

First-Phase Summary Report (October 2023)



In Fair Health?

A Pilot Study of the Health and Wellbeing Status of Travelling Showpeople in Two Locales

Professor Margaret Greenfields, Sheldon
Chadwick, Dr David Smith & Sophie Coker



Acknowledgements

First and foremost the research team would like to thank all of the **Showmen community members** and health and social care professionals who have participated in this study without whom this research could not have taken place.

We are also extremely grateful to **members of the Showman community and health professional networks** who have disseminated information about this study on our behalf, and supported engagement with a broad range of stakeholders.

The research team would like to thank **Anglia Ruskin University** for their extremely generous financial support from Quality Research and Safe and Inclusive Communities Research, Impact and Innovation funds, which has enabled this pilot research to be undertaken.

This project is further supported by the **National Institute for Health and Care Research (NIHR) Applied Research Collaboration East of England (NIHR ARC EoE)** at Cambridgeshire and Peterborough NHS Foundation Trust.

The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care

The
Showmen's
Mental Health

awareness
charity



NIHR | Applied Research Collaboration
East of England

Contents

1. Introduction

1.2 Defining the Population

2. Methodology

2.1. Overview and key project stakeholders and partners

2.2. Research Limitations

2.3. Fieldwork

- 2.3.1 E-Surveys Showmen
- 2.3.2 E-Surveys Health Professionals
- 2.3.3 Focus Groups with Showmen
- 2.3.4 Focus Groups/ Interviews Healthcare with Professionals
- 2.3.5 Mixed Focus Group with Showmen and a Health Professional Manchester.
- 2.3.6 Photo-elicitation workshop with Showmen
- 2.3.7 Individual Interviews with Showmen

2.4. Qualitative Data Analysis Methods

3. Showmen as a distinct cultural and occupational community

3.1 Yard Life

3.2 Shortages of Accommodation and overcrowding

3.3 Fairground Life

4. Physical Health

4.1 Accessing Healthcare When Travelling

4.2 Relationships with Health Professionals

4.3 Self-identifying as Showmen/ Perceptions of level of knowledge of health care professionals

4.4 Common health conditions experienced by Showmen/Health Professionals' knowledge of the community's health status

5. Mental Health and Wellbeing in the Showman Community

5.1 'Nerves' and The Silent Struggles of Showmen

5.2 'Going away' days as a source of stress

5.3 Stigma and Health-Seeking Behaviours

5.4 Accessing therapy services as a Showmen

6. Showmen Across the Life Course

6.1 Pregnancy and Maternity Care

6.2 Older Showmen

- 6.2.1 Physical Health Issues Amongst Older Showmen
- 6.2.2 Retirement

6.3 Caring for Older Showmen on the Yard

6.4 Housing for Older Showmen

6.5 Palliative Care

7. Practice Recommendations and Conclusions

1. Introduction

This preliminary, summary report presents key initial findings from a complex, multi-stage pilot research project undertaken between late June 2022 and early August 2023.

The research presented here is the first known study in the UK of the health status, needs and perceptions of wellbeing of Travelling Showmen in the UK, compared with findings gathered from health professionals who work with the communities.

This initial report, whilst including a number of baseline indicative findings from the survey of Showmen and the Health Care Professionals who work with them (see under methods), underpinned by interview and focus group data, does not seek to include a deep-dive, intersectional analysis of findings, which will appear in the fuller report, to be published late in 2023. We have also, for the purposes of brevity excluded from this summary a background literature review, which is of necessity, (given the extreme paucity of data about these populations), limited in detail, and predominantly focused on issues of accommodation need (see further below) whilst also drawing on some comparative materials pertaining to the health of Travelling Showpeople touring Fairs (Carnivals) in the USA.

In this initial output we present an overview of our major findings and recommendations from this unique study.

The research was fully co-designed and delivered in a collaboration between the **Showmen's Mental Health Awareness Charity**¹ and academic partner **Anglia Ruskin University**, with the university funding the two phases of research (surveys and qualitative data gathering) undertaken during this **pilot study carried out across the two core fieldwork localities of Greater Manchester and Cambridgeshire**.

The National Institute of Health Research, East of England Applied Research Collaboration (ARC EoE) in recognition of the importance of this groundbreaking study have also (in 2022) 'adopted' the research into their portfolio of supported activities².

¹ The Showmen's Mental Health Awareness Charity was founded in 2021, partially in response to an identified increase in distress within the community arising during the Covid pandemic. It is designed by and for the Showmen and Fairground community. The Charity's aim is to break down the stigma around acknowledging mental health needs in the community. Their activities include providing support, information, and mental health services to all Showmen (of all ages) in the UK and Ireland.

² <https://arc-eoe.nihr.ac.uk/research-implementation/research-themes/inclusive-involvement-research/fair-health-pilot-study>

The overarching **aim** of this pilot research was to ascertain the health status, needs, trends, barriers, and solutions to accessible, effective, culturally competent health care for members of the Showmen³ community.

Given that the research team has pre-existing networks in the Cambridgeshire and Greater Manchester, these were the selected localities for fieldwork, although one element of the study (a survey of health professionals) also sought to capture findings from those who have provided care to Showmen communities across other regions in the UK, to ascertain the extent of their knowledge of the populations, and to enable us to explore similarities and differences pertaining to service use and access in our study areas and more widely.

Accordingly, the project triangulated the lived experiences of Showmen when accessing effective health care, with the everyday knowledge and practice of health care professionals working with the community.

1.2 Defining the population

Travelling Showmen have recently been recognised as a discrete Occupational Group who could for the first time ‘self-identify’ through selecting their community identity as a primary marker in the 2021 national census, in common with other ‘small populations’ such as Sikhs, Jains, people who identify as Cornish etc. This move to recognise the discrete identity of the population came after lobbying by the Showmen’s Guild⁴, the main national membership organization which represents travelling Showmen who gain their livelihoods by running funfairs both static (at a fixed location) and travelling, around particular regions in the UK.

To date (October 2023), no Census findings have been released pertaining to Travelling Showmen/Showpeople and they have not been included in the planned release data information provided for ‘small or alternative populations’. However, when these findings become available as a bespoke dataset, they will provide an important source of comparative data against which we can contrast our findings.

Thus, there has at the time of publication, been no extensive research into the health care needs of Showmen other than very few Yard specific reports⁵ and limited references to their health status

³ The preferred, community used term for male, female, and non-binary members of the Travelling Showpeople/Fairground community.

⁴ <https://showmensguild.co.uk/>

⁵ See for example, Buckles Lane Accommodation Assessment Report – July 2018 - <https://www.thurrock.gov.uk/sites/default/files/assets/documents/lptech-thurrock-gtts-buckleslane-201807-v01.pdf>

in Gypsy and Traveller Accommodation Assessments (GTAA)⁶. As there is no statutory requirement to include Travelling Showmen in such accommodation needs assessment undertaken by local authorities, they have largely been omitted or included at the discretion of some local authorities who commissioned such analysis if there was great enough visibility or demand from local Showmen. Despite this, as we flag up in this report and subsequent outputs, limited site provision and difficulties in obtaining planning permission for Yards has led to pressure on families, over-crowding and for some, a move into housing which might not have been their desired choice of accommodation.

Showmen are also not included in the NHS Data Dictionary⁷, and although they are widely identified under the portfolio policy rubric of “Gypsies and Travellers⁸”, despite their distinct histories and cultures which separates them as an occupational /cultural group from ethnic minority populations of Romany Gypsies, Irish and Scottish Travellers and Roma (a point which was made repeatedly by interviewees), they are overwhelmingly invisible in research into the experiences of travelling people in the UK and internationally.

Accordingly, despite the population believed to number around 23,000 people affiliated to the Showmen’s Guild, there are no known health metrics pertaining to this group, or guidance available to health care practitioners working with these minority populations who reside throughout the UK⁹.

As such, this project set out, for the first time to build a picture of the health care needs of Showmen in England through an exploration of the health status and social care needs of Showmen living in Yards in the study areas or travelling to/working at Fairs in Cambridgeshire and Greater Manchester.

Overall, the research programme was designed to meet the following **objectives**.

- To explore what level of health care need exists for Travelling Showmen populations and how they access health care when resident in Yards or travelling for employment.
- To identify what are the most commonly experienced health conditions in the community.

⁶ Section 225 of the Housing Act 2004 required housing authorities to have regard to government guidance when carrying out GTAA’s and preparing local plans to meet Gypsies’ and Travellers’ needs. The guidance issued under section 226 of the Act set out in detail the matters that a GTAA should cover and provided advice on ensuring a high-quality assessment.

⁷ <https://www.datadictionary.nhs.uk/>

⁸ <https://travellermovement.org.uk/gypsy-roma-and-traveller-history-and-culture>

⁹ <https://committees.parliament.uk/writtenevidence/2045/default/>

- To understand how health professionals engage with the Showman community and what level of cultural understanding they have of the health care needs of this group.
- To explore how Showmen and Health Professionals can collaborate to enhance understanding of health conditions and risk factors, and to improve health literacy amongst the population.
- To understand what is required to enhance and increase levels of culturally appropriate health care support provided to the populations and reduce barriers to access to care.

This initial output/summary report engages with a number of top-level thematic issues and recommendations, with more granular level discussions and intersectional elements explored in subsequent publications.

2. Methodology

In this section we provide an overview of the research project, followed by a detailed description of the component elements of the study, data collection methods, and explanation of how analysis was undertaken.

2.1. Overview, key project stakeholders and partners

The project, a collaboration between the Showmen's Mental Health Awareness Charity and academic partner Anglia Ruskin University, was fully co-designed¹⁰ from inception to delivery, including co-analysis of data, collaborative writing (reports and articles), and shared ongoing dissemination.

In addition to co-research activities undertaken by Sheldon Chadwick who is a member of the Showman community, feedback was received from other members of the Showmen community into the design of the project as the study was developed. Submissions of support were provided from the Showmen's' Guild and Future4Fairgrounds to underpin the ethical approval process¹¹. As noted above, the research has been adopted by NIHR East of England in October 2022 and has been supported throughout by the Queens Nursing Institute (QNI) who disseminated information

¹⁰ For an exploration into the definition of co-design and co-production see Masterson, D., Areskoung Josefsson, K., Robert, G., Nylander, E. and Kjellström, S., (2022). Mapping definitions of co-production and co-design in health and social care: A systematic scoping review providing lessons for the future. *Health Expectations* [online]. [Viewed 15 September 2023]. Available from: doi: 10.1111/hex.13470

¹¹ Ethics approval awarded 26th May 2022 by the Faculty of Health, Education, Medicine and Social Care, Anglia Ruskin University. Reference ESC-SREP-21-202.

about the study to their network of specialist health practitioners who work with Gypsy, Traveller, Roma, Boater and Showmen populations across England, Wales, and Scotland¹².

A mixed-methods approach was undertaken to meet the aims and objectives of the study as outlined under Section One of this report. The main components of the empirical research are outlined below:

- Review and analysis of the limited literature and grey literature referencing the populations.
- An e-survey circulated via the QNI and NHS England Inclusion Health practitioner networks to health care professionals who work with or who have had access to providing care for Showmen (n=30).
- An e-survey completed with Showmen participants at Fairgrounds and Yards in Cambridgeshire and Greater Manchester (n=80).
- Individual in-depth interviews with Showmen in Cambridgeshire and Greater Manchester (n=14).
- Three focus groups with Showmen (one in Cambridgeshire and two in Greater Manchester) (n=27 in total)
- A focus groups with health professionals in Greater Manchester (n= 8) and individual interviews with Professionals in Cambridgeshire n=3 (given logistic challenges in convening a focus group in that locality).
- One mixed focus group with Showmen and health professionals (n=7)
- One photo-elicitation workshop with Showmen in Greater Manchester (n=9).

