher rates of accidents and injuries, and worse environmental conditions (Cook et al, 2013). These conditions include higher exposure to lead pollution in Greece (Kapitsinou, 2015), and lack of sanitation, overcrowding and exposure to smoke from wood-burning fires in camps for migrant Roma children in Italy (Monasta, 2008).

Roma young people have been found to have worse self-reported health than non-Roma young people (for example in Slovakia: Kolarcik et al, 2015; and in Ireland: Watson et al, 2017). This remains even after controlling for parental education. Perceived discrimination is associated with worse self-reported health, while availability of social support improves the outcome for Roma young people. Lee et al (2014) also find higher rates of a range of mental health and behavioural problems among Roma children than non-Roma children in school in Bulgaria and Romania.

Multidimensional disadvantage

Several contributions to the literature acknowledge that RGT children experience disadvantage across many dimensions. Educational segregation contributes to wider social exclusion and disadvantage, according to Hamilton et al (2012), writing about the Traveller community in Northern Ireland. Similarly, Law and Swann (2010) relate educational exclusion to wider social exclusion among Gypsy, Roma and Traveller children, based on fieldwork in a Northern English city, while Rechel et al's (2009) qualitative research with the Roma community in Bulgaria lead them to conclude that, "Access to health care cannot be discussed in isolation from other problems this population group experiences, such as poverty, restricted access to education, and social exclusion" (p.8). However, there are rather few studies that have data that can shed light on the extent or nature of this multidimensionality. Ivanov et al (2015) calculate a Roma multidimensional poverty index (MPI) using the UNDP / World Bank / EC Regional Roma Survey 2011 for the Czech Republic, Slovakia, Bulgaria, Hungary and Romania, encompassing the dimensions of housing, standard of living, employment, education, health, and basic rights. The MPI for all Roma is between 4.3 times (in Hungary) and 8.0 times (in the Czech Republic) the MPI for non-Roma, but unfortunately the results are not calculated separately for children and adults.

Focus on England and Wales

A growing body of empirical evidence on RGT outcomes in Britain, including some that relates directly to children, is reviewed in the Equality and Human Rights Commission's (2015) triennial report, *Is Britain Fairer?*, including on housing, employment, educational outcomes and health/healthcare. Caravan counts in England and Wales in January 2015 identified just over 21 thousand homes, of which 13% were on unauthorised, and thus potentially precarious, sites (EHRC, 2015), with continuing complaints about the impact of evictions, including on educational continuity for children. Rates of economic inactivity are much higher among Roma than among other ethnic groups, and amongst those that are in employment, self-employment is more common. Ryder and Cemlyn (2014) raise concerns about exploitation and discrimination of Roma in the workforce, including in the informal economy.

Educational outcomes for Gypsy/Roma and Traveller children of Irish heritage in England are now reported separately in key DfE publications, based on National Pupil Database records (Table 1). Both groups continue to have the lowest attainment levels, across all stages of school, and the gap between them and other White children widened between 2008 and 2013, as the latter saw larger improvements (EHRC, 2015).

Table 1: School attainment by ethnicity (England)

	EYFSP: % 'good' (a)	Key Stage 1: Percentage of pupils reaching the expected standard in key stage 1 teacher assessments				Key Stage 4: % achieved A*-C including English & Maths
		Reading	Writing	Maths	Science	
White	70	74	65	73	83	62.8
white British	72	75	66	73	84	63.1
Irish	71	77	68	75	86	72.1
Traveller of Irish heritage	36	32	25	33	47	21.3
Gypsy / Roma any other white background	26	26	20	29	39	10.3
Mixed	71	76	68	74	83	62.6
white and black Caribbean	67	71	61	67	79	53.5
white and black African	71	77	69	74	83	61.7
white and Asian any other mixed background	75	81	73	79	86	71.9
Asian	68	76	69	75	80	67.2
Indian	76	83	77	82	86	77.3
Pakistani	62	71	63	69	75	58.1
Bangladeshi any other Asian background	65	75	69	73	79	67.3
Black	68	76	69	71	80	59.2
black Caribbean	67	73	64	66	78	50.9
black African	69	77	71	74	81	63.4
any other black background	67	73	66	68	78	55.4
Chinese	69	80	77	88	86	82.8
any other ethnic group	61	68	61	70	75	61.7
unclassified	62					52.5
All pupils (b)	69	74	66	73	82	63.0

Source: Department for Education 2016a, 2016b, 2017

Notes: a. Early Years Foundation State Profile (EYFSP): percentage achieved a 'good level of development'. A pupil achieving at least the expected level in the Early Learning Goals within the three prime areas of learning and within literacy and numeracy is classed as having "a good level of development".

b. For Key Stage 1 results, 'all pupils' category includes pupils for whom ethnicity was not obtained, refused or could not be determined.

These statistics are valuable – although of course since they are based on a census of pupils in schools, they cannot reflect the attainments (or lack of them) for young people who have stopped attending. Myers (2012) reports that GT children in England are much less likely to attend school overall than non GT. Attendance rates at primary school are improving but fewer make a successful transition to secondary school (Myers et al 2010), and very few are thought to participate in higher education (Law and Swann, 2010). Bhopal and Myers (2016) explored home education among Gypsy and Traveller groups in England. They found a range of reasons, from actively choosing to withdraw children because the education provided within the family business was regarded as more worthwhile, to a withdrawal because of concerns about, or incidents of, racism and bullying. Transport was also a barrier to accessing mainstream educational opportunities.

The value of education is largely seen as positive by Gypsy and Travellers, so this does not explain low rates of participation at primary level, although the quality of parents-school, teacher-pupil, and peer-to-peer relationships, in terms of trust, teachers' expectations, as well as bullying and name-calling, are important factors in shaping attitudes (Wilkin et al, 2009). Low levels of attendance may further undermine positive relationships, engagement, and achievement (Derrington and Kendall 2008). At secondary level, the "expectation for adolescent males to be economically active at an early age and young females to care for the home and children" (Wilkin et al, 2009: 1) sometimes conflicts with participation in education. Relatedly, Bhopal and Myers (2016) and Levinson and Hooley (2014) focus on the disjuncture between the (secondary) curriculum and home expectations, and in particular the importance of a "home learning model that emphasises an interconnection between life and learning" (Levinson and Hooley 2014, 380) in order to train the individual for a place in his/her community rather than the wider society and its labour market. Derrington's (2007) analysis of coping strategies vis-à-vis such home-school disjuncture differentiates between "maladaptive" (physical and verbal attacks, self-imposed exclusion, assimilation), and positive ones (cognitive re-framing, social support networks, and bicultural identity).

