



Evidence Search Service

Results of your search request

Gypsy, Roma and Traveller health needs

ID of request: 44214

Date of request: 7th August, 2023

Date of completion: 18th January, 2024

If you would like to request any articles or any further help, please contact: Frankie Marcelline at francesca.marcelline@nhs.net

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Gypsy, Roma and Traveller health needs. Frankie Marcelline. (18th January, 2024). BRIGHTON, UK: Sussex Health Knowledge and Libraries.

Sources searched

BMJ (2)
Bristol City Council (1)
Department for Education (DfE) (4)
Department for Levelling Up, Housing and Communities (1)
Friends, Families and Travellers (FFT) (9)
Good Things Foundation (1)
Google (69)
Google Scholar (8)
Government of the United Kingdom (gov.uk) (12)
House of Commons Library (2)
KnowledgeShare (3)
NHS England (5)
National Institute for Health & Care Research (NIHR) (0)
Office for Health Improvement and Disparities (OHID) (1)
Office for National Statistics (ONS) (6)
PubMed (54)
Race Disparity Unit (1)
Requester (5)
Roma Support Group (1)
The Traveller Movement (8)
University of Dundee (2)

Date range used: 2013-2023

Limits used: Date and English language

Search terms and notes:

Google search terms [Date limited to 2013-2023]:

gypsy, roma, travellers, showpeople, liveaboard boater, sussex, england, uk, health needs, health needs assessment, jsna, health, health belief, social care, primary care, hospital, secondary care, inequalities, exclusion, community engagement, culture, ethnicity, prejudice, hate crime, long term conditions, cancer, sexual health, contraception, pregnancy, maternity, parenting, child, young people, older people, dementia, end-of-life, mental health, suicide, self-harm, housing, homelessness, sites, accommodation, education, skills, training, apprenticeships, work, employment, needs, crime, justice, law, prison, police, financial exclusion.

Google site searching used:

site:nhs.uk - NHS organisations

site:gov.uk - government organisations

site:org.uk - non-profit-making organisations

site:net.uk - UK networks

site:ac.uk - UK universities

PubMed search:

Please see full strategy at the end of this report.

ProQuest results checked, and nothing new was found.

The time recorded for this evidence search includes the drawing up of a matrix synthesis.

Summary of Results

Be aware before printing - this report is over 80 pages long.

This evidence search is a comprehensive scoping search in preparation for a health needs assessment. It comprises of grey literature and research studies. **The results of this evidence search are set out by topic:** Gypsy, Roma and Traveller communities (GRT) - Overview, facts and figures; Health inequalities and access to health and care services; Community engagement; Health Needs Assessment; Culture, ethnicity, exclusion and prejudice; Vaccine uptake and beliefs; Cancer and long term conditions; Pregnancy, maternity and early years; Mental health and suicide; Older people, dementia and end of life; Housing, sites and accommodation; Education, skills and training; Crime, law and prison; and Financial exclusion.

(The results with an asterisk in the front of the title indicates that it has been included into a synthesis matrix.)

A good starting point to get a grounding of facts and statistics about people from the Gypsy, Roma and Irish Traveller ethnic groups living in England and Wales, is the collection of summaries from the Race Disparity Unit: 'Ethnicity facts and figures: Gypsy, Roma and Irish Traveller ethnic group'.

Contents

[A. Overview, facts and figures](#)

1. Race Disparity Unit. [*Ethnicity facts and figures: Gypsy, Roma and Irish Traveller ethnic group.](#)
2. Office for National Statistics (ONS). [*Gypsies and Travellers in England and Wales: lived experiences.](#)
3. House of Commons Library. [*Gypsies and Travellers.](#)
4. Office for National Statistics (ONS). [*Gypsy and Irish Traveller populations, England and Wales: Census 2021.](#)

[B. Health inequalities and access to health and care services](#)

1. International journal of public health. ["Do my Roma and non-Roma patients need different care?" A brief step-by-step guideline for clinical practitioners.](#)
2. NHS England. [*A national framework for NHS – action on inclusion health.](#)
3. NIHR Evidence. [*Access to Health Care for Travelling Communities in the East of England.](#)