Full ethics approval for the research was obtained from Anglia Ruskin University in advance of commencing fieldwork. A participant-centred approach was adopted, and in addition to routine ethical expectation (informed consent, signposting to support should participants experience distress; data storage etc), especial attention was paid to issues of informed consent and confidentiality, given our engagement with a 'closed' community and the close relationship between our community partner from the Showmen's Mental Health Awareness Charity, and the population in question.

Given the collaboration of a Showmen specific charity in this project, materials about the study reiterated that access to advice and support from health services or the Showmen's Mental Health Awareness Charity was not contingent upon participation in the research. This was also re-stated

¹² <https://qni.org.uk/tag/gypsy-and-traveller-community/>

at every stage of the fieldwork. Due to Chadwick's personal relationships within the tight-knit Showmen community the research team ensured that participants understood that there was no obligation to participate in focus groups and surveys as a 'favour' and that if they did participate, they were welcome to withdraw at any time prior to write-up without providing a reason.

Participant information sheets and consent forms for community members were provided in two formats, detailed and 'easy read' to increase accessibility for all demographics within the Showman community.

Participants (both health professionals and Showmen) were guaranteed anonymity unless they specifically indicated their willingness to be identified in outputs (for example if a representative of an organisation or professional service).

When conducting fieldwork, due to the potentially distressing nature of discussing personal health issues and those of friends and family, a trauma-informed approach to qualitative research was adopted¹³. During all stages of the fieldwork emphasis was placed on trust, and relationship building with the aim of ensuring inclusivity and excellent research practice of benefit for both participants and researchers. This was especially important given Chadwick's status as a member of the Showman community and the emotional labour of co-research¹⁴ (Jam and Justice, 2018; Bell et. al. 2021).

Inclusion and exclusion criteria for participation were as follows:

Inclusion criteria:

- Aged 18 and over, member of the Showmen community willing to speak about health care/conditions/cultural issues impacting access to health and social care provision.
- Aged 18 and over Health Care professionals working with – or who have contact in their professional working life with – Showmen, either at residential Yards or when travelling for Fairs.
- Able to give informed voluntary informed consent to participate.

¹³ See for example, Alessi, E. J. and Kahn, S., (2022). Toward a trauma-informed qualitative research approach: Guidelines for ensuring the safety and promoting the resilience of research participants. *Qualitative Research in Psychology* [online]. 1–34. [Viewed 15 September 2023]. Available from: doi: 10.1080/14780887.2022.2107967

¹⁴ See for example, Stephen Bell, Peter Aggleton & Ally Gibson (2021) Peer research in health and social development, Understandings, strengths, and limitations. Chapter One in *Peer Research in Health and Social Development: International Perspectives on Participatory Research* eds. Stephen Bell, Peter Aggleton, Ally Gibson. London: Routledge; Jam and Justice/Realising Just Cities (2018) post-ECR workshop blog *Methodological Issue, Emotional Labour in Co-Produced Research* <https://jamandjustice-rjc.org/blog/methodological-issues-and-emotional-labour-co-produced-research>

Exclusion Criteria:

- Individuals identified by health professionals/Showman agencies in contact with potential interviewees as potentially vulnerable by reason of mental or physical health, learning disability or other vulnerabilities known to exist.

2.2 Research Limitations

Due to the inability for members of the Showmen community to self-identify in health and social care settings and the associated lack of knowledge about the community amongst healthcare professionals, it was difficult to identify large numbers of health professionals who could clearly state that they had worked, or were working, with Travelling Showmen. Hence our distribution of the survey for health professionals beyond the two key study locales, although interviews and focus groups were only undertaken within Greater Manchester and Cambridgeshire (see above).

Initially twenty in-depth interviews were planned with members of the Showman community but due the demanding nature of the Showman lifestyle, long working hours, and the associated lack of free time to participate in lengthy in-depth interviews outside of the 'holiday' month of January, we were only able to complete a more limited number of interviews, in some cases conducted in pairs with couples, or members of the same extended family who indicated a preference for joint interviews during a break from work.

Whilst we remain confident in the validity of our findings, having undertaken sense checking of emergent findings with both Showmen (for example when discussing initial trends from surveys at the commencement of focus groups and photo-elicitation sessions), and with health professionals during presentations at workshops and conferences, as well as prior to holding focus groups or undertaking interviews; we are aware that this is a pilot study undertaken at only two localities limiting generalisability or replicability.

Similarly, the existing networks which exist between the Showmen's Mental Health Awareness Charity and the population – which as an organisation widely respected within their community acted as a gateway to accessing participants – means that we have largely been able to engage with Showmen in two localities where the Charity has already deep reach or where our co-researcher had extended family networks. Accordingly, both elements facilitated openness of approach and access to yards and 'behind the scenes' working fairgrounds, in a manner which in other localities, might prove to be more of a challenge (for example if we were to extend the study to Scotland, Northern Ireland or Wales). As such a study across a wider geographic area, or one

which necessitates a larger research team who may include individuals who are not as recognised by participants as our community co-researcher, might yield a different picture.

2.3 Fieldwork

Fieldwork was conducted between the end of June 2022 and early August 2023. Due to the nature of the Showmen lifestyle (see section 3.1 and 3.2) the fieldwork element of the project took longer than initially anticipated, with a considerable amount of data gathering (surveys and in-depth interviews) occurring in January 2023. This month is a time when Showmen traditionally take a break from work after the Christmas and New Year intensive work period, with many returning to their Yards for a break, or holidaying abroad. This more relaxed 'holiday atmosphere' facilitated the team's access to participants and enabled longer and more in-depth discussions than might prove possible at some other times of the year or earlier in the field-work cycle.

2.3.1 E-Surveys Showmen

80 Surveys were completed by and with Showmen participants who fulfilled the inclusion criteria (see section 2.1). In the majority of cases these were administered by members of the research team, particularly Chadwick and Coker. The survey was open between 19 June 2022, and 31 January 2023. Demographics of participants are presented in Table 1 below. No participants self-identified as non-binary, with all indicating that they were 'male' or 'female'.

Table 1. Showman Participants – key demographics (age and self-identified gender)

Age	Male	Female	No response (self-completed)	Total Number of cases
18-25	5	8	1	14
26-35	9	9	-	18
36-45	5	5	-	10
46-55	5	11	-	16
56-65	6	6	-	12
66-75	2	1	-	3
76+	2	1	-	3
No age given	1	2	-	3
Total	36 (45%)	43 (54% - rounded)	1	80

Due to the nature of Showmen's work which could make it challenging for people to complete surveys in their limited free time, to ensure that literacy barriers did not exist, and that digital exclusion (particularly for older people) did not limit responses, the majority of surveys were conducted in person. The research team travelled to Yards and Fairgrounds in the two locales and sat with participants in a location in which they felt comfortable and where (if this was significant to participants) privacy was ensured, although at times family members were sharing the space. Survey and Interview locations included kitchen tables and living rooms in people's chalets and wagons, fairground pay-boxes and quiet locations around the Fairground. Researchers verbally asked the survey questions, recording the answers on the Jisc Survey platform using a mobile device (Tablet or I-Phone).

A small number of surveys were completed online independently by Showmen who were provided with the survey link. On average the survey took 30 minutes to one hour to complete with each participant, depending on the level of detail they wished to provide.

In instances in which more mental health support was required following the survey questions, information about how to self-refer to the charity was provided and co-researcher Chadwick as a representative of the Showmen's Mental Health Awareness Charity also provided information to participants for their own use, or to share with family members, or friends about whom they were concerned. To maintain confidentiality, names were not obtained during the survey unless participants explicitly asked that we record their name.

A larger number of surveys were carried out with Showmen working or living in Cambridgeshire (50) compared to Greater Manchester (30), although in contrast (see further below) more interviews and focus group activities took place in Greater Manchester. (Nb, in a very small number of cases, surveys were administered at fairgrounds/yards which straddled geographic borders, but where services were accessed within the two key study locales).



Image 1: Members of the research team conducting an in-person E-survey in a Showmen's Chalet.

2.3.2 E-Surveys Health Professionals

30 surveys were completed by Health Professional participants fulfilling the inclusion criteria (see 2.1). The survey was open between 26 May 2022 and 31 January 2023.

The online survey instrument was circulated by the Queens Nursing Institute (QNI) to whom the research team presented their project within the organisation's Gypsy Traveller, Roma, Boater and Showman working group.

It was also promoted on the NIHR website, advertised via social media, and dissemination and support with accessing participants was obtained through key healthcare professionals and commissioners in both Greater Manchester and NHS East of England. The survey was open to health professionals throughout the United Kingdom. Out of the 30 participants 39% were based in Greater Manchester, 18% in Cambridgeshire and 43% elsewhere in the UK (including London, Glasgow, Surrey and Sussex).

The majority of respondents to this survey (43% rounded figure) were nurses, of whom 30% were in regular contact with Showmen, followed thereafter by health visitors (7%) and individuals in split roles (for example a half time specialist practitioner post with GRTSB families as well as holding another role). A smaller number of responses were received from GPs, practice managers and hospital doctors. 50% of respondents were in regular and current contact with Showmen; 30%

were not currently caring for members of the community, and the remaining 20% were unsure. This latter response is unsurprising, given the inability to identify members of the Showmen community via the NHS data-dictionary and findings from the survey and interview data with both samples (Showmen and Health Professionals) which indicated it was only if someone self-identified, or a practitioner regularly attended at a local Yard, that it was possible to be aware of the cultural identity and background of a patient.

Whilst respondents had varying levels of experience in working with Showmen populations (based on open text box information provided), we did not request information on gender or age of health professionals, nor the duration of time spent working with the communities, as we were more concerned to explore how someone is identified as a Showman and perceptions of frequency of common health problems experienced by the population.

2.3.3 Focus Groups with Showmen

Three focus groups were conducted with Showmen participants two in greater Manchester (in July 2022 and July 2023) and the other in Cambridgeshire (January 2023). All were conducted by the same members of the research team, using the same topic guide. The focus groups were organised with support from community research partner Chadwick; and in Cambridgeshire, the Showmen's Guild Eastern Section. Each focus group took place on a Yard and were hosted in a family Chalet. Both genders were evenly represented in the first Manchester and Cambridge focus groups, with the second smaller Manchester focus group consisting in the main of males until a female relative joined the discussions part-way through.

Ages of participants ranged from 18 years old to 70+. The topic guide covered broad themes upon which participants were free to elaborate. The main areas explored in the interviews included experiences accessing healthcare, social determinants of health (work, housing), physical health conditions, mental health conditions, identity, childbirth, older age care, and stigma. The focus groups also explored perceptions about health professional's knowledge about the community and whether participants wished to be able to self-identify in health settings.

2.3.4 Focus Groups & Interviews, Healthcare Professionals

One focus group was conducted online with health professionals based in Greater Manchester (August 2022). The focus group was organised with help from the Showmen's Mental Health Awareness Charity and the Integrated Neighbourhood Lead for NHS Manchester Local Care Organisation. The Focus group consisted of 8 participants, all female who worked close to an area

in which a Showmen's Yard was situated. The health professionals' roles varied from that of Health Visitors and Community Nurses to Case Managers and Adult Social Care leads, health specialists supporting end of life care and Public Health specialists. Online interviews with health and social care professionals in Cambridgeshire – undertaken on an individual basis – utilised the same questions included in the topic guide for focus groups.

As with Showmen participants, the topic guide covered broad themes upon which participants were free to elaborate. Predominantly, how someone could be identified as a Showman, whether they could tell who was registered with a GP, delivery of care to Travelling Showmen in their locality on a short-term basis, cultural knowledge of Showmen in the context of the wider Gypsy Roma Traveller (GRT) community, practical challenges when working with Showmen, and training required for health professionals to better support their Showmen patients.