On health, studies have confirmed low rates of immunization among Gypsy and Traveller children in England (Dar et al, 2013) and work is on-going to understand the reasons and barriers to uptake (Jackson et al, 2015). Parry et al (2007) report an excess prevalence of miscarriages, stillbirths, neonatal deaths among 172 Gypsy and Traveller women in England based on a comparison with a sample of other ethnic groups matched by age. ONS (2014) finds that the Gypsy and Traveller adult population is found to be at risk of reporting bad or

very bad general health (ONS, 2013), and evidence on differentials in life expectancy are reviewed in Cemlyn et al (2009: 50). The Early Years Foundation Stage Profile in England includes indicators of emotional and physical development alongside other aspects; children in Gypsy, Roma and Irish Traveller groups were more than twice as likely to be assessed as not reaching the 'school readiness' threshold at the end of the Reception year (age 5) (PHE, 2017). NHS England (2017) reports worsening patient experience for Gypsies and Irish Travellers in relation to family doctors, and also a widening gap in Health-related Quality of Life for Gypsies and Irish Travellers compared to White British people.

This brief review is strongly suggestive of high levels of deprivation among Roma, Gypsy and Traveller children across Europe and in England and Wales in particular, but the evidence is limited in important ways, which weakens its persuasiveness, we argue, in setting overall policy priorities. Firstly, representativeness of the RGT population as a whole rather than particular clusters (even within a given country) is often lacking. Secondly, comparability with the non-RGT population is sometimes limited or non-existent. And thirdly, whilst the importance of multi-dimensionality is often acknowledged, it is rarely analysed. Analysis based on Census microdata can help to address these limitations and extend the evidence base on RGT children.

Data, methods and sample

According to the UN Statistics Division (2017), 14 European countries have population censuses that identify some categories of Roma, Gypsies and/or Travellers. Ten of these record Romani (Gypsy) in their 2011 census (Albania, Croatia, Czech Republic, Estonia, Lithuania, Montenegro, Poland, Romania, Serbia and Slovakia) and Slovenia did so in 2002. Hungary included a more complex set of questions on ethnic and national identity in 2011, within which Gypsy (Roma) can be identified.

In EU discourse, the term 'Roma' is used to include all mobile populations including Gypsies and Travellers. English or Romany Gypsies trace their heritage to European Roma but there has been a population in England for at least 500 years. Irish Travellers are a distinct indigenous ethnic group. However these communities have some aspects of culture in common, and there has of course been intermarriage between them, and between them and other ethnic groups. Official statistics reflect these distinctions. The Irish census in 2011 identified Irish Travellers. The census for England and Wales in the same year had for the first time a pre-coded category for 'Gypsy or Irish Traveller', under

the heading of 'White' ethnic group, and also provided the opportunity to provide a free text response under 'Other'. 'Gypsy/Romany', 'Gypsy/Traveller', 'Traveller', 'Irish Traveller', and 'Welsh Traveller' were among the terms used, and individuals who have identified their ethnic group in this way were added to the overall count of Gypsies and Travellers within the Census derived variable. The inclusion of a specific, pre-coded, ethnic category was a response to many years of campaigning and advocacy on the part of Gypsy and Travellers' organisations. However those who had written in 'Roma' (or similar terms) were included with 'Other' ethnic group pre-coded category. For our analysis, we have added those who identified in free-text responses as Roma or Romany or similar terms (of which there were only a small number) to the pre-coded Gypsy or Irish Traveller category and therefore refer to this group as Roma, Gypsy or Traveller (RGT) throughout the paper, because we want to include the experiences of settled and migrant Roma from elsewhere in Europe alongside the experiences of English and Irish Gypsies and Travellers.

We use the Secure Microdata of the random sample of 10 per cent of households from the 2011 Census of England and Wales, accessed via Secure Research Service (SRS (SRS) at the Office for National Statistics. These include only people living in private households and so excludes those living in communal establishments. In line with ONS official statistics, we base our analysis on 'usual residents', excluding students living away from home and short term residents. The household data allows identification of those living in the same family within households, such as children and their parents, with information for all household members provided. This allows us to assign parental information, such as parental educational qualifications, to their children.

The 2011 Census microdata of 10% of households in England and Wales contain five and a half thousand Roma, Gypsy or Traveller (RGT) people of all ages (based on our definition), which represents 0.1% of the usual resident population. The official estimate of the person response rate for the Census as a whole was 94%, and 90% for the pre-coded Gypsy or Irish Traveller category (ONS, 2012). Significant efforts made to enumerate the static and mobile populations, including engagement with Gypsy and Irish Traveller movements, local authorities and agencies to raise awareness and encourage response among the GT population, and to ensure that ONS had as comprehensive a list as possible of authorised and unauthorised sites (ONS, 2014). Questionnaires delivered by hand to a number of sites by special enumerators, and there was follow up by a team of collectors where questionnaires were not returned within a given period who could provide direct assistance with completing forms. Civil

society groups welcomed the inclusion of the Gypsy and Irish Traveller category and the enumeration efforts, but nevertheless regard the final figure as a significant underestimate of the population – whilst recognising that there are major challenges to alternative methodologies for counting RGT as well (Ryder and Cemlyn, 2014; Irish Traveller Movement in Britain, 2013).

Our focus is on children and young people aged 0 to 18 but we recognise that young people aged 16 and over are often regarded as adults within RGT communities. For this reason, we present many of our results with breakdowns for 0-15 and 16-18 year olds. The RGT population has a younger age profile than the rest of the population of England and Wales, so the proportion of all children that are RGT is higher than the proportion of the population as a whole. We estimate that 0.2% of the population aged 0-18 are identified as RGT (sample n=2,105), which corresponds to a count of 21 thousand RGT children in England and Wales. A large majority (95%) live in England, which is the same proportion as for children as a whole (see

Table 2 below), but a higher proportion live in rural areas: around 1 in 8 RGT children compared to 1 in 12 children in other ethnic groups.

The age and sex profiles of RGT and other children are similar, but RGT children are twice as likely to live in a family recorded as having only one parent as children from other ethnic groups. Family size is larger than average, with over half of RGT children living in families with 3 or more children.

The outcomes that we are examining are informed by an understanding of multidimensional disadvantage developed by the Equality Measurement Framework, based on the capability approach (Burchardt and Vizard, 2011). The framework identifies 10 domains of activities and states of being that are central to living a fulfilling life in Britain in the 21st century, of which we here focus on three: standard of living, education and health. For the purposes of this analysis, and in the absence of household income as a proxy measure, standard of living is further divided into accommodation and economic activity, giving four principle areas in which we assess the extent of disadvantage experienced by RGT children.