4. Friends, Families and Travellers (FFT). [*Digital Exclusion in Gypsy and Traveller communities in the United Kingdom.](#)
5. University of Dundee. [*Enhancing Gypsy, Roma and Traveller peoples' trust: using maternity and early years' health services and dental health services as exemplars of mainstream service provision.](#)
6. Office for National Statistics (ONS). [*Gypsies' and Travellers' lived experiences, health, England and Wales: 2022.](#)
7. European journal of public health. [*Gypsy, Roma and Traveller access to and engagement with health services: a systematic review.](#)
8. Friends, Families and Travellers (FFT). [*Health inequalities experienced by Gypsy, Roma and Traveller communities.](#)
9. British dental journal. [*How practices can facilitate access for the gypsy traveller community.](#)
10. Friends, Families and Travellers (FFT). [*How to tackle health inequalities in Gypsy, Roma and Traveller communities: A guide for health and care services.](#)
11. BMJ. [*How we can improve healthcare for Gypsy, Roma, Traveller, Boater, and Showmen communities living outside the system.](#)
12. Office for Health Improvement and Disparities (OHID). [*Improving Roma health: a guide for health and care professionals.](#)
13. Friends Families and Travellers (FFT). [*Locked out: A snapshot of access to General Practice for nomadic communities during the COVID-19 pandemic.](#)
14. Friends, Families and Travellers (FFT). [*Reducing Health Inequalities for People Living with Frailty: A resource for commissioners, service providers and health, care and support staff.](#)
15. Roma Support Group. [*Roma health guide.](#)
16. UK Parliament. [*Tackling inequalities faced by Gypsy, Roma and Traveller communities.](#)
17. International journal of hygiene and environmental health. [A systematic review of water, sanitation and hygiene among Roma communities in Europe: Situation analysis, cultural context, and obstacles to improvement.](#)
18. Local Government Association (LGA). [Bury council: Making sure vulnerable groups are not left behind.](#)
19. International journal for equity in health. [Differences between Roma and non-Roma in how social support from family and friends helps to overcome health care accessibility problems.](#)
20. Good Things Foundation. [Digital Inclusion in Health and Care.](#)
21. Good Things Foundation. [Digital exclusion and health inequalities.](#)
22. Equality and Human Rights Commission. [England's most disadvantaged groups: Gypsies, Travellers and Roma.](#)
23. NHS England. [Ethnic Gypsy, Roma and Traveller Communities: How to register with a doctor \(GP\).](#)
24. The Lancet. Public health. [Ethnic inequalities in health-related quality of life among older adults in England: secondary analysis of a national cross-sectional survey.](#)
25. British dental journal. [Facilitators for increasing dental attendance of people from vulnerable groups: a rapid review of evidence relevant to the UK.](#)
26. Public health in practice. [Framing the wider determinants of health: Reflections and learning from a knowledge mobilisation exercise with an English local authority.](#)
27. Department of Health & Social Care. [Guidance on the preparation of integrated care strategies.](#)
28. Government of the United Kingdom (gov.uk). [Gypsy, Roma and Irish Traveller ethnicity summary: Health data.](#)

29. Public Health England (PHE). [Health inequalities: place-based approaches to reduce inequalities.](#)
30. InnovAiT. [Health needs of Gypsy Travellers.](#)
31. Journal of epidemiology and community health. [Health status of Gypsies and Travellers in England.](#)
32. International journal for equity in health. [How to improve access to health care for Roma living in social exclusion: a concept mapping study.](#)
33. Royal College of General Practitioners (RCGP). [Improving access to health care for Gypsies and Travellers, homeless people and sex workers: An evidence-based commissioning guide for Clinical Commissioning Groups and Health & Wellbeing Boards.](#)
34. Lancet. [Interventions to improve access to primary care for inclusion health groups in England: a scoping review.](#)
35. International journal of human rights in healthcare. [Roma populations and health inequalities: a new perspective.](#)
36. Public Health England (PHE). [Sexual health: variation in outcomes and inequalities.](#)
37. University of Dundee. [Use of UK health services by Gypsies, Roma, and Travellers: triangulation of two mixed methods studies.](#)
38. LimeCulture Community Interest Company. [Working with victims and survivors from Gypsy, Roma and Traveller Communities.](#)