2.3.5 Mixed Focus Group: Showmen and Health Professionals, Greater Manchester

A mixed focus group between health professionals and Showmen (October 2022) was conducted on a Yard in Manchester. In advance of this session community researcher Chadwick, a member of the research team and a community health professional conducted a 'walk-about' on the Yard to identify how space impacts physical and mental health (over-crowding, access issues, cross generational living). This was followed by a focus group which took place in a Showmen's Chalet. The Focus group comprised of Chadwick, another member of the research team, two female health professionals and 8 Showmen (5 male and 3 female). This tailored topic guide was informed by the responses to the questions asked in the proceeding stand-alone Showmen and Health Professional focus groups. The more detailed topic guide included explorations of stigma, practical challenges, and potential embarrassment over taking time off work when ill, attitudes to maternity leave, care for older Showmen, lifestyle, diet, health professionals' access to Yards and the extent of physical and mental health conditions encountered amongst the population. The focus group provided an opportunity for the health professionals to share and discuss their experiences and understanding of supporting Showmen patients with members of the community themselves.

2.3.6 Photo-elicitation workshop with Showmen

The final data gathering activity, a photo-elicitation session¹⁵, was conducted by the Principal Investigator and Chadwick (late July 2023) in Greater Manchester with specialist collaborative photographer Mary Humphrey, who had worked with us throughout the lifetime of the project, visually capturing and mapping (with permission from participants) some elements of Showmen's lives. Photographs taken in Cambridgeshire and Manchester during the project (used here to illustrate this report) formed the basis of an exhibition 'Showmen's Lives' which was exhibited during World Fun Fair Month 2022 and supplied the images explored within the photo-elicitation workshop.



The workshop, held at a Yard involved nine community participants, both male and female, with an age range from their early 30s into their 70s. In turn Humphrey visually captured the phases of the photo-elicitation process as participants commented on photographs pertaining to working lives and how these illustrated the challenges and joys of being a Showman, and the impact on physical and mental health of their lifestyle (see image 2 above, **A Showman participant in the photo elicitation workshop**).

2.3.7 Individual Interviews with Showmen

As noted above ten interviews were also carried out with Showmen divided between both study areas. These in-depth interviews (undertaken as individuals or in some cases consisting of two family members/peers) were designed to complement the focus groups by allowing participants the opportunity to discuss health and wellbeing on a deeper, more personal level

¹⁵ Photo-elicitation involves the use of photos, videos, and other forms of visual representation during an interview or group discussion, with participants asked to comment on the images and what experiences or emotions these stimulate.

2.4 Data Analysis

Image 3: Peer research in the Showman community



Survey data (110 cases in total across both data sets) was downloaded from Jisc-Online Surveys into Excel and analysed for a range of core-demographics and responses to pre-set closed questions. Additional intersectional analysis (currently ongoing) will occur to identify and cross-tabulate themes and patterns to support a rich, deep understanding of multiple variables in materials administered to both Health Professionals and Showmen. These findings will be presented (in tandem with relevant qualitative findings) in future outputs.

The interviews and focus groups were recorded using professional standard recording devices in the field, and/or via Teams for online activities. All such data was transcribed using a professional transcription service, reviewed for quality issues by

team members and then collaboratively manually coded and reviewed by at least two of the research team for each item. These processes were backed up by a preliminary, initial NVIVO (software) review to identify patterns and themes across materials collected. The presence of a community member 'insider' researcher (Chadwick) supported validation of priority themes selected by others in the research team and enabled the clarification of meaning of certain terms and concepts.

In the following sections of this report, we summarise a number of key themes identified by Showmen and Health professionals as key to understanding and engaging with the Health and Wellbeing of the populations. In these sections we interweave a limited amount of survey data to support the qualitative materials presented.

3.0 Showmen as a distinct cultural and occupational community

As noted in the introduction to this report, although included under the broad policy rubric of Travellers, Showmen are not recognised as an ethnic group and as such they are not subject to protection under Equalities legislation, although we found abundant examples of discrimination against the population, in many cases predicated on racism, and confusion over ethnicity, with presumptions made that they are either Romany Gypsy or Irish Traveller populations.

Their distinctness as an occupational Travelling group is enshrined both in relation to the context in which the Showmen's Guild was founded (under the initial title of the United Kingdom Showmen and Van Dwellers' Protection Association) in 1889 to protect the interests of the community in the face of vigorous legislative and policy attempts to restrict their lifestyle¹⁶, and is still upheld, in policy terms impacting where and how Showmen may apply for permission to purchase land and set up Yards on which to live and work. In planning policy Showmen are defined as "*Members of a group organised for the purposes of holding fairs, circuses or shows (whether or not travelling together as such)*" Planning Policy for Traveller sites, CLG, March 2012.

Travelling Showmen thus are a distinct itinerant occupational community with a long history of travelling the country, bringing entertainment to sedentary populations,

"We've always been Showmen, haven't we?"

"[since] 1850 I think, our family" (**Dialogue between two participants in Cambridgeshire focus group**)

Families reside in and are members of discrete geographic 'Sections' of the Guild. For our sample we found that much (although not all) travel to '[Fair]grounds' occurs within a Section, typically following a pattern of travel which means that families return annually to the same fairground with their rides and stalls, at locations which have hosted Fairs for many centuries. Indeed, most Showmen can trace their family history back through many generations of families in the same trade, who in turn have almost exclusively intermarried with other Showman families,¹⁷ creating a close-knit community.

Amongst our sample of participants, (both those completing surveys, and participating in interviews and focus groups), we found nearly 100% of participants referred to themselves as

¹⁶ <https://www.sheffield.ac.uk/nfca/researchandarticles/historyshowmensguild>

¹⁷ <https://www.independent.co.uk/news/uk/this-britain/all-the-fun-of-the-fair-behind-the-scenes-with-the-uk-s-travelling-showmen-8513560.html>

“Showmen” with the less than 4% who opted for another term preferring to self-identify as “Travelling Showmen”. A full 100% of our sample also stated that their nationality was “English” or “British/White British” illustrating a remarkable level of homogeneity amongst the population we interviewed. Similarly, only one individual stated that their place of birth was outside of England (in another country of the UK, although they had subsequently spent their entire life in England, suggesting that potentially their family had been travelling across a national border with a Fair at this point in time they were born).

All our participants very clearly differentiated themselves from Romany Gypsies and other travelling populations,

“Just because people see some caravans on a field, they straightaway think, look, the Gypsies are in town” (Participant, Manchester Focus Group)

“there’s Gypsies and there’s Showmen, [but] people think of us as Gypsies. When we first came on here the [local paper] had comments being, ‘Oh, here comes some more [redacted slur term used against Gypsies and Travellers] because there’s two sets of yards, there’s these ones [for Showmen] and one [lived on by Gypsies and Travellers] (Cambridge Interview, male).

“We’re working businesspeople that pay taxes and everything else [although] I’m not saying that Gypsies don’t pay their taxes, because there is some good Gypsies... very good Gypsies, very, very nice” (Female, Focus Group, Cambridgeshire)

This emphasis on being a population distinct from other travelling people, was in stark contrast to comments received from many health professionals both in the survey or in some interviews/focus groups. It became clear that other than amongst individuals who regularly worked closely with Showmen, there was wide-spread misunderstanding about the differences between the diverse populations, including misapprehensions over lifestyle, cultural practices, language and heritage, with a number of professionals basing their understanding of how to engage with Showmen on lessons learnt from providing care to Gypsies and Travellers,

“Anywhere you go, as soon as you say you’re a Showman, they [health professionals] put you in this box with other travelling people” (Female, interview, Cambridgeshire)

“They [health professional colleagues] don’t. They absolutely don’t [recognise the differences in communities] ... I brought up just generally the travelling community when we were talking about, you know, at risk people and ...who we should be looking out for, for

vulnerability. And I brought [Showmen] up, as their own culture, which the whole, you know, 180 people in that [conference] room hadn't mentioned" (**Specialist Nurse Practitioner, Cambridgeshire region**)

3.1 Yard Life

The overwhelming majority of the Showmen interviewed for the project were living on Yards in static chalets (large, comfortable, mobile homes) amongst their extended, inter-generational families. The Yard functions not only as living space but typically, where space permits, also a workspace and area for storing and repairing equipment, rides, and also accommodating travelling 'wagons' where the family lives when working away at fairgrounds.

However, many of the participants felt this way of life was under threat and becoming increasingly difficult to maintain due to a shortage of sites and difficulties gaining planning permission to develop new ones.

3.2 Shortages of Accommodation and Overcrowding

In common with other travelling communities the shortage of sites is due to barriers in obtaining planning permission to develop new Yards to accommodate the community's needs. This especially impacted the community's younger members since site capacity is not keeping pace with population growth, and there is a perception articulated by a number of interviewees that the community are being forcibly housed through a lack of alternatives. In turn this has implications for traditional inter-generational support, including care of elders and small children, which enables the population to function at maximum efficiency in terms of underpinning working and travelling patterns. In areas where properties are expensive, or local authorities are keen to redevelop and sell to housebuilders rather than grant or maintain planning permission for Showmen's Yards¹⁸, there are additional problems, not least with regard to affordability of property which is appropriately near to relatives to support collaborative working and family assistance provided to elders or the disabled, although cohesion and intra-community networks remain very strong,

'And there's been no new yards in how many generations? Since my dad, there has been me, my sister, then I've got kids. There has been a full lot of generations twice over and there's been nowhere to put them. We're being forced out of where we've been brought up (**Participant, Manchester Focus Group**)

¹⁸ <https://www.theguardian.com/cities/2018/sep/06/none-of-the-fun-of-the-fair-the-london-showpeople-fighting-for-their-homes>

Problems in developing adequate numbers of sites were widely attributed to the decision makers in local government planning departments. Participants felt many local authorities were reluctant to permit site development due to implicit discrimination in the planning process and prejudicial attitudes among officials that lumped Showmen together with Gypsies and Travellers, populations who experience extraordinary levels of discrimination in the planning process and extreme opposition from local residents when applying to develop a residential Gypsy/Traveller site¹⁹. As a result of a shortage of accommodation, many yards were overcrowded, which increased residents stress levels and reduced quality of life more generally (see further section 5).

3.3 Fairground Life

Image 4: A fairground in Cambridgeshire



The travelling funfair when functioning on a 'ground' consists of amusement rides for adults and children ('juveniles'), food and drink vendors and games of chance and skill. It is not set up at a permanent location, like an amusement park, but is moved from place to place. Showmen move their equipment from Yards where it is parked next to their residence (chalet, caravan, or wagon) to drive to a location, usually in early morning or late evening when the roads are quieter. The day they move is known as a 'going away day', and on arrival Showmen will then 'pull on' to the ground (find a place to park) and 'build up' (assemble rides and set up catering units).

¹⁹ <https://theconversation.com/how-planning-law-discriminates-against-travellers-and-gypsies-93531>

There are significant prolonged periods of stress associated both with driving large, heavy goods vehicles laden with the family business and towing their homes (wagons) for the duration of the fair. This stress is multi-faceted, both related to increasingly difficult driving conditions and high cost of fuel, and also with the tight time-frames associated with such movement and requirements to be at a particular location at a set time, built up and ready to open, whilst remaining compliant with all health and safety regulation, undertaking hard physical labour in all weathers, and then being uncertain of whether the Fair (and individuals working within it) will make a profit or 'break even'. There are also significant costs associated with opening at a Fair, in terms of fees paid to lessees, bonds for local authorities and associated expenses which can run to thousands of pounds.

'It's an unknown every week, isn't it, that's the trouble. It's an unknown issue, getting your money sorted. You go in every week, you're putting yourself out there... you're presenting yourself and then thinking, "I've taken nothing now." If it's rained or - you would have some weeks, you'll earn nothing' (**Showman Manchester Focus Group**).