By defining a deprivation threshold for each dimension, we can compute a simple count of the number of dimensions in which children are deprived. Housing deprivation is defined as living in overcrowded accommodation, or in a non-self-contained dwelling, or in accommodation with no central heating. Economic activity deprivation is defined as living in a household where no adult is in paid work. Education deprivation for children aged 0-16 is defined as living in a household where the parent(s) (or if no parent is present, the household

reference person) has no educational qualifications, and for 17 and 18 year olds is defined as having no educational qualifications themselves⁶. Finally, health deprivation is defined for 0-18 year olds as having poor health (fair/bad/very bad) or a long-standing illness or disability that limits their activities 'a little' or 'a lot'. We have also carried out sensitivity analysis varying these thresholds.

We explore the relationship between RGT ethnic group and the four dimensions of disadvantage using bivariate analysis. We present cross-tabulations of ethnicity and a range of background characteristics of children and their families, as well as the four outcome measures. We also demonstrate how in combination, these outcomes can be used to show multiple disadvantage experienced by children comparing those who are of RGT ethnic background and those who are not. These descriptive results are accompanied by the Pearson's chi-squared tests for independence, with significant results indicating that there is a statistical difference between RGT and the comparison group.

RGT children are a small ethnic minority in England and Wales, less than half the size of the Chinese ethnic group child population, for example, according to Census data. To simplify presentation, most comparisons in the results below are made between RGT and non-RGT as whole, but selected outcomes are presented with a full ethnic breakdown in Figure 2 to demonstrate the extent of RGT disadvantage relative to other groups. Just over half (51%) live in household where no adult is in work, far exceeding the proportion of children in workless households in the next most disadvantaged group (Black/African/Caribbean/Black British children: 30%), and compared to an average of 16% for all ethnic groups. The contrast is even more stark for parental educational qualifications. Both RGT and Black/African/Caribbean/Black British children are more likely than other ethnic groups to live in accommodation rented from a social landlord (45% and 48% respectively), and both groups have considerably higher-than-average rates of lone parenthood (53% and 49% respectively). Finally, nearly a quarter of RGT children live with a disabled parent (24%), a higher rate than any other ethnic group, although Pakistani and Bangladeshi children, and children whose ethnicity is not otherwise classified, also experience relatively high rates of parental disability. What is striking about this profile, is that RGT children are disadvantaged across the board while children in the other ethnic groups

⁶ Although most 16 year old children/young people live in households with at least one parent or another adult who is a HRP, some 16 year olds live without parents and can themselves be HRP. For these 16 year olds we are using their own educational attainment for this indicator.

classified here may be disadvantaged in relation to one or two indicators, but not all. This re-enforces the importance of considering multiple dimensions.

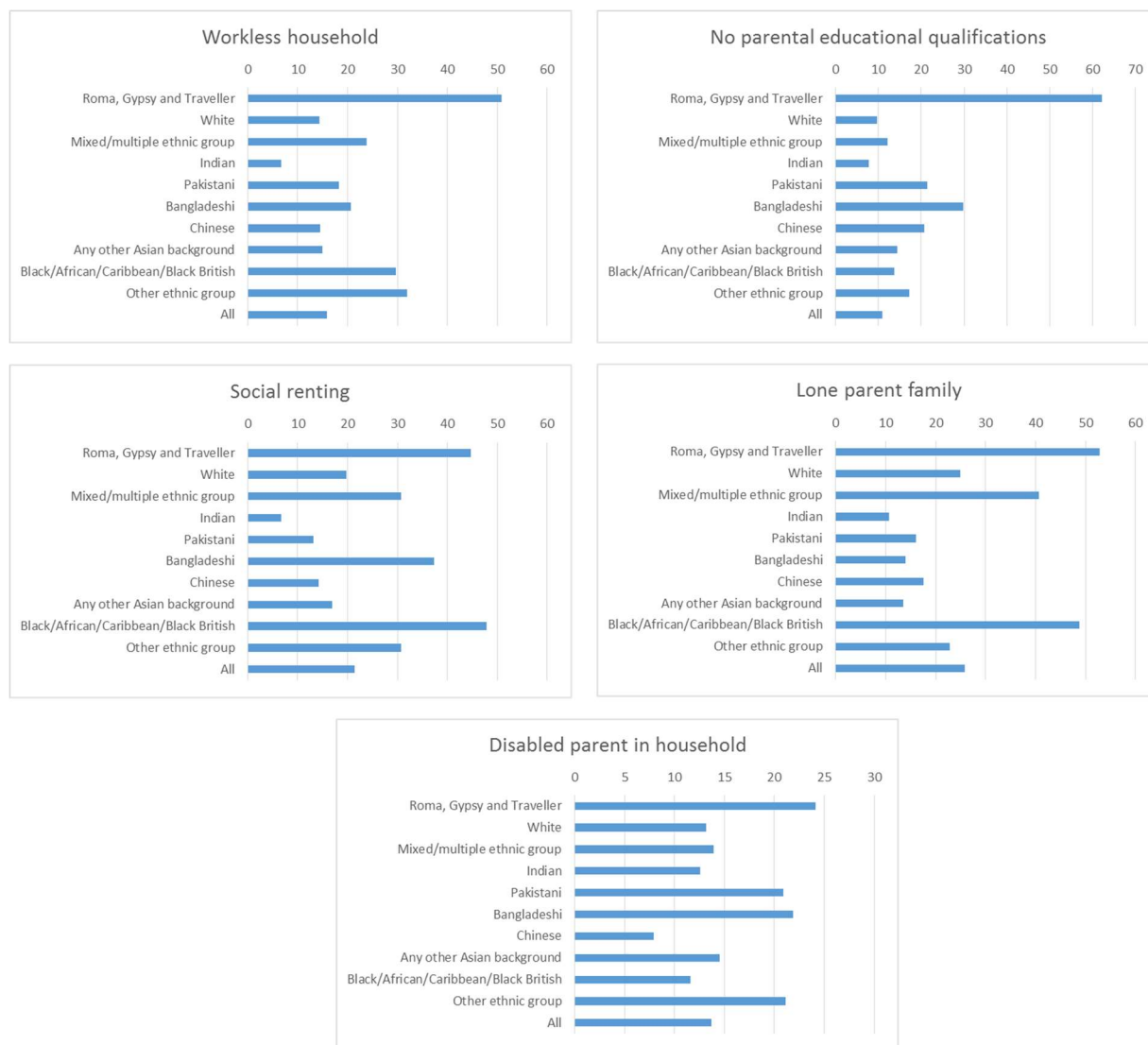
Table 2: Basic demographics of RGT children and children of other ethnic groups (aged 0-18, England and Wales) (column percentages)

	RGT	All other ethnic groups
Age		
0 to 4	28.6	27.9
5 to 9	24.6	25.0
10 to 15	32.3	31.1
16 to 18	14.5	16.0
<i>Total</i>	<i>100</i>	<i>100</i>
Sex		
male	51.2	51.1
female	48.8	48.9
<i>Total</i>	<i>100</i>	<i>100</i>
Family type		
couple	40.7	71.8
lone parent	52.8	25.8
other	6.5	2.4
<i>Total</i>	<i>100</i>	<i>100</i>
Number of dependent children in household		
0#	2.9	1.9
1 or 2	43.0	67.3
3 or more	54.1	30.8
<i>Total</i>	<i>100</i>	<i>100</i>
Country		
England	94.7	94.7
Wales	5.3	5.3
<i>Total</i>	<i>100</i>	<i>100</i>
Urban/rural		
urban: town/fringe	85.6	90.1
rural: village/isolated dwellings	13.1	8.7
not classified	1.3	1.2
<i>Total</i>	<i>100</i>	<i>100</i>
Sample size	2105	1,251,229

Source: Authors' analysis of the 10% random sample of households from Census 2011 held at Secure Research Service (SRS) at ONS.