C. Community engagement

1. Health promotion international. [*A community approach to engaging Gypsy and Travellers in cancer services.](#)
2. Qualitative health research. [*Engaging Gypsy, Roma, and Traveller Communities in Research: Maximizing Opportunities and Overcoming Challenges.](#)
3. European Journal of Public Health. [*Public health interventions targeting excluded groups: trust as a key factor for success: Natalie Forster.](#)
4. Preventive medicine. [*Reducing lifestyle risk behaviours in disadvantaged groups in high-income countries: A scoping review of systematic reviews.](#)
5. Epidemiology and infection. [*Responding to measles outbreaks in underserved Roma and Romanian populations in England: the critical role of community understanding and engagement.](#)
6. NHS England. [*Working in partnership with people and communities: statutory guidance.](#)
7. Journal of Public Health. [A realist synthesis of the evidence on outreach programmes for health improvement of Traveller Communities.](#)
8. John Wiley & Sons, Inc. [Developing the Cultural Competence of Health Professionals Working with Gypsy Travellers.](#)
9. Royal Society for Public Health (RSPH). [Friends, Families and Travellers' Young Health Champions.](#)
10. Office for National Statistics (ONS). [Gypsies' and Travellers' lived experiences, methodology, England and Wales: 2022.](#)
11. Bristol City Council. [Gypsy, Roma, Travellers and Boatpeople: Online information and support for the GRT community.](#)
12. University of Dundee. [Gypsy/Traveller Community Health Worker service: Interim evaluation.](#)
13. Scottish Government. [Gypsy/Travellers action plan: 2023.](#)
14. National Institute for Health & Care Research (NIHR). [Outreach programmes for health improvement of Traveller Communities: a synthesis of evidence.](#)
15. Public health. [Smoking prevalence and the changing risk profiles in the UK ethnic and migrant minority populations: implications for stop smoking services.](#)

D. Health Needs Assessment

1. Kent County Council. [*Gypsy, Roma and Traveller Health Needs Assessment.](#)
2. Bristol City Council, Public Health. [*Health Needs Analysis of People Living in Vehicles in Bristol.](#)
3. Wiltshire Council. [*Health Needs Assessment for Gypsy, Traveller and Boater Populations Living in Wiltshire.](#)
4. Anglia Ruskin University. [*In Fair Health? A Pilot Study of the Health and Wellbeing Status of Travelling Showpeople in Two Locales.](#)
5. NHS Race & Health Observatory. [*Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities, Identifying Best Practice.](#)
6. Public health in practice. [*The experiences of socially vulnerable groups in England during the COVID-19 pandemic: A rapid health needs assessment.](#)
7. Wakefield Council. [*Wakefield District Gypsy and Traveller Health Needs Assessment.](#)
8. West Sussex CCG. [Gypsies' and Travellers' Health Needs.](#)
9. Sutton London Borough Council. [Gypsy and Travellers Health Needs Assessment: London Borough of Sutton.](#)
10. Healthwatch Cambridgeshire. [Gypsy and Travellers health needs Report for Healthwatch Cambridgeshire.](#)
11. Birmingham City Council. [Gypsy, Roma and Travellers Community Health Profile 2023.](#)
12. Leeds City Council. [Health Needs Assessment of Gypsies, Travellers and Roma Groups in Leeds 2019 .](#)
13. Friends, Families and Travellers (FFT). [Inclusion of Gypsy Traveller health needs in Joint Strategic Needs Assessments: A review.](#)
14. London Borough of Enfield. [Overview of Inclusion Health in Enfield and North Central London.](#)
15. Pavee Point and the Department of Justice and Equality. [Roma in Ireland: A National Needs Assessment.](#)
16. Public health in practice. [The experiences of socially vulnerable groups in England during the COVID-19 pandemic: A rapid health needs assessment.](#)
17. Royal College of Physicians (RCP). [Understanding health needs of the Traveller community.](#)

E. Culture, ethnicity, exclusion and prejudice

1. International journal of environmental research and public health. [*A Comparative Sociology of Gypsy Traveller Health in the UK.](#)
2. Office for National Statistics (ONS). [*Gypsies' and Travellers' lived experiences, culture and identities, England and Wales: 2022.](#)
3. GATE Herts. [*Hate: "As regular as rain": A pilot research project into the psychological effects of hate crime on Gypsy, Traveller and Roma \(GTR\) communities.](#)
4. Citizen's Advice. [*Millions without mail.](#)
5. Friends, Families and Travellers (FFT). [*Race hate and prejudice faced by Gypsies and Travellers in England.](#)
6. Council of Europe. [*The Framework Convention for the Protection of National Minorities and the United Kingdom.](#)
7. Public health. [Are Gypsy Roma Traveller communities indigenous and would identification as such better address their public health needs?.](#)
8. International journal of environmental research and public health. [Aspects of Illness and Death among Roma-Have They Changed after More than Two Hundred Years?.](#)