Image 5: A Showman waiting for customers in Cambridgeshire.



A further challenge for families, impacting on their way of life and the feasibility of travelling far from their Yard, is that increasingly local councils are no longer permitting caravans on the fairground sites,

'A lot of fairgrounds now don't want caravans. ...it's hard because our equipment what we've got, and keeping it at a level, trying to maintain it, if you're not there with it, you can't do the maintenance, and it's hard to keep it at a level, you know and you don't want accidents and this, that and the other, so you're thinking to yourself, "I would rather be with my equipment if I can," but a lot of the councils don't want you to be there with them' (**Male Showman, Manchester Focus Group**).

Sometimes the council will provide facilities such as electricity, water, and sanitation for the Showmen on the Fairground, however increasingly this is not the case, with obvious implications for the health and wellbeing of community members. Whilst on the fairground Showmen are required to bring everything, they require with them, or seek out places where they can obtain services, whilst attempting to build up, subsequently run their rides, and for women in particular providing care for family members as well as cooking and cleaning their home and running their own stalls or catering units. In addition, they may also be pregnant, or supporting older relatives travelling with them or suffering from long term health conditions themselves.

*'We go on a site, we've got nothing. No water, no electric. We've got to get it ourselves'.
'There are no toilets delivered or anything like that.'* *'There are no human rights facilities on it, is there.'* **(Showman Focus Group Manchester).**



Image 6: Caravans parked at a funfair in Cambridgeshire.

Participants in interviews and focus groups and when identifying images within the photo-elicitation session, informed us that 'build up' is gruelling manual labour which entails lifting heavy equipment, manoeuvring tons of steel, climbing on structures and inspecting the rides and stalls are safe to operate. Common conditions related to build up and pull down can include bad backs/ knees, arthritis, and carpal tunnel syndrome.

'a lot of people you'll speak to, arthritis is a big one. Blood pressure, carpal tunnel syndrome is a big one'. **(Showman, interview Manchester)**

Other conditions related to work included hearing problems caused by working for long periods around loud noise.

Hearing as well as sometimes you get a lot of them with, tinnitus and all that. I don't know if it's just all members of [the Showman community] but I have a ringing in my ear all the time. That's just through loud machinery, you know, when they say people work in factories, where we work with generators and lorries, fair rides, and all this. And yet, if you've never been to the fair ride, you know, I mean, it's a lot quieter than it used to be used to like, bang bang **(Male Showman, individual interview Cambridgeshire)**

Women running sweet stalls also spoke about the wide-spread condition universally known as “candy floss wrist” from the repetitive movement required to maintain the confectionary’s texture as it is prepared throughout a long working day (see section 4)

However, many Showmen also commented on the healthy nature of physical labour and the positive impact which this can have on physical and mental health,

‘We feel healthy because we’re outside all the time. We’re outside. Because in the winter months, I used to go long distance lorry driving, and that is a lot unhealthier... And when I was travelling full-time as a Showman, I was a lot healthier than I am now. It’s a little work, but it’s as good as exercise, and you’re out in the fresh air’ **(Male Showman, Manchester Focus Group)**

One lady Showman in the oldest age-category illustrated the physical realities of working on the Fair:

‘I’ve been on the fairground all my life. I started building up and pulling down with my father at the age of seven, and I carried on right up until marrying my husband. My father taught me how to change a wheel on a lorry, and he taught me a lot, my dad. I didn’t do much schooling, because he said, “It’ll be no good to you.” So, I didn’t do much schooling, but I carried on with the business, with my father. Then, I met my husband, the love of my life [she remains in the Business, still attending fairs on occasion with her husband and wider family members]. **(Discussion in photo elicitation workshop).**



Image 7: Showmen preparing for build up at a Fair (Cambridge)

4.0 Physical Health

As discussed above, the life of Showmen is physically and emotionally demanding (see further Section 5), with a strong sense of stoicism prevalent in relation to 'getting on' with work and only seeking health care when really required.

Both Showmen (across genders and ages) and Health Professionals with experience of the populations were united in recognising that there is a strong tendency for members of the community to ignore health concerns, and prioritise work over all (see further in relation to women's health below),

It's like we have to keep going. If somebody is not well, you need to just address it. But I think [we] do put the business first. And I think the simple thing is they don't make time for themselves... if they stopped to think what their issue is, and then they make time to go to the doctor ... I think people just need to take some more time out and take care of themselves a bit more really. (Female, Showman, individual interview)

I think some people will put that appointment off or cancel that appointment. If they can't make it, they'll cancel that appointment. So sometimes it might be the case where as a younger person that does need to be seen but maybe hasn't been diagnosed with anything, [they] might put it off. Or because they're busy, they're opening. (Showman, Manchester FG)

“I do think there is a tendency to leave things [symptoms ignored] as well you know to leave accessing healthcare advice, support, whatever [until] quite late” (Specialist nurse, East of England)

There are obvious implications for wellbeing associated with the necessary prioritisation of maintaining a functioning business and family unit, not least the limited access to preventative screening,

“Because [you're] a family business, and... the only people that can do their job” (Female, Showman individual interview).

“When you're open, you're open, there's no if you're not well, there's no going to bed and resting up, do you know what I mean”. (Manchester Focus Group, male)

“There's no sick days, you can't have a sick day because you're open, you're minding and that's it” (Cambridgeshire Focus Group, female)

4.1 Accessing Health Care when Travelling

This focus on remaining 'open' come what may, was brought starkly back to the team in relationship to discussions of what might be considered a high enough priority for someone to seek medical care when away from their Yard (during which time routine appointments are kept, vaccinations, and dental care obtained). Typical examples cited included serious eye injuries associated with welding (although typically men reported being back working again with a day of treatment), crush injuries, although it was noted that broken limb needn't preclude someone sitting in a pay-box taking tokens or money; and typically – see under discussions on gender – giving birth. For women, childbirth largely meant a maximum of a week away from the business before returning to work, often with the baby beside them as they 'minded' a stall or 'pay-box'.

“I don't know if she had him that morning, or the night before, and she was at [location], minding the next day.... It's just how things go...it could've been within 12 hours” (Female Manchester FG)

Where individuals are known to have a long-term health condition (for example elderly relatives with cardiac conditions, or if someone is diabetic), to avoid having to seek medical appointments whilst away from home travelling, a variety of techniques are utilised. Most commonly requesting adequate medication from their registered GP surgery to last for a three-month period, although

how such request are met appears to vary from locality to locality as we discovered within interviews and focus groups, as well as through survey responses.

Some health practitioners who were familiar with the working patterns and cultural/behavioural patterns of Showmen explicitly set out to ensure that patients had access to advice, monitoring and medication, either through remote means (where feasible) or, prescribing or dispensing as large amount of a medication as was legally possible; although challenges were noted in terms of urgent follow-ups and care pathways if Showmen were highly mobile,

“[Travelling] may affect the ability to have a follow up to have a telephone, video consultation [or the] hospital might want to do to bring them in at short notice because there’s a cancellation” **(Specialist Nurse, East of England)**

“I say alright, they’re [going to be] in Norfolk, then they tend to have sort of a set pattern with where they’re gonna be. So, they’ll have a bit of healthcare there. Then they come back to base and top up [on medications] and then they go back to that area” **(Nurse Practitioner, Cambridgeshire)**

“If somebody was moving, working and travelling, I think there’s a real gap in terms of if they needed to see somebody, how their needs would be met, other than presenting at A&E” **(Survey response, Health Professional)**

4.2 Relationships with Health Professionals

Showmen themselves also noted, that if they had a good relationship with a surgery and health care team who knew their families and working patterns there was often flexibility in terms of seeking ways of ensuring that continuity of care and appropriate levels of medication could be maintained when travelling.

However well over 60% of our Showmen survey respondents commented on the challenges in accessing medical care when travelling, citing the need to return home for medical appointments or to obtain prescriptions, in some cases involving significant distances,

“We had to go to the pharmacy to collect medicine. But only prescribed for 3 months maximum and we’re out [Travelling] February to October. But often not near to Yard so not so easy go back to get prescription, if 100 miles away” **(verbatim note on survey form, Showmen, East of England based)**

“Can only really see a doctor if go to a walk-in centre [when travelling]. Nobody would see my grandma with diabetes and problems on the neck” **(Survey form, Leicestershire based Showman, interviewed whilst in Cambridge)**

“Always travel back for prescriptions. Rang up told [couldn’t] collect prescription early, [but] 198-mile round trip to collect” **(Survey completed Greater Manchester, Doncaster based Showman).**

A number of respondents explained that a nominated family member would make the often-lengthy return trip to a home Yard (in one case a 300-mile round trip) to collect prescriptions or medication for family and friends, particularly for elderly relatives (see below) who would often travel with their extended family for at least part of the year, even when extremely old.

A small number of participants in interviews and focus groups highlighted the extent of forward planning required simply to ensure that their long-standing health care needs were fulfilled:

You think, I've got a week, that one week we had back in Bedford where it would suit me to go and see the doctors for whatever it might be, which I've never really got anything [wrong]. You've got to plan that five weeks in advance and I don't know in two weeks I'm gonna be but it's like that's where it's just, so yeah, it does get a bit complicated... I've not seen a doctor me for four years” **(Male, individual interview, undertaken in Manchester)**

Whilst the occasional Showman respondent *“registered as a temporary patient when down here”* **(Survey, Cambridge)** the challenges in obtaining an appointment, particularly since the Pandemic, meant that walk in clinics or A&E were utilised in real emergencies, and otherwise people would prefer to see their own registered GP wherever feasible.

All but one respondent (surveys and interviews/focus groups) was registered with a GP surgery. In 85% of cases **(survey data)** the surgery was within five miles of place of residence when not travelling, with the practice in many cases providing care to the entire family and Yard (where continuity of residence existed). Participants in focus groups undertaken at Yards were able to indicate the presence of their local practice where the vast majority of residents were patients. It was noted by several respondents that where a Yard was longstanding, the surgery may have provided care over many years, in some cases with generations of Showmen having been cared for a family-run GP practice which has subsequently enlarged to a group surgery.

“They know us, the yard has been here since 1974” **(Survey form Cambridgeshire)**

Where families had moved Yards or into housing, there was a strong sense of loyalty and preference to remain with a practice who were familiar with Showmen communities and cultures, a point noted by both Showmen and Health Professionals.

“The GP is good with us... they understand the community” (**Greater Manchester survey form**)

“People were absolutely lovely in Manchester Medical Centre. They have the midwife in there and she knows all the Showmen... Obviously, they know we’re Showmen when they come to see us, and we get the same reception [as other communities/patients]. They’re always like, oh, it’s lovely [on a Yard]” (**Showman, Female Greater Manchester**).

I’ve had experience where they’ve come back from where they are [long-distance] to us because they know us, they trust us” (**District Nurse, East of England, services works with older people in a number of local Yards**)

4.3 Self-Identifying as Showmen/Perceptions of level of knowledge of health care professionals

As flagged above it was felt that other than services provided by practitioners who worked closely with Showmen or on a regular basis there was a widespread lack of recognition of the community’s identity and/or health needs.