Note: # 16-18 year olds are classified as 'dependent' by ONS only if they are in full-time education or training and living in a family with their parent(s) or grandparent(s), are not married/cohabiting and do not have children living in the household with them.

Figure 1: Selected indicators of socio-economic disadvantage for RGT and detailed breakdown of other ethnic groups, aged 0-18, England and Wales (2011 Census, household data file) (row percentages)



Source: Authors' analysis of the 10% random sample of households from Census 2011 held at Secure Research Service (SRS) at ONS

Multidimensional disadvantage

We first investigate two aspects of standard of living: housing and household/young person economic activity. This is followed by an analysis of educational attainment, health and disability, before presenting results based on a simple count of the number of dimensions on which a child is deprived.

Housing

The Census measure of housing deprivation has three components: accommodation which is overcrowded (according to the bedroom standard⁷), lacks central heating, or is not self-contained. As Table 3 shows, nearly half of RGT children (47.7%) experience overall housing deprivation, a rate which is three times as high as for other ethnic groups, and there are even higher rates among RGT of the 16-18 age group.

However, the interpretation and meaning of all three components of the housing deprivation index is unclear for caravans, and the principal distinguishing feature of the housing circumstances of RGT children is the high proportion living in a caravan or other mobile or temporary structure: nearly one-third (30.6%) compared to one tenth of one percent (0.1%) for other ethnic groups. This does not come as a surprise, and should not be read directly as a form of disadvantage since in many cases it reflects a commitment to a nomadic way of life and to living within RGT communities. The converse should also be noted, however: two-thirds of RGT children do *not* live in caravans. **Table 3** shows that these RGT children, living in flats or houses, are at least twice as likely to experience housing deprivation as their counterparts in other ethnic groups. Overall housing deprivation amongst RGT children in flats and houses stands at just over one-third for 0-15 year olds, and 45.8% of 16-18 year olds. Looking at the breakdown between the three components of housing

⁷ Based on the Housing (Overcrowding) Bill of 2003, the household is considered overcrowded if it has fewer bedrooms than the recommended notional number based on the size of the household, age, sex, marital status and relationship among its members. The bedroom standard specifies that separate bedrooms should be allocated to the following persons (and if the household is one or more bedrooms short, it is considered to be overcrowded): "(a) A person living together with another as husband and wife (whether that other person is of the same sex or the opposite sex); (b) A person aged 21 years or more; (c) Two persons of the same sex aged 10 years to 20 years; (d) Two persons (whether of the same sex or not) aged less than 10 years; (e) Two persons of the same sex where one person is aged between 10 years and 20 years and the other is aged less than 10 years; (f) Any person aged under 21 years in any case where he or she cannot be paired with another occupier of the dwelling so as to fall within (c), (d) or (e) above" (ONS, 2014: pp.16-17).

deprivation (not shown in the table), the most pronounced disadvantage for these children is overcrowding.

Two conclusions may be drawn from this analysis. Firstly, standard measures of housing deprivation in the Census are not revealing for the one-third of RGT children living in caravans. For caravan-dwellers, we need to turn to other sources of evidence, including from NGOs, who have documented extremely poor conditions and local environment for families on unauthorised sites and on both private and socially rented sites (Cemlyn, 2009). Secondly, high levels of housing deprivation among RGT children as a whole cannot be explained away by the high proportion living in caravans and other mobile or temporary accommodation, because the rates of housing deprivation among housed RGT are still about twice as high as for other ethnic groups.

Table 3: Housing deprivation of RGT children and other ethnic groups, by age group (England and Wales) (column percentages)

	Age 0-15		Age 16-18		All age 0-18	
	RGT	Other ethnic groups	RGT	Other ethnic groups	RGT	Other ethnic groups
Housing deprivation (all)	46.6	15.1	53.9	19.5	47.7	15.8
Living in caravan or other mobile or temporary structure	31.5	0.1	25.8	0.1	30.6	0.1
Housing deprivation (those living in house/flat)	34.1	15.1	45.8	19.5	35.9	15.8
<i>Sample size</i>	<i>1,799</i>	<i>1,051,002</i>	<i>306</i>	<i>200,227</i>	<i>2,105</i>	<i>1,251,229</i>

Source Authors' analysis of the 10% random sample of households from Census 2011 held at Secure Research Service (SRS) at ONS

Notes: 'Housing deprivation' defined as accommodation is any of: overcrowded, without central heating, not self-contained.