Accordingly, there was a widespread agreement that health professionals receiving training or understanding more about the circumstances and background of the community, would assist both in dealing with the sometimes intrusive or irrelevant questions and presumptions made about them, and grasping that it is not always feasible for Showmen to attend clinics or screening opportunities which are almost by definition set up for sedentary communities:

“People still don’t understand what a Showman is... No-one understands” (**Focus Group, Cambridgeshire**)

“Say imagine you ring the ambulance, and they turn up here and go, “I’m not coming in there.” But if you said, “I’m a Showman,” so they’re expecting it, so they’re not looking for a house, they’d go, “Oh, it’s a site.” That would make a difference. (**Manchester Focus Group**)

“Like, anywhere you go, as soon as you say you’re a Showman, they put you in this box with other travelling people. And so they [need to] ... be a bit aware of that, and maybe not mention it, or ... explain more to what a showman is” (**Interview, female, Cambridge**)

“Like yesterday I was at the hospital, and I told them I was off the fairground... that’s your occupation [but] they still ask you your occupation”. (**Manchester Focus Group**)

Several respondents also referred to the fact that if they do self-identify or refer to their profession, some health professionals simply want to talk about their expectations or often highly romanticised understanding of fairgrounds, rather than discuss the condition for which advice is being sought :

“They say [health professionals], “Oh, I bet that’s exciting.” (Group laughter in recognition of commonality of experience) (Cambridge Focus Group)

Although there was a mixture of responses with regard to whether or not to self-identify as a Showman in health settings, with some participants feeling that,

“Well, no there’s no need [to disclose], is there. No need, you’re just going to hospital as normal” (Male, focus group Cambridgeshire)

This latter comment was however something of a minority view. Approximately 70% of Showman respondents (across all elements of the research) felt that it would be helpful for Showmen to be able to self-identify as such within NHS settings or when accessing care services etc, as knowledge of their membership of a cultural group and the pressures both physical and mental of their lifestyle could prove helpful for health professional staff; particularly in the light of a number of common health conditions identified briefly below.

“The more people that know what we do, it’s got to be easier (Male, Focus Group, Cambridge)

In that group discussion two other participants agreed inclusion in the Data Dictionary or “a tick-box” was desirable, as “[It] would be nice if it was something we was actually included in”

In a practical sense it was widely recognised that being able to self-identify as a Showman might also enable policy and practice changes (see under recommendations) which could make people’s live easier, such as enabling prescriptions to be sent to the location where a Fair was open, supporting sharing of records or potentially facilitating Showmen having ‘hand-held’/E-records for other practitioners to access, fast-tracking of temporary registration, or allowing for larger amounts of medication to be dispensed if someone is away for a few months at a time:

“I think that would be beneficial. Definitely. Yes, that would work. Because I think for some Showmen, they’re always coming back [for appointments/to collect prescriptions]. Yeah. I mean, I do have one instance of one who doesn’t live in this area, but he has an address in this area, and his prescriptions, I will go and collect and post on to him wherever he is. ...I will send his stuff down there for him and his wife” (Showman, female, East of England focus group)

4.4 Common health conditions experienced by Showmen/Health Professionals' knowledge of the community's health status

This very short summary section illustrates some initial themes pertaining to key health conditions, with more in-depth interrogation of findings presented in subsequent publications and reports.

Interestingly, findings from both Showmen and Health Professionals (gleaned from triangulating interviews, focus groups and survey data) shared some level of mutual understanding with regards to the commonality of conditions, although understanding of the prevalence of certain physical and mental health concerns varied considerably between the two categories of respondents.

Figure 1.0 (below) illustrates the perception of common health conditions experienced by the Showman community as identified by both Showmen and Health Professionals within surveys. The 110 surveys (combined populations) enable us to identify the variance in perceptions of conditions, and hence awareness/communication gap which exists between the two groups of respondents.

CONDITION (Selected from drop-down menu in survey)	SHOWMEN'S RESPONSE (Health issue of concern within the family) – rounded % from survey data	HEALTH PROFESSIONALS' RESPONSE (Health issue of concern within the community) – rounded % from survey data
Asthma/respiratory	23%	7%
Alcohol Misuse	10%	17%
Anxiety	65%	33%
Cancer	29%	33%
Excess Cardio-Vascular conditions	26% (+ 23% referred to high-blood pressure/high cholesterol levels)	23%
Diabetes	32%	17%
Injuries – including work-related	within focus groups/interviews not explicitly in survey	20%
Depression	65% (included under comments on stress/anxiety)	30%

Smoking	<i>Not explicitly asked in survey emerged in interviews</i>	30%
Stress	65%	27%
Obesity	n/a - perceived of as exceptionally rare in interviews/focus groups	3%
Other	14% Autism/ADHD	10% (specifically support for end-of-life care in yards)

In the subsequent fuller report we will explore a number of conditions in greater detail and present an intersectional analysis e.g. by gender, age, type of residence etc. but for the purposes of this preliminary report, we will discuss the following areas: Mental Health, specifically anxiety, depression and stress (discussed in Section 5) which was reported to be an issue for the community by 65% of all Showmen respondents, and which in contrast was highlighted by 30% or less of all Health Professionals; and Diabetes (perceived by 32% of Showmen to be a common problem within their community although only identified by 17% of health professionals as a matter of concern).

The discrepancy in terms of professional understanding and awareness of prevalence of these conditions' vis a vis community awareness, can be explained as associated with the following factors:

- (a) the limited screening and uptake of services by Showmen (emerging from both the culture of stoicism highlighted above, and challenges to accessing health services amidst a busy working life, with symptoms remaining untreated or unacknowledged until crisis point)
- (b) the inability for health professionals to identify the population through the NHS Data Dictionary, meaning that patterns of presentation and morbidity/mortality are not widely recognised or identified in the literature.
- (c) the limited knowledge of the community's lifestyle amongst health professionals, (highlighted by both categories of respondent across all research elements), means that when health professionals are in contact with Showmen, opportunistic screening or asking questions about potential symptoms are unlikely to occur unless the health professional already has prior knowledge of the population or an established and trusted relationship with an individual.

Indeed, as several health professional respondents commented within interviews, focus groups or in survey responses, the limitations of knowledge, and lack of awareness of how and where to seek information on Showmen populations made it difficult for them recognise *“what we don’t know”*. Over 54% of respondents to the Professionals’ survey selected *“my own/lack of health professionals’ knowledge”* as a barrier to providing the best quality care to Showmen, with the same number referring to *“lack of continuity of care”* and *“lack of health literacy amongst the populations/failure to follow guidance, e.g. refrain from work”* as problematic when working with Showmen (nb: more than one category of challenge could be selected).

One health professional respondent to the survey noted,

“Staff and myself unsure about any cultural issues around treatment options. Also, strongly aware that we could be offending them. Something we do not want to do” with another commenting:

“I don’t have good enough baseline knowledge about Showmen’s health needs, access to healthcare (e.g., ability to get to appointments), self-identified health priorities, or literacy rates”. And a third stating,

“Thank you for doing this study! I definitely feel I have very little knowledge of the health needs or experiences of Showmen, the correct terminology to use when discussing travelling Showmen, and knowledge about basic issues such as how to provide accessible information and workable follow-up plans and clinic appointments”.

In contrast, experienced health professionals with a good working knowledge of the populations – as indicated above by Showmen – are more likely to be approached about concerns, albeit frequently later than is desirable; with opportunities for enhancing health literacy occurring during Yard visits.

A number of Showmen reflected on how when they were younger, local GPs or health visitors and midwives were more visible around Fairgrounds than is currently the norm, sometimes offering vaccination opportunities, antenatal or child-health checks in situ. It was however noted by Health Professional contacts, that at the Cambridge Midsummer Fair, health professionals have sometimes operated advice and information stalls and through ‘walk-about’ been able to connect with Showmen and signpost to services (see further under practice recommendations, Section 7).

In relation to physical health concerns highlighted by Showmen, we illustrate below the way in which increased rates of diabetes and cardio-vascular disease are likely to intersect with lifestyle issues, including diet, despite the fact that the 'classic' risk factor of obesity was not identified as being a matter of concern for either Showmen or Health Professionals given the extremely physically active lives of the community.

The role of stress in poor health is reflected upon in Section 5 below (Mental Health), and it is of course also clearly implicated in rates of high blood pressure and cardio-vascular incidents, a theme which emerges within multiple strands of data although not expounded upon in this preliminary report.

We gathered abundant evidence of the role of women in preparing and cooking fresh food for their families in the middle of extremely busy lives during which they are actively involved in all the tasks of building up and running rides/minding etc; but despite this, a common theme which emerged in narratives was the inherent unhealthiness of a near non-stop stressful cycle of activity for perhaps ten or eleven months of the year²⁰. In particular, the nature of the work, and working hours leaves little time for exercise (other than associated with physical labour) keeping fit, maintaining regular habits, or having weekends free to rest and recuperate.

"So, when you live in a house and you have a job, you go to work, you come home, you're off at the weekend. So, think about it. Showmen are working through the week, building, and driving silly hours, sometimes. Then, when everybody else is off at the weekend, they are operating their equipment. And then, when they've finished, they've got to pull the rides down and get to the next place. So, they don't have the same structure to the day, like most people. So, then they're eating late, like you say, or they may miss a meal and then it's just grab what you can, sort of thing" (Woman, Showman, individual interviews, Manchester).

Despite mothers' determination to cook healthily on a daily basis for their families (which emerged quite strongly when data gathering), poor eating habits and over-reliance on fast foods (available

²⁰ Several respondents (particularly those of older generations) commented on the changing nature of a Showmen's life, that the working year was now stretched over a longer period than when they were young, and that in the 21st Century being a Showman was both more financially challenging and increasingly regulated in multiple domains (for example local authority regulations pertaining to site access as considered at 3.4), when compared with their youth. These elements have added a layer of stress which was perhaps missing some thirty or forty years ago when the main travelling season was in the Summer enabling families to be able to relax, maintain and renovate rides at a slower pace, and spend more time in their "Winter Quarters" (Yards) as a community.

easily at fairgrounds) as a result of working hours and patterns of activity, were mentioned frequently in interviews and focus groups as a key cause of bad health among Showmen.

“You get what you need, but obviously as soon as you start this back out [in the travelling season] fast food's easy to eat. Cos when I'm out here, you're away you think what do I want, right go get a McDonald's it's easy you can go yeah send one of the men go get us a Big Mac, or everyone would have a Kentucky or have a take away and then you think it's a bad diet at the end of the day and that becomes you over starve...what we're doing as far as it goes for Showmen I would say we are very poorly dieted” (Individual interview, Showman, male)

Image 8: Lady Showmen Building Up



Despite the taste for, and convenience of, takeaways, countertendencies to this trend were also mentioned. During one interview it was noted that a Showmen's cookbook had been published with traditional and regional Showmen dishes to encourage healthier eating.

“The eating habits most of the time if you're on the road, you're eating shit out the garages and stuff like that, but they've got a showmen's cook book that they introduced, you know like all the recipes from like all the showmen all different areas in the country is really good it is, so I say Lancashire and Yorkshire we all have different eating habits. So, we'll have a lot of stews and Sunday dinners and stuff like that. And in Yorkshire they do like a stew with like a pancake base and you know, just weird you know, different things out the areas and that, that is good I think a lot of fast-food stuff from what I've seen where we are now [eating] takeaways and stuff like that - a showman loves a takeaway, Chinese probably,

Chinese and Indian probably the best scran we like” (Male Showman, individual interview).

Several participants also noted that the stressful nature of Showmen’s work and their working hours could encourage a drinking culture whereby it was customary for Showmen to visit the local pub of an evening after the fair has closed for the night, although alcohol misuse was not regarded as particularly problematic by either Showmen or Health Professionals, associated we’d suggest with community awareness of the need to carefully regulate amounts of alcohol consumed in a given session given the requirements for sobriety to ensure health and safety on rides and when building up or breaking down. In particular given the paramount necessity of needing to be able to drive large vehicles between Grounds, a loss of a driving licence would be catastrophic for a family or individual, ensuring that Showmen are exceptionally careful in adhering to legal regulations.

Despite this, it was noted that regular alcohol use could be associated with a Showman’s lifestyle,

“Because the business is quite stressful, I think to wind down or have a glass of whatever, that is the time they only really socialise. Even though they may still be talking shop. So maybe the impact of their actual social life would leave them with maybe stress or heart problems or that kind of thing. And not understanding what they can do to live maybe healthier.... But I think they work hard and they party harder, which is not helpful, from a health point of view”, (Female showman, individual interview, discussing male socialisation patterns)

Whilst the discussion above affords only a snap-shot of the interplay of work practices on health, the theme of the all-encompassing nature of a Showman’s life and how this can intervene in living a healthy life-style emerged strongly in the research, highlighting the importance of devising ways of supporting increased health literacy and raising awareness of effective, feasible interventions which can be delivered or supported by health professionals working in partnership with the community, to support increased health and wellbeing.

In the following section we explore mental health concerns and challenges identified by participants in the research, predominantly from the point of view of Showmen respondents. As can be seen from the data presented as Figure 1.0, anxiety, stress and depression were considered by Showmen to be a significantly larger problem than identified by Health Professionals, although experienced professional respondents with in-depth connections to the community were more aware of the typically hidden levels of distress which could be found in the

community, as well as acknowledging perceived stigma and a culture of stoicism which could make it very difficult for someone (particularly a man) to admit that they were struggling with their wellbeing.

“I think the men from [hearing from] colleagues are presenting more with anxiety. The difficulty is a lot of the support is online now. A lot of it is not face to face, which is sometimes what they [are] looking for. So, and the sort of use of antidepressants I think is probably being used a little bit more because of the support ... services have been hit hard. So, for anyone that might not be around at that date or that time or be able to log on at that moment for their one to one - accessing [support] is challenging because of the moving around” (Specialist Nurse, East of England)

5. Mental Health and Wellbeing in the Showmen Community

This segment of the report offers a truncated discussion of findings we will explore in greater detail within subsequent outputs but engages with key issues which have emerged within the study.

Due to the nature of their profession and close-knit community, Showmen in the UK, illustrate resilience as they bring joy to audiences across the country. However, the semi-nomadic lifestyle, financial uncertainties, and demanding nature of the industry (touched upon in earlier sections) can result in stress, anxiety, and other mental health issues for its members. Moreover, societal misconceptions and stereotypes associated with the community often create barriers, preventing them from seeking the support they need.

Despite the scarcity of research on the experiences of Showmen and their mental health challenges, the emergence of the Showmen's Mental Health Awareness Charity (partners in this research study) has played a pivotal role in raising awareness within the community and importantly, through offering free mental health support they are able to deliver services to their community which might not otherwise be accessible to the population.

5.1 ‘Nerves’ and The Silent Struggles of Showmen

The term “Nerves” is frequently used within the Showmen community to describe variations of mental health experiences, including anxiety, stress, and depression. To capture the prevalence of

these experiences, the term 'nerves' is used throughout the survey, interviews, and focus groups. The use of this term allowed better alignment with the commonly used language within the Showmen community and helped to elicit a more accurate understanding of the challenges faced by individuals. This approach supported the effective gathering of insights and data related to the mental health of Showmen.

Showmen participants were asked if they or any family members they live with have experienced 'nerves' (anxiety or depression.), with almost two-thirds of the respondents, or nearly 65%, answering yes. This statistic underscores the prevalence of these mental health experiences, acknowledging the significant impact on the community. Despite a high number of the community experiencing 'Nerves', cultural attitudes towards mental health can often be marked by silence, through fear of damaging family reputation and or impacting their businesses in a competitive industry. A female Showman from Cambridgeshire noted,

"I believe mental health is a major issue among Showmen because nobody talks about it. Everybody just gets on with their own thing, and everyone's stressed." **(Showman FG Cambridge)**

The observation made above, suggests that there is a prevalent cultural reluctance to discuss certain societal issues openly. While this challenge is not unique to the Showmen community, the stressors faced by the community are evolving and requiring adaptable strategies and nuanced approaches to best support mental health of the population. As one Showman from greater Manchester noted,

"It's getting more stressful now; when I was a kid, you weren't under as much stress."

5.2 'Going away' days as a source of stress

In the Showmen community, 'going away days' is a term used to describe the process of transporting rides and equipment and or their homes from one location to another. Showmen travel from their yards to fairs or from fairs to fairs, covering both short and long distances. The process of 'going away' involves a lot of planning, preparation, and coordination to ensure the safe and timely transportation of the equipment. This includes securing the rides and equipment, potentially loading them onto trucks or trailers, and ensuring that they are properly secured for transport. Showmen need to be well-versed in transportation laws and regulations, as well as safety procedures, to avoid any accidents or delays during transit. The success of 'going away

days' depends on the expertise and experience of the Showmen, as well as the reliability of their equipment and transportation methods.

When Showmen were asked if they believed that nerves (anxiety, depression) were more present on 'going away days' or when moving from one place to another, the majority, 79.7%, answered yes, while the remaining 20.3% said no.

These findings highlight the strain put on most of the community when moving from one place to another. Showmen expressed how anxiety and stress affect them in different situations, on-going going away days, one female Showmen from Cambridgeshire vividly shared the physical toll it took on her brother,

"My brother suffers with his nerves, say if it's a going away day before you get out of the gate, he's always sick; every time we get in the lorry, he's always sick before he gets out of the gate."

(Individual Interview Manchester)

Another female participant from Greater Manchester elaborated on the stress associated with going away days, mentioning how it has been a generational concern, with worries about potential breakdowns or punctures on the road causing significant anxiety, stating,

"Going away days, the men get stressed out, and it's - that's just something that's happened [for] generations and generations because I suppose they worry a bit that everything's going to go [wrong] - if you do get a breakdown or a puncture on the side of the road, it is worrying. If you've got to get somewhere **(Female Showmen Focus Group).**

5.3 Stigma and Health-Seeking Behaviours

The Showmen community has a complex mental health landscape, with stigma being a major issue. Despite the high incidence of mental health problems, many people find it hard to openly discuss their struggles due to the close-knit nature of the community.

"I've tried to talk to the community, to me next door neighbour, but you get it thrown back in your face. Most of the time somebody will be like, it's gossip. innit. He's not well and he's round there, having a row with his wife. They went through bad times. It's just it is what it is." **(Individual interview, Showman, male, Manchester)**

It was clear from interview data (which supported more informal and open conversations than did focus groups) that many people who struggle with mental health find it difficult to open up and seek help, due to the fear of being judged or gossiped about by their community, leaving them feeling isolated and unsupported, despite their desperate need for assistance and membership of a strongly supportive and close-knit community who were repeatedly commended for rallying around at times of crisis, hardship or other types of ill-health.

“There is a little bit of a stigma around it mentally, I think everyone thinks you got to be galvanised and hardened up and tough in the job because that's where you've come from. You can't be rolled over and everyone, not everyone's chasing you, so you've got to be a little bit in a nice way that this is where it comes from. Because they don't want to show a sign of weakness, that's the problem the biggest problem with it, if they could be something more set up for people”. (Individual Interviews, male Cambridgeshire)

5.4 Accessing therapy services as a Showmen

As a result of perceptions of stigma associated with acknowledging mental health issues, many individuals who could benefit from professional help continue to resist seeking assistance. One Showman from Manchester shared his father's reluctance to engage with therapy because of the fear of being institutionalised, indicating that lack of open discussions and knowledge about available services can lead to concerns that acknowledging poor mental health would automatically lead to being ‘sectioned’ and ultimately the loss of business, family, and way of life:

“My best mate cries all the time. He's in a bad way, but he won't go. Even my dad won't go. He said, 'I don't want to speak to a therapist because you won't come out of the place'.”

(Showman, individual interview)

Similarly, health professionals reported that women who suffered from poor mental health, particularly for example after childbirth, appeared to feel that they had no option but to continue working, and that to acknowledge post-natal depression or anxiety would be to open the flood-gates to social work interventions or mean that they were seen as not being able to cope with their way of life, balancing parenting with working as a Showman and all that entails (particularly given the rapid return to work of women, noted elsewhere in this report):

“I think it's something that the communities themselves kind of kind of hide, but I think ...certainly from health visiting colleagues and it is something that I am aware of” (**District Nurse, East of England**)

“They are very reluctant to name or discuss mental health [difficulties]” (**Specialist outreach health practitioner, Greater Manchester**)

“I have found Mums really struggle after giving birth with their mental health as they are expected to go back to work very quickly after giving birth”. (**Health Visitor, survey participant**)

Despite a significant number of Showmen experiencing mental health distress, only 22.8% of participants who were asked if they had ever been offered talking treatment or therapy to help with their physical or mental health responded yes, while the majority, 77.2%, said no. It is highly likely that this is an artefact of under-reporting of psychological distress.

Further to this, two community members stated within their survey responses, that they do not believe that therapy services or mental health care providers have enough cultural awareness, limiting the efficiency and accessibility of NHS services.

“I can't see how therapists outside of our business can understand our way of life” (**Survey respondent, Cambridgeshire**).

We have also gathered data about mental health understanding and challenges to accessing services across the life course, which will be explored in subsequent outputs and publications. In summary however, it has become abundantly clear from this research that there is a critical need to both enhance cultural awareness among therapists and healthcare professionals of the mental health needs of Showmen, and engage with developing mental health literacy materials which support more open dialogue about the challenges faced by the community, and how best to address them.

Section 6. Showmen across the Life-Course

In the final results focused section of this initial report (Section 6), we now turn to a brief discussion on Showmen's health needs throughout the life-course, touching upon maternity and childbirth, the experiences of older people and end-of-life/palliative services.

6.1 Pregnancy and Maternity Care



Image 9: Children's Toys (Fairground Prizes)

As has been explored briefly in earlier sections of this report, the nature of Showmen's lives is that of a deeply entwined family unit, working and living together and travelling for many months of the year (unless a family run a static entertainment park, for example, a seaside funfair which whilst physically and emotionally gruelling does not entail the same level of physicality and disrupted access to health care experienced by 'Travelling Showmen'). Inevitably, as people marry (still overwhelmingly the accepted and expected mode of household formation amongst Showmen, frequently entailing a partnership between members of two Showman families, and a union in which divorce or separation is relatively rare), new household units come into being, and children are born. For female Showmen the cycle of work, interspersed by domestic chores – although as noted by both Showmen and health professionals, there is a considerably more even balance of roles, employment practices and ownership of assets amongst Showmen than are found in many other travelling communities – will also often encompass family caring responsibilities, and for younger women, pregnancy.

Women are an integral part of the Fairground industry and pregnancy – unless especially complicated – is simply treated as an everyday issue to be taken in their stride. One woman participating in a focus group compared the women in her community, to *"[women] out in Africa and three days after [giving birth] they've got the baby on their back [working]? They're quite healthy ladies. And you know what happens with us? We go back to work. We're not depressed, we're out, we're earning, we're working [and] we're looking after the baby"*.

It was noted by more than one participant in focus groups and interviews that if a woman has a very complicated pregnancy or labour, for example requiring a Caesarean section, then family,

friends and other members of the community will rally around until she is back on her feet, helping to run the family business but in the main

“The day they stop working is the day the baby is ready to come out. Literally, my wife on a Sunday she went into labour, she was at the market 4 o’clock in the morning. She rung me up 12 o’clock and said, “Right, I’m having the baby today,” and we had it that day. It wasn’t like rest or owt....” **(Showman, Manchester)**

Women will make every effort to obtain maternity care and engage with antenatal appointments regardless of whether travelling, or predominantly based at their Yard. Showmen participants in our survey were asked if a family member was pregnant or had given birth in the previous five years. Of those who answered “yes” (55%); the vast majority of women in that situation were offered (89%) regular antenatal appointments, and of these, 84% accepted and attended. Where antenatal care was disrupted, this was occasioned by travelling, although qualitative comments indicated that where possible women would drive back to their Yard or home base for antenatal care, in order to see a known and trusted midwife, familiar with the communities, although on occasion they were able to access antenatal care whilst away from home. It was noted that some years previously, midwives and health visitors would have routinely visited large fairgrounds where it was known that families would be resident for a period of a week or two, but this practice was largely a thing of the past.