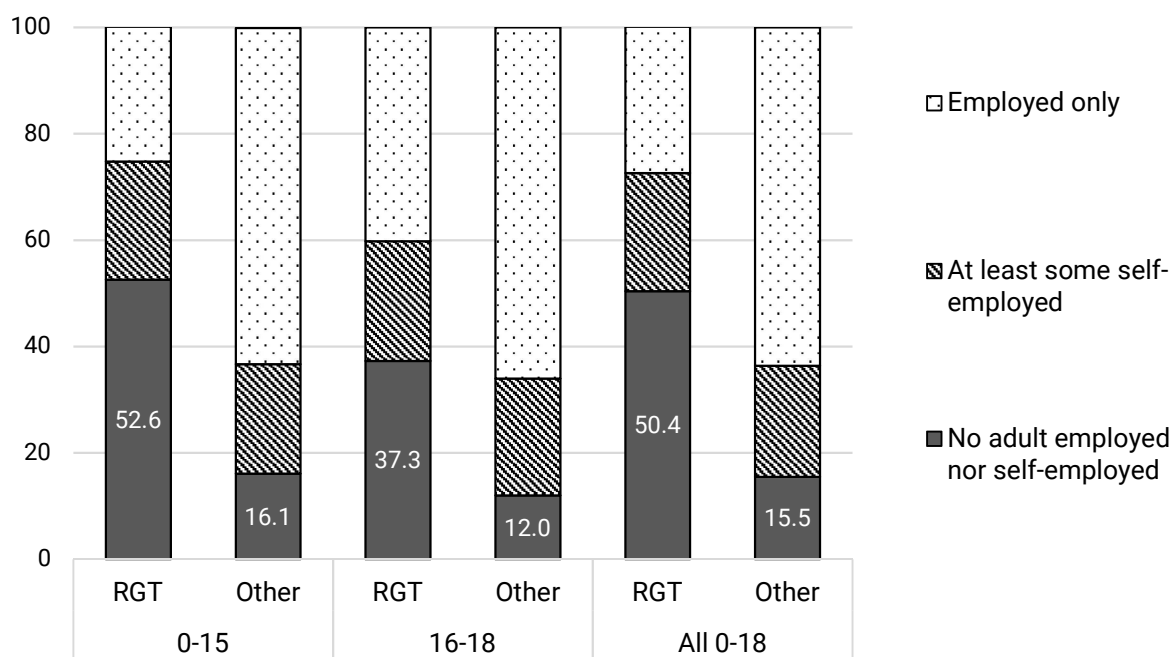
Household and own economic activity

Living in a household in which no adult has paid work is a risk factor for a low standard of living, and may also be associated with other aspects of deprivation

and exclusion. Figure 2 shows that over half of RGT children (age 0-15) are living in workless households, more than three times the proportion of children in other ethnic groups. The proportion is lower for 16-18 year olds – partly as we shall see below because of young people of this age themselves taking on paid work – but the disproportionality in workless households between RGT young people and young people in other ethnic groups is sustained.

Among households where someone is in paid work, self-employment is much more common for RGT than for other ethnic groups. Nearly half of RGT children who are in such households have someone in self-employment (with or without employment through an employer as well). This difference reflects some of the traditional travelling occupations of RGT, as well as discrimination and lack of opportunities in the employed labour force.

Figure 2: Household employment status of RGT children and other ethnic groups, by age group (England and Wales)



Source: Authors' analysis of the 10% random sample of households from Census 2011 held at Secure Research Service (SRS) at ONS

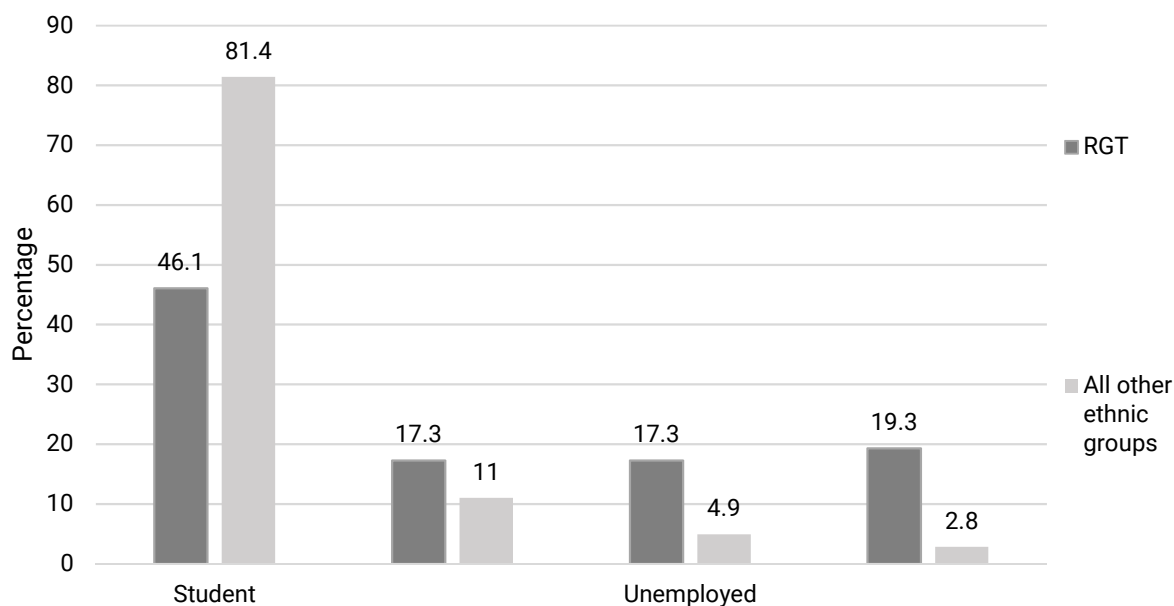
Economic status is also an important marker for young people making the transition into adult life. At the Census date, the minimum school leaving age in England and Wales was the end of the school year following the person's sixteenth birthday, but the majority of young people stayed in full-time education or training until 17 or 18. This was not the case, however, for RGT

young people, as can be see in Figure 3. Conversely, a much higher proportion of RGT young people of this age have already entered the labour market: 17% are employed or self-employed, and the same proportion are unemployed. This compares to a total of 11% of young people from other ethnic groups, the majority of whom are employed.

Those classified as economically inactive are an interesting group, making up nearly one-fifth of RGT, but less than 3% of others. The sample size is too small to allow further breakdowns among this group, but if we expand the age range to 16-21, we find that rates of economic inactivity are still nearly five times as high among RGT children (23.8 % compared to 5.0% among other ethnic groups). 'Economic inactivity' includes NEETs (those not in education, employment or training), a category that has attracted considerable policy interest over recent decades, but some of these young people are undertaking unpaid work. RGT of this age group as a whole are more likely than others to be living in a household with 3 or more children (mostly younger siblings, who they may be looking after; 20.2% compared to 11.2%), to have formed their own families (15.5% compared to 7.8%), to have a disabled person in the household (42.6% compared to 25.9%), or to be a young carer (8.5% compared to 4.8%). However these factors do not in themselves seem to explain the difference in rates of inactivity between 16-21 year old RGT and other ethnic groups: being RGT is still associated with a three-fold increase in the risk of being economically inactive, even after controlling for these factors and for the young person's educational qualifications.⁸ Recognising and supporting young people in these circumstances rather than attempting to impose a standard template of what young people at this age should be doing is essential if engaging with this group is to be successful.

⁸ Logisitic regression of economic inactivity vs all other economic statuses on ethnicity status, controlling some background characteristics was undertaken, the results tables are not presented here. Odds ratio of being economically inactive among RGT compared to all other children is 3.02, statistically significant at >99% level; Pseudo R² 0.21; N=406,102.

Figure 3: Economic status of 16-18 year old RGT and other ethnic groups (England and Wales)



Source: Authors' analysis of the 10% random sample of households from Census 2011 held at Secure Research Service (SRS) at ONS

Notes: (1) 'inactive' refers to economic inactivity, including unpaid work.