Although the majority of respondents appeared to take the intensive working up until going into labour, and early return to work, in their stride; some women, generally older or who were no longer travelling as much as in the past, in common with health professionals reflected that *“I don’t think it’s the right way for the body really, because it’s not normal, is it? But because they see it as their normal, it’s fine for them. However, for the body, or for the mind really, just to have that time with the baby and rest. But I don’t think the business allows them to sometimes”* **(Female, Individual interview, Greater Manchester)**

“I do think that the women have a lot more they go through than the men. And don’t get me wrong, I know that men struggle, and I know for them, it’ll be more about the money and everything else. But I think when you’ve got young children, yeah, as well as doing a full-time job, because it is a full-time job. Because even when you’re moving, you’re still doing something, aren’t you? No one’s sitting there and driving you from A to B. No, that woman is still doing it. She’s towing the trailer or she’s doing something, with the children” **(female Showman, Greater Manchester)**

“They must be totally worn out and exhausted. And I think even though maybe they may go on a very nice holiday [in January], that child or children are still with them, it's not like having four days at a spa on your own with nobody, you know, just with you girlfriends. And I think maybe the women need to somehow find a way where they can just have a bit of time that's just for them. I think it's really important because you look at them, and a lot of them do look like they've got the weight of the world on them. You know”? **(Female Showman, East of England focus group)**

There was considerable comment – and expressed admiration (which may itself create a form of community validated expectation and unwitting pressure) that a woman should simply return to work as soon as possible, although as noted above under section 5 (mental health) this does mean that post-natal depression for example might remain unacknowledged by women, or in their community more widely. Typical comments pertaining to birth are as follows,

“I know a lady that give birth on Thursday and was back in the catering unit on Friday and had the baby in an apple box out the back. And there was nothing wrong with her, because she had a natural birth. If you have a natural birth and you're mentally okay, you go back to work because you've [only] had a baby” **(Female Showman)**

“I don't think they feel like they're missing out on anything because that's all they know. Whereas if they were at home and they were just able to relax and not do anything, I'm sure their body would benefit from it, but I just think that's what they do, and there's no option” **(Female Showman, individual interview).**

The rigours of such a way of life, whilst taken very much in their stride by community members were however, acknowledged by one or two men as representing an extraordinary strain on women, a factor which was suggested as one reason marriage 'out' rarely occurred, as women not brought up to the Showmen's life would have struggled to adapt to the relentlessly hard work being a travelling Showman entails,

“The wife may even go out and wash the ride down, getting it ready for opening. And then she'll also go for stock for a catering unit, dealing with that, washing it out, serving, when they're open. And then she'll go in and cook the dinner and wash the clothes” **(Man, individual interview, Manchester discussing daily life on a Ground)**

One health practitioner noted that *“It’s really interesting to watch actually, fascinates me. Yeah, I mean, we’ve got one of them in our [caseload] and she had twins about 18 months ago. And those twins are in the car in the kiosk with her all the time. And she’s amazing. I’m fascinated by her and she’s got another one on the way. She’s brilliant. the fact that they take their children with them everywhere. It’s good”*. **(Specialist health practitioner, Greater Manchester)**

Having reflected on the living as a Showman during pregnancy and when creating a new family, we turn now to consider briefly how the community supports older members of the population.

Section 6.2 Older Showmen

The Showman Community, like many other communities, is experiencing a significant demographic shift with a growing number of older community members. This demographic change brings both opportunities and responsibilities for ensuring that these valued members of the community receive the necessary care and support they need to lead healthy, fulfilling lives as they age. In this section, we will explore the various aspects of health and wellness that impact older members of the Showman Community, shedding light on the importance of addressing their specific needs in order to enhance their quality of life and promote a more inclusive and compassionate approach to older age care.

Travelling Showpeople face unique challenges as they get older, which are often tied to their nomadic and physically demanding way of life. These challenges can impact their health, financial stability, and overall well-being.



Image 10: Interview with an older Showman Cambridgeshire

6.2.1 Physical Health Issues Amongst Older Showmen

The physical demands of operating amusement rides, games, and other attractions can take a toll on the body over time. As Showpeople age, they not infrequently experience health issues such as

joint pain, back problems, and mobility limitations, making it difficult to continue working in physically demanding roles. The physical labour associated with operating amusement rides, assembling, and disassembling equipment, driving long distances, and managing attractions can lead to musculoskeletal issues such as back pain, joint pain, and osteoarthritis which may manifest in later life. The nature of many tasks involved in the Fairground business, for example operating rides or games, can also contribute to repetitive strain injuries in the wrists, shoulders, and other joints such as carpal tunnel syndrome developed from making candyfloss. 73 out of 80 Participants chose to provide more detail when asked the question 'Are there any physical health conditions which members of your community are more likely to suffer from?'. Of these respondents 23% stated that back problems in older age were prevalent, 32% cited 'arthritis' as an issue and 11% stated that knee problems, including knee replacements occurring at quite a young age resulting from their working practices, were a specific problem faced by Showmen.

Additionally (as noted in our discussion on Fairground life), exposure to loud noises from rides and attractions can result in hearing loss over time, especially if proper hearing protection is not consistently used. When asked, 24% of Showmen survey respondents said someone in their family had hearing problems and respondents flagged that this was particularly prevalent in the older generations with their grandparents experiencing tinnitus due to repeat exposure to loud music, particularly at a period when hearing protection was not routinely used by Showmen.

Stress was another issue, flagged amongst the older generations (See also Section 5). As the amusement and entertainment industry is constantly evolving, older Showpeople may particularly struggle to adapt to new technologies and changing consumer preferences, making it challenging to remain competitive and profitable.

6.2.2 Retirement

Travelling Showmen, like individuals in other professions, do eventually retire. However, the concept of retirement for Showmen can vary widely depending on individual circumstances, preferences, and cultural factors. The age at which Showmen retire can differ significantly from person to person. Some may retire relatively early due to health issues or a desire for a more leisurely lifestyle, while others may continue working well into their later years if they are physically able and wish to remain active in the industry. For example, we interviewed participants who had working family members in their 80s, who attended fairs to support their family, for example minding rides on a regular basis throughout the year. In some cases, Showmen may transition to less physically demanding or administrative roles within the Business as they get older. For

example, they may take on managerial or supervisory positions, mentor younger members of the community, or work on event planning and organisation, although in a time when monitoring and regulation exists so strongly, literacy issues may limit some roles available to them, and many older people we spoke to also emphasised how much they valued being physically present and engaged in daily activities associated with rides and stalls.

Some older Showmen may reduce their workload, participating in fewer events or seasonal activities while maintaining a connection to the community and industry they love, this opportunity to work alongside family at Fairs also combats the loneliness and isolation which can sometimes be experiences in later life. As many Showmen come from multi-generational families involved in the business, retirement may simply involve passing the family business down to the next generation, ensuring the continuity of the Showman tradition. One Showman explained,

‘Older showman, you get them sort of settled down a little bit more, it's not really. See as they get into their late 50s, early 60s, they've gotta slow up, I mean I look at this game and I think I don't want to being this into my dad's age, my dad's 67, I don't even want to be doing it into my 50s, if I'm honest with you there's a lot easier ways than this but yeah, you're brought up and you know something, I think the lockdown showed a lot of people that, so I don't want to be that age and my dad's sort of now semi-retired. He's got a couple [of rides] and that suits him, nine o'clock he puts the shutter up. Yeah, five o'clock, that shutter goes down. Yeah. This shutter goes down and you got to think about pulling it down and driving the lorry all the way through sometimes through the night. Then getting it through, building it back up. You can have [only] one day to get ready some days you got to open that day. It's not it's not good to be old and doing that. I mean, I can be, you get yourself stressed and you think what am I doing? Yeah, so the older generation they are, either taking it easy, which they have a couple of little bits [rides/activities] just to keep out because they do enjoy the social which you are very socialised in this, you know a lot of people’ **(Showman Interview, Cambridge)**

Other older Showmen see continuing work as a way of staying physically and mentally healthy, *‘My dad's really fit and active for 80 and he doesn't stop. I wouldn't say that the business hasn't done any harm to him. He's not got any ailments at all, he's really fit, isn't he’* **(Showman Focus Group, Cambridge)**

Working when older can help keep Showmen healthy as the physically demanding nature of their profession provides regular exercise and movement, promoting cardiovascular health, muscle

strength, and flexibility. Older participants have told us that staying engaged in their work and social interactions within the community contributes to mental well-being and reduces the risk of isolation and depression. Additionally, the routine and structure of work can help maintain functional independence in tasks associated with their lifestyle. However, it's important that the work is balanced with appropriate rest and self-care to ensure optimal health in older age.

6.3 Caring for Older Showmen on the Yard

Travelling Showpeople, like many communities, have their own cultural norms and values when it comes to caring for their elderly relatives. The decision not to place older family members in retirement homes can be influenced by several factors. Travelling Showpeople often have close-knit, intergenerational families. They value their strong family bonds and place a high importance on taking care of their own. Older relatives are typically seen as an integral part of the family, and there is a strong sense of responsibility for their care. Showpeople also live within a unique and tight-knit community which provides a support system where family members can rely on one another for assistance, reducing the need for external care facilities.

When asked, 25% of survey respondents said that either they, themselves, or someone they live with self-identify as a 'carer'. This compares to 8.9% people in England²¹. When asked who they cared for, most replied, for their parents or grandparents. When those who self-identified as carers were asked if they received help from external organisations or the NHS 36% answered 'no'.

'My father-in-law is very poorly at the minute, and my mother-in-law's looked after him, but he's coming to an end now. And they've just started to have carers now over the last six months. He's 90. That's the type of people you're dealing with. We're all like that. It's sort of last resort, isn't it, really [receiving external support]. And it's like you don't want to do it because that's how we are' (Showman Manchester Focus Group)

There is a widely shared cultural belief that it is inappropriate to place an older relative in residential care, with specific concerns detailed which included that the older generation would not have anyone to speak to who understands their unique way of life in care. There were also worries articulated about elderly relatives facing stigmatisation or isolation in retirement homes due to their unique cultural background and lifestyle. Accordingly, it is generally felt that keeping loved ones within the family offers a more supportive and understanding environment. When asked how the

²¹ On Census Day 2021 (21 March 2021) there were approximately 4.7 million unpaid carers in England and approximately 310,000 unpaid carers in Wales; when age-standardised this equates to 8.9% and 10.5% - <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcarebyagesexanddeprivationenglandandwales/census2021>

community prefer to care for older relatives 44% answered on the Yard in their own Chalet or Wagon with adaptations, 20% selected 'at home' (in a house) and 22% responded '*finding a way for them to live independently*' with only one person selecting 'care facilities'. One female Showman explained her experience of placing her grandfather in a home,

'My grandad had to then go into a nursing home, a number of years later. But the problem was - he got on with the nurses and everything. But it would have been much nicer for him if, when he went to sit in the lounge, if he could have had the conversation that he was used to having. And he could have talked about traction engines or whatever it was that he spoke about. Or fairground organs. I mean, he was born in 1922. So, all those things he could have talked about, he couldn't have that conversation, because nobody would understand what he was talking about, basically'.

'So, it's quite sad really because they're their own community. And because it's so small, there's nothing out there for Showmen. And me and my husband, we've always said it would be nice to create like a sheltered accommodation type of accommodation. So, they could go in, when they retire, but then all the neighbours they're all speaking the same language, basically. And when somebody goes to visit, they will probably know everybody else in there. We just think it's a really good concept' (Female Showman Interview Manchester)

Older relatives also typically have strong emotional ties to the Showman's way of life, and they wish to remain connected to their cultural heritage and traditions. Placing them in retirement homes could lead to a sense of loss and disconnection from their community and lifestyle. Many Showmen are already aware of their living preferences as they age,

'Can I say, even though we are in a house as I get older, I'll go back to a yard. I would go back into a chalet straightaway. Because as you get older the community- I think you can get trapped in a house as you get older' (Showman, Focus Group Manchester).