(2) Sample sizes: RGT = 306; Other ethnic groups = 200,227

Parental and own education

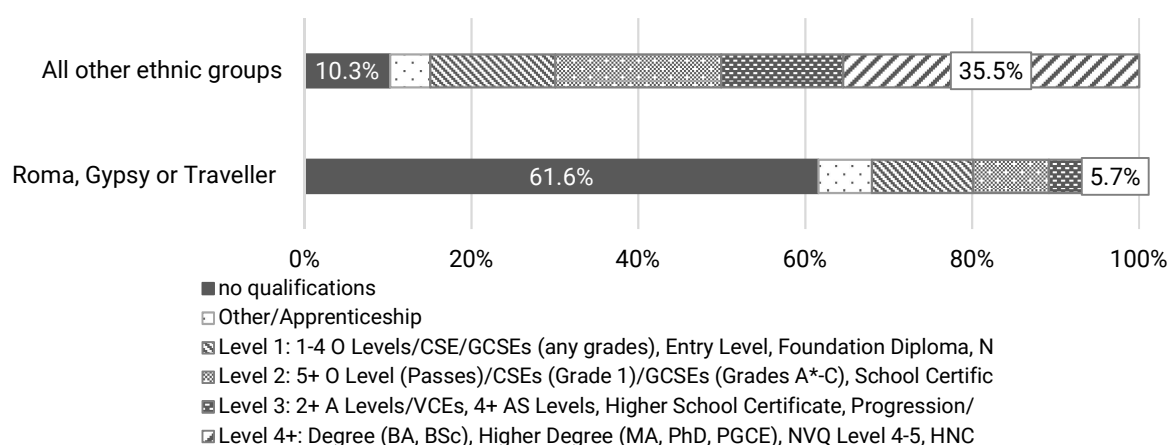
Whatever a young person's circumstances, acquiring educational qualifications is extremely useful in opening up opportunities for them in later life. Table 1 above presented statistics derived from the census of schools on the educational attainment on RGT children in England compared to children from other ethnic groups. RGT ethnicity is also thought to be under-reported in the schools' census, especially at older ages. Additionally children who are RGT are increasingly not continuing to secondary education, with high non-attendance among those who do (Wilkin et al, 2010). The 2011 Census for England and Wales also suffers from under-reporting, as noted above, but it has the advantage of being able to situate the child within the context of the family, and including children and young people who are no longer at school.

Figure 4 gives an indication of the educational resources available to a young person. For 17 and 18 year olds, we take the young person's own educational qualifications. For 0-16 year olds, we take the highest educational qualification of the child's parent or parents, or where there is no parent in the household, of

the household reference person. This is an important marker of the extent to which the child or young person will have support at home with their education, including help with homework and with navigating the school system. It does not necessarily reflect the value placed on education. The most striking difference is that while just 1 in 10 children aged 0-18 in other ethnic groups have no educational qualifications to draw on, that is the case for more than three-fifths of RGT children. The other end of the qualifications spectrum presents almost a mirror image: around 1 in 20 RGT children have someone with a degree or equivalent in the household, compared to more than 1 in 3 children from other ethnic backgrounds.

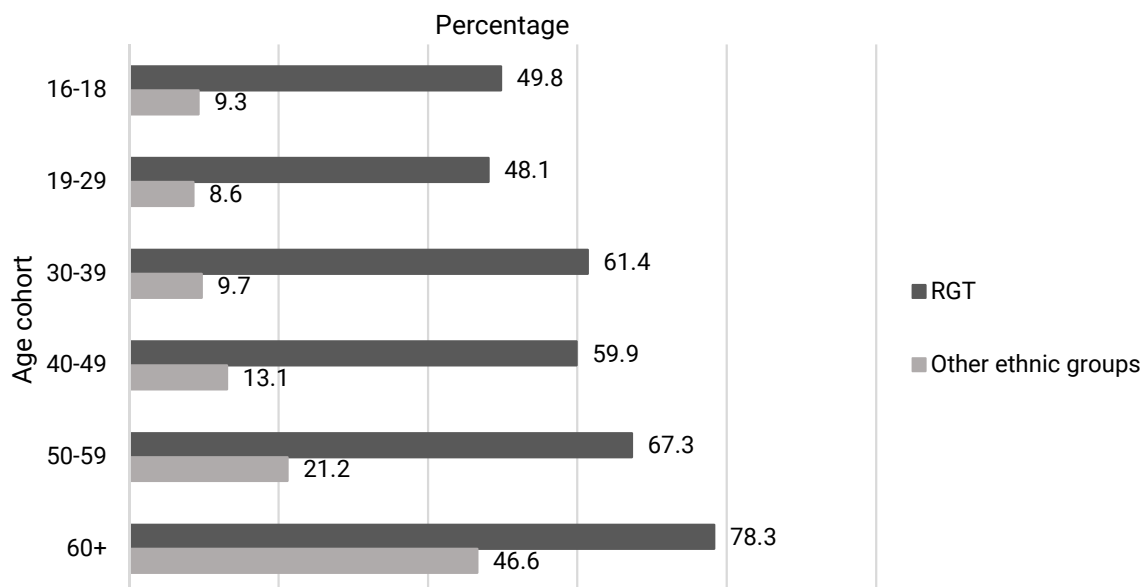
Some comfort may be drawn from the fact that the difference in the qualifications of RGT 16 to 18 year olds themselves and the qualifications of other ethnic groups is not as large as it is for the parents of younger RGT, so as this cohort themselves become parents, their children will also benefit. This is confirmed if we extend the cohort analysis to take a longer view of trends in educational attainment of RGT (Figure 4): the percentage of RGT with no educational qualifications is lower in the more recent cohorts than among the older population. However, progress has not been as fast or as steady for RGT as for other ethnic groups, with the result that the gap between RGT and other ethnic groups in the proportion with no educational qualifications has actually widened over time. RGT in the 60 plus age group are 1.7 times as likely to have no educational qualifications as their counterparts in other ethnic groups, but RGT in the 16-18 and 19-29 year-old age groups are more than 5 and a half times as likely. RGT young people are falling behind in the qualifications ‘arms race’.

Figure 4: Highest education qualification of parent/household reference person (if 0-16) and own qualifications (if 17-18), 0-18 year old RGT and other ethnic groups (England and Wales)



Source: Authors' analysis of the 10% random sample of households from Census 2011 held at Secure Research Service (SRS) at ONS

Figure 5: Percentage with no educational qualifications, RGT and other ethnic groups, by age cohort (England and Wales)



Source: Authors' analysis of the 10% random sample of households from Census 2011 held at Secure Research Service (SRS) at ONS

Own health and parental disability

The fourth dimension of disadvantage we consider is health. The Census contains a measure of general health, recorded by the respondent for each household member including children, which ranges on a five point scale from 'very good' to 'very bad'. It also contains a measure of long-standing illness or disability, which respondents can classify as limiting their activities, 'not at all', 'a little', or 'a lot'. Table 4 shows the percentages of children in different age groups who have poor health (very bad, bad or fair)⁹, who have a limiting long-standing illness or disability (LLID), and, in the third column, the percentage of children who have either poor health or LLID. Looking first at this combined measure (third panel in the table), we can see that older children have higher rates of poor health and disability than younger children, and that RGT children

⁹ We chose to include the response category 'fair' along with 'bad' and 'very bad' health in our summary indicator of poor health because the distribution of responses is strongly skewed towards 'very good' and 'good' health, among both RGT and other ethnic groups. For all 0-18 year olds, the frequencies are: Very good 77.8%, Good 19.1%, Fair 2.4%, Bad 0.5%, Very bad 0.2%.

have significantly higher rates than children from other ethnic backgrounds – between one-and-a-half and twice the rate. Where we have sufficient sample size, can see that the differential exists both in terms of general health and in terms of LLID. The gaps are particularly large for 16-18 year olds, which is a matter of concern as they enter adult life. High rates of smoking and some other health-risk behaviours have been noted in other research on Roma young people (Cook et al, 2013), but the disadvantage captured in these figures also reflects the accumulation of poor health from childhood, and continuing barriers to accessing healthcare, consistent with the Marmot review model of positive and negative effects on health and well-being over the life course (Marmot, 2010).

Table 4: Child health and disability, and parental disability, RGT and other ethnic groups, by age (England and Wales) (cell percentages)

Age	Child		Child		Child		Parent	
	fair/bad/very bad health		LLID ('a little' or 'a lot')		poor health OR disability		LLID ('a little' or 'a lot')	
	RGT	Other	RGT	Other	RGT	Other	RGT	Other
0 to 4	5.3	2.6	7.1	3.6	17.6	9.2
5 to 9	6.6	2.8	6.9	3.9	9.1	4.9	19.3	12.3
10 to 15	7.4	3.1	7.5	5	10.3	6	29.5	16.2
<i>All 0-15</i>	6.4	2.8			8.9	4.9	23.9	13.4
16 to 18	11.1	4	10.8	5.1	14.7	6.8	33	18.6
<i>All 0-18</i>	7.1	3			9.7	5.2	24.1	13.7

Source: Authors' analysis of the 10% random sample of households from Census 2011 held at Secure Research Service (SRS) at ONS

Note: ... means that these figures were based on cell sizes < 30 and were therefore omitted in this table. Additionally, blank cells are left for associated with these figures totals so as to avoid secondary disclosure.

The final panel in Table 4 shows the percentage of children of different ages living in a household where one or more parents has a limiting long-standing illness or disability. The accumulation of poor health noted for 16-18 year olds appears to continue into later adult life, with very high rates of LLID among RGT parents. For example, nearly one quarter of children aged 0-15 have at least one parent with LLID, and one-third of 16-18 year olds. This will include mental as well as physical health problems, although unfortunately the Census does not

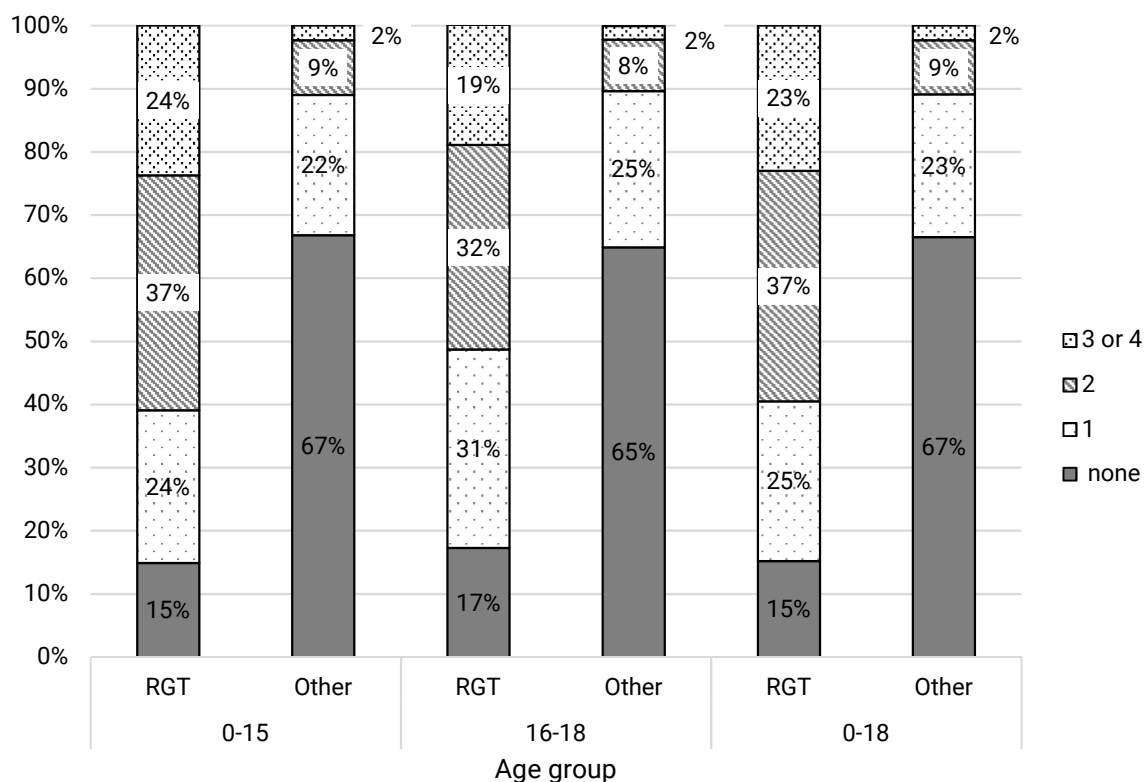
provide any further detail of the nature the disability. Parental disability may affect children directly, for example through the impact of maternal depression on child outcomes, and indirectly, for example because it raises further barriers to parents' employment or because the children are involved in providing care for their disabled parent.

Multiple deprivation

Thus far we have noted substantially higher levels of disadvantage among RGT children in the dimensions of housing, household economic activity, parental/own education, and parental/own health and disability. Figure 6 shows the distribution of RGT children, and of children from other ethnic groups, across the number of deprivation items they experience.

The picture is consistent across 0-15 year olds and 16-18 year olds. Two out of three children in other ethnic groups experience no deprivation, compared to only around two out of thirteen children who are RGT. Conversely while only 1 in 50 children in other ethnic groups experience deprivation in 3 or 4 dimensions, that is the experience of between 1 in 4 and 1 in 5 RGT children.