6.4 Housing for Older Showmen

Finding suitable housing for older Showpeople, especially those who have spent their lives living in caravans, wagons, or trailers, can be a challenge. Aging infrastructure and the need for accessible facilities can become significant concerns. Older individuals may require mobility aids such as ramps, wider doorways, or handrails. Incorporating these features may require structural modifications that are not always feasible in a wagon or chalet. In particular, wagons are typically

relatively small and have limited space to work with. Adding equipment for mobility, accessibility, or medical purposes can be challenging, as it must be done without compromising the living area or creating obstacles. Caravans and wagons may also have weight limitations, and adding heavy equipment can exceed these limits. This can affect the stability and safety of the vehicle, making it essential to consider weight distribution and structural integrity when fitting equipment for older Showmen, although large static chalets do offer greater scope for adaptation, which would enable someone to remain living at home on a Yard amongst their family. Older Showmen may also not know about their eligibility for such services.

'I think they [older Showmen] need to know that they are entitled for ramps for these things, because for us, we may not think about it, because we might have someone in the family who'll come and do it. But it is an entitlement. They do pay their tax; they do pay their council tax. And they should receive the same as anyone else does. Yeah. So yeah, I think those things they need to be aware of where they can go and get help' (**Female Showman, Cambridgeshire**).

Whilst older Showmen prefer to remain with their family as they age, a lack of space on Yards has meant that younger family members have needed to move away and that traditionally tight-knit inter-generation families have been split. In turn this makes the act of caring for older relatives at home more difficult as family members must drive, sometimes long distances, to care for them at the same time as running their business. One health professional in Manchester noted,

'They [family members] travel from their site almost every day to be with Mum. I think, now, they've decided to make the choice to stay with Mum overnight, because she has become so unwell. I do see the odd, sort of, young families. I think there are a few young generation on that site, so I think they do rely on them, but also each other. There are quite a lot of fit and elderly residents on that site that do help the other less fit elderly as well' (**Health Professional Manchester Focus Group**)

In the concluding element of this life-cycle section of the report, we highlight here some themes which have emerged pertaining to end of life/palliative care.

6.5 Palliative Care

Respondents cited challenges of providing palliative care to older Showmen, although it noted repeatedly that many would prefer to experience their end-of-life on the Yard than enter a hospice or caring facility. One Showman explained,

'I think that if it comes to that where it's end of life, and all that care, I think the elderly Showman would rather be home'. **(Showman Manchester Focus Group)**

A health professional working with Showmen who need palliative care also observed the ways in which the family unit take it upon themselves to care for older, unwell Showmen in the Yard and that acceptance of external support can be reluctant.

'I'm working with a family at the minute. Unfortunately, Mum's palliative, she's end of life, and they really, really are knowledgeable. There are three daughters and they're literally just completely there for Mum. They've got a lot of knowledge in regard to, sort of, Mum's medications because of self-administering them with her, a lot of knowledge on symptoms, and Mum's pain and movements and lots of different things. It had taken a while for us to break down some barriers with the patient and the family, but it was also what you really get is a real sense of community on the Showmen site and that they want to be involved, that they want you to engage with them, they want to know everything that's going on with their family.' **(Health Professional, Manchester Focus Group).**

The same health professional also noted that the wider community also work together to support older Showmen who require greater levels of care support,

'The one thing I have noticed is, as I said, they're a very close-knit community, they like to look out for each other. Everyone knows everyone. A lot of neighbours, for example, this lady, are coming in-and-out of the house to check on the family. "Do you need anything? Can we get anything for you?" We do see that from time-to-time with other palliative situations, but I get more of a sense of a real community on this Showmen site and that they know everyone, because they're in a small space, but they've looked out for each other for many, many years and you can really feel that.' **(Health Professional Manchester Focus Group)**

In contrast another Health Professional in a different area of the country noted that exceptionally unusually, she had had to provide care to a completely isolated terminally ill Showman whose family were living a considerable distance away, and where there were a number of disturbing issues which arose around support for them in their Yard, not least because health professionals and service providers/commissioners “*always assume*” that a family will step in and provide care for members of the Showman community. The fact that this individual was living on a small rural Yard and isolated from their family, (potentially an artefact of the planning permission issues referred to elsewhere in this report), sadly meant that their final days were not as comfortable or as supported as they should have been, an issue which clearly had troubled the specialist nurse deeply and made her reflect on how services can make presumptions based on stereotypes or partial understandings about a minority community.

In conclusion of this section, addressing issues faced by older Showmen requires a multi-faceted approach that includes improved access to healthcare, housing and education, social support networks, and cultural preservation efforts. Recognising the unique needs of older Travelling Showpeople and providing resources and assistance can help ensure their well-being as they age. Importantly, providing an appropriate, culturally resonant environment may include ICBs working with local authorities to ensure as best as possible that Yards can accommodate multi-generational family units to enable older Showmen to be easily cared for by the family and wider community, in line with their cultural preferences.

7. Practice Recommendations and Conclusions

In this final section of this preliminary report of findings, we make some brief suggestions aimed at both community members and health care providers, designed to support best practice in engaging with Showmen across the life course to enhance their health and wellbeing.

The report has clearly identified the extraordinary level of resilience, cultural identity, and strength of community present amongst Showmen, as well as detailing the close-knit and cohesive manner in which people support each other across the life-course and particularly in times of need.

But our findings have also identified the challenges people may have in identifying or speaking about particular health conditions (particularly those associated with psychological need) and the way in which Showmen typically and stoically just ‘get on’, seeking to ignore or overcome physical exhaustion and ill-health, to the detriment sometimes of their own well-being. This is not only a response to being self-employed businesspeople operating in an increasingly challenging

environment (as outlined in this report) but because acknowledging 'weakness' (as discussed in Section 5) may perhaps be seen as outside of the cultural beliefs and proud identity of the Showman community.

This deep commitment to a way of life, culture and community is self-evident in the word-cloud generated from common terms emerging across data sets, which revealed that Showmen identify themselves in the following way:



Health professionals who have direct experience of working with Showmen used similar terms to refer to the community, when asked how they would describe them in a few words:

- Peaceful folk
- Family support is good
- Hard Working
- They're not huge ones for hospitals
- Out in all weathers
- They don't stop working
- Look out for each other
- No way of identifying them unless they tell us
- They fail to follow up [with health care professionals]

Whilst our research has revealed that there is a clear agreement amongst Showmen and experienced Health Professionals in how they view the community, with both groups of

respondents emphasising the level of resilience, toughness, and close-knit nature of the population, we have also highlighted that there are gaps in awareness of the prevalence of particular health conditions, even amongst service providers who are familiar with Showmen.

This lacuna in knowledge is associated both with under-reporting and under-use of health services by the community, and the inability to identify Showmen in datasets as a result of their 'invisibility' as an identified population. Whilst our subsequent reports and publications will engage in greater depth with a range of conditions and deep-dive explorations of intersectional issues (for example the relationship between type of accommodation and well-being; gender and health-seeking behaviours or prevalence of certain health issues) for the purposes of this higher level report we make the following recommendations to best raise awareness and increase appropriate preventative healthcare for the travelling Showman community.

Training for health professionals. Based on responses from health professional participants, there is still relatively limited knowledge about the Showman community and their lifestyles and health needs amongst service providers. Although there are a limited number of specialist outreach health teams – as identified through our engagement with the Queens Nursing Institute, who operate a network for nurses supporting travelling communities – these typically work with a diversity of communities, including Gypsies, Travellers, and Roma. Indeed, even amongst these very specialist professionals there is often limited understanding of the specificity of Showmen's experiences and health conditions, or the challenges they might face in accessing health care when away from their home Yards travelling. We therefore recommend that training on the specific health needs and experiences of Showmen should be developed for health professionals with a clear intention of raising awareness of this population. Such training should be designed and delivered by or in partnership with Showmen community members.

Literature and Resources on Showmen's Health. Given the paucity of data on the community it is recommended that in tandem with training, a range of resources are developed for professionals. These should identify common conditions experienced by Showmen and the constraints afforded by their lifestyle, which may impact health seeking behaviours and continuity of care. Tailored both for specialist health teams and in more generalist settings, such materials should raise awareness of particular risk factors or challenges and can enable health professionals to both flag up potential issues and opportunistically engage in discussions with Showmen about risk factors, or how to overcome barriers such as travelling disrupting treatment.

Materials to enhance **health literacy** should be co-designed to be accessible and attractive for Showmen; for example, raising awareness of signs of cardio-vascular conditions, diabetes etc –

which may not necessarily be considered routinely, for example if someone is active, young and not overweight.

A range of **multi-media** approaches to delivering health literacy for Showmen should be explored. Materials need to be accessible to a wide range of people, including those who may have limited literacy (relatively uncommon other than amongst older people, given that families typically ensure children engage with education whilst travelling), or who may not be IT literate etc. Culturally congruent resources which feature members of the community or trusted health professionals discussing prevalent conditions should be designed in a range of formats, including podcasts which can be listened to when working, short videos and more traditional outputs such as leaflets and written materials.

Given the prevalence of mental health and wellbeing issues uncovered by this research it is recommended that **ICBs and commissioners engage closely with the Showmen's Mental Health Awareness Trust around issues of service delivery, training, and access to mental health first aid training** for Showman Communities.

The **Showmen's Guild** as an exceptionally well-organised and influential organisation with unprecedented levels of reach into the Showman community may be especially well placed to work with commissioners and ICBs around awareness raising activities or emergent policy aimed at supporting their members' health and wellbeing. It is suggested (based on recommendations from Showman participants) that discussions could occur internally within the community to explore whether there is any scope or interest in designing a **Health and Welfare Officer** role within each Section, operating in a similar way to Education Liaison Officer(s) who liaise with statutory authorities and service providers.

In terms of **longer term/policy and practice recommendations** there is a need to leverage mechanisms for including Showmen within the **NHS data dictionary** given the wide-spread support for this amongst both the community and health professionals.

In the alternative, enhancing more localised **recognition of Showmen's identity** (e.g, exploring the scope for GDPR compliant accessible data sharing of medical records across networks of practices who are familiar with working with Showmen, particularly when located near to traditional Fairgrounds) should be undertaken. **Raising awareness** more generally around how membership of the Showman community and the pressures of **their occupation impacts health seeking behaviours** when away from their home base, is required at a national level.

Fast-track access, perhaps linked to the Safe Surgeries²² network, or exploring scope for ‘out of hours’ appointments, can assist in ensuring that health concerns which arise when travelling can be addressed before they become too entrenched or acute.

Similarly, it is recommended that where a large scale or relatively long-term Fair is in a location (for example Cheetham Park or Cambridge Midsummer Fair) that **health outreach and opportunistic screening occurs at the Ground**, as previously routinely occurred across the country according to a number of narratives.

Health issues when travelling, particularly in relation to accessing prescriptions and medication, or sharing of records with health professionals consulted as temporary patients, have proved to be a major challenge for both health professionals and Showmen. It is recommended that best practice identified in some narratives by Showmen and Health Professionals is adopted more widely where possible.

Recommendations include that where a patient is known to be a member of a Travelling Showman community, **flexibility** will occur in terms of making **prescriptions available through sending these to pharmacies where a Fair is located, exploring scope for online or phone follow-up consultations with travelling patients, linked where possible with outreach teams in the location** where they are staying. Sharing records where required and technically possible should be made more effective, through considering scope for virtual data sharing to ensure continuity of care.

²² <https://www.doctorsoftheworld.org.uk/safesurgeries/>