Figure 6: Number of deprivation dimensions, RGT and other ethnic group children, by age group (England and Wales)



Source: Authors' analysis of the 10% random sample of households from Census 2011 held at Secure Research Service (SRS) at ONS

Discussion and conclusions

This paper shows high levels of deprivation experienced by Roma, Gypsy and Traveller children in terms of household economic activity, housing, education, and health. The rates are higher compared to all other children but also higher compared to other major ethnic groups, as classified in this paper. We found that while some other ethnic minorities may also be highly disadvantaged in relation to one or two indicators, none of them were as disadvantaged as RGT across all. We show that lack of educational qualifications of RGT children and their parents is the most frequently experienced deprivation among RGT children (62% of RGT deprived on this measure). This automatically means that the vast majority of children and young people in this ethnic group would be disadvantaged in at least one dimension. And given that large proportions of RGT children have economic and housing difficulties, we show that only a small minority of RGT children (15%) are not disadvantaged across any of the four measures of deprivation, in stark contrast to the 67% among all other children.

Our findings have implications most obviously for RGT integration strategies in England and Wales, but they also have resonance in other contexts across the EU. Firstly, the exceptionally high levels of deprivation on specific dimensions, as well as multi-dimensionally, mean that RGT children must be priority from a child rights perspective. This has been recognised by the FRA and by the EU Agenda for the Rights of the Child, but initiatives to address child poverty and deprivation have still tended to overlook the needs of this group. Across Europe, data collection and monitoring by ethnicity is patchy, hampering efforts to respond to the needs of particular groups. In Britain equality monitoring is better advanced but because Roma, Gypsies and Travellers are a numerically small population, not separately identified in the household survey on which the government's official low income and deprivation statistics are based (the Family Resources Survey), they remain statistically hidden and do not benefit from a clear policy focus. But this is to mistake breadth and depth, and visibility for priority. From an equality and human rights perspective, every child matters, and particular attention should be given to individuals and groups at high risk of discrimination and disadvantage (EHRC, 2017; Children's Commissioners' Office, 2017).

Secondly, it is apparent that the child's needs must be considered in the context of his or her household and wider community. For example, efforts to improve

RGT children's educational attainment are unlikely to be successful unless the extremely low levels of education among their parents and guardians are addressed simultaneously. This is apparent across the EU, where Roma communities have been disadvantaged for many generations. Our analysis by age cohort provides evidence of some improvement over time in the proportion of RGT obtaining basic educational qualifications in England and Wales, and this is welcome. Having functional literacy and numeracy are vital skills in their own right. However, educational qualifications also act as positional goods, and in this respect, despite the improvement over time, RGT are falling further behind as the qualifications of other ethnic groups have improved much faster. A rapid acceleration in the rate of improvement for RGT children and young people is needed if they are to be in a position to compete for jobs in the modern economy, and this is only likely to be achieved through a 'whole family' approach, not through schools alone.

A similar argument can be made in relation to health and healthcare, where engagement and effective treatment of the parents – including during pregnancy - is as necessary as engagement of the children themselves. In this area, there is scope for more sharing of good practice between public health authorities and health service delivery organisations in England and Wales and other parts of the European Union, particularly around the use of Roma health mediators to reach out and negotiate the relationship between health providers and communities (Matrix, 2014; Welsh Government, 2015; FFT, 2015; Carr et al, 2014).

Thirdly, while young people up to the age of 18 or 19 are sometimes classified as 'children' (for example by the UN Covenant on the Rights of the Child, or by the tax and benefits systems in many countries), among RGT communities, a 16 year-old is often regarded as an adult. Our findings indicate that 16-18 year olds remain at very high risk of multiple disadvantage, and in fact their position deteriorates relative to younger RGT in terms of health and housing deprivation, so it would be a mistake to exclude them from consideration. Nevertheless, they have distinct needs, and a recognition that the transition to adulthood begins earlier for RGT than for young people in other ethnic groups is necessary if strategies are to be culturally appropriate. Our analysis has identified that RGT young people may be more likely to be engaged in unpaid work of various kinds, including looking after younger siblings or disabled family members, or starting their own families: this needs to be recognised rather than dismissed as problematic 'economic inactivity', and where possible these young people need to be supported to continue their education alongside their other responsibilities.

Fourthly, RGT children living in caravans and other mobile or temporary structures have particularly high levels of educational and household employment deprivation, and, we know from non-Census sources that the conditions of their accommodation are also often very poor. Their needs must be addressed as a matter of priority. However it is by no means the case that accommodation type is the sole or most important predictor of multiple deprivation. To put it another way, the population of RGT children living in bricks and mortar accommodation have high levels of need as well, and a strategy based on persuading, or *de facto* forcing, RGT families into fixed accommodation is not going to reduce levels of deprivation overall – especially in the context of England and Wales, where two-thirds of RGT children are already living in houses or flats.

The analysis in this paper also has implications for addressing the data deficit on RGT children. Of course, data collection is by no means sufficient for policy progress – that needs mobilisation, political will and effective implementation - but a lack of reliable and representative data has been a hindrance. We have illustrated that Census data are a valuable source for analysis of this group, despite the legitimate concerns expressed by NGOs about under-counting of RGT households and under-reporting of RGT ethnicities. In particular, Census data allow one to locate the child within his or her household and understand the context in which s/he is growing up, including the parental and household resources available to him or her. The census supports analysis across a wide range of dimensions of deprivation, and enables one to examine the overlaps between them. Crucially, because the census collects information from RGT and non-RGT alike, it allows one to calculate the magnitude of the differences in risk between RGT and other ethnic groups, highlighting the degree of disadvantage and potentially informing the priority accorded to RGT children in policy initiatives.

Other administrative datasets could also be exploited and developed further to enhance their potential for informing policy. Procedures that separate data collection on ethnicity from service delivery functions within an organisation can help to safeguard confidentiality, provide reassurance, and guard against increasing the risk of discrimination. For example, in England and Wales, the health service, housing and social security administrations could learn more from good practice in education in recording and tracking the progress of Roma, Gypsy and Traveller children. In-house analysis of these data should help to identify target groups for policy interventions, while making anonymised datasets with ethnic group identifiers available to researchers (such as the Census microdata files and the National Pupil Database), subject to strict data

security requirements, greatly enhances the possibility of independent scrutiny of the outcomes for particular groups who are subject to policy initiatives.

We conclude that it is both desirable and feasible to exploit administrative data, especially Census data, as a step towards tackling the data deficit, and that the results can inform revised child poverty and Roma, Gypsy and Traveller integration policies. The data deficit is not the only barrier that needs to be overcome, but it is one of them. Data scarcity should no longer be used as an excuse for a lack of effective policymaking.

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