9. Culture, health & sexuality. [Caravan wives and decent girls: Gypsy-Traveller women's perceptions of gender, culture and morality in the North of England.](#)
10. Sexual and reproductive health matters. [Confronting racism in family planning: a critical ethnography of Roma health mediation.](#)
11. Frontiers in psychology. [Emotional relevance and prejudice: testing the differentiated effect of incidental disgust on prejudice towards ethnic minorities.](#)
12. Equality and Human Rights Commission. [England's most disadvantaged groups: Gypsies, Travellers and Roma.](#)
13. Migration Observatory. [Gypsies, Tramps and Thieves?: UK national newspaper depictions of Romanians and Bulgarians analysed.](#)
14. Theoretical Criminology. [Gypsies' and Travellers' lived experience of harm: A critical hate studies perspective.](#)
15. Journal of epidemiology and community health. [Health-related beliefs and experiences of Gypsies and Travellers: a qualitative study.](#)
16. Irish journal of medical science. [Irish Roma: a literature review.](#)
17. International journal of environmental research and public health. [Is the Definition of Roma an Important Matter? The Parallel Application of Self and External Classification of Ethnicity in a Population-Based Health Interview Survey.](#)
18. Journal of Clinical Nursing. [Lived experience of vulnerability from a Gypsy Roma Traveller perspective.](#)
19. Bristol University Press and Policy Press. [Racism and Ethnic Inequality in a Time of Crisis: Findings from the Evidence for Equality National Survey.](#)
20. The Traveller Movement. [Support for Gypsy, Roma and Traveller LGBT+ People and Their Families.](#)
21. The Traveller Movement. [The last acceptable form of racism? The pervasive discrimination and prejudice experienced by Gypsy, Roma and Traveller communities.](#)
22. The Traveller Movement. [Traveller Movement's briefing paper on Gypsy, Roma and Traveller women.](#)

F. Vaccine uptake and beliefs

1. Vaccine. [*COVID-19 vaccination decisions among Gypsy, Roma, and Traveller communities: A qualitative study moving beyond "vaccine hesitancy".](#)
2. SSM. Qualitative research in health. [*Community-led responses to COVID-19 within Gypsy and Traveller communities in England: A participatory qualitative research study.](#)
3. BMC public health. [*Identifying interventions with Gypsies, Roma and Travellers to promote immunisation uptake: methodological approach and findings.](#)
4. Journal of Public Health. [*Improving immunization uptake rates among Gypsies, Roma and Travellers: a qualitative study of the views of service providers.](#)
5. BMC public health. [*Needles, Jabs and Jags: a qualitative exploration of barriers and facilitators to child and adult immunisation uptake among Gypsies, Travellers and Roma.](#)
6. Expert review of vaccines. [A scoping review of literature exploring factors affecting vaccine uptake within Roma communities across Europe.](#)
7. International journal of environmental research and public health. [Connecting Roma Communities in COVID-19 Times: The First Roma Women Students' Gathering Held Online.](#)
8. Child: care, health and development. [Factors influencing uptake of measles, mumps and rubella \(MMR\) immunization in site-dwelling Gypsy, Roma and Traveller \(G&T\) communities: a qualitative study of G&T parents' beliefs and experiences.](#)
9. NHS England. [Gypsies, Roma, Travellers and Showmen unite to Give COVID the Jab.](#)

10. British journal of nursing. [Influences on childhood immunisation decision-making in London's Gypsy and Traveller communities.](#)
11. Journal of public health. [Mapping the Gypsy Traveller community in England: what we know about their health service provision and childhood immunization uptake.](#)
12. Critical Public Health. [Structural barriers to measles, mumps and rubella \(MMR\) immunisation uptake in Gypsy, Roma and Traveller communities in the United Kingdom.](#)
13. BMC public health. [Under-vaccinated groups in Europe and their beliefs, attitudes and reasons for non-vaccination; two systematic reviews.](#)
14. National Institute for Health & Care Research (NIHR). [UnderstaNding uptake of Immunisations in Travelling aNd Gypsy communities \(UNITING\): A qualitative interview study.](#)
15. BMC public health. [What have we learnt from measles outbreaks in 3 English cities? A qualitative exploration of factors influencing vaccination uptake in Romanian and Roma Romanian communities.](#)

G. Cancer and long term conditions

1. European journal of oncology nursing. ["It's because it's cancer, not because you're a Traveller"-exploring lay understanding of cancer in English Romany Gypsy and Irish Traveller communities.](#)
2. European journal of cancer care. [*Cancer diagnosis, treatment and care: A qualitative study of the experiences and health service use of Roma, Gypsies and Travellers.](#)
3. Sociology of health & illness. [*Ethnic inequalities in age-related patterns of multiple long-term conditions in England: Analysis of primary care and nationally representative survey data.](#)
4. University of Worcester. [*Including the Missing Voices of Disabled People in Gypsy, Roma and Traveller Communities.](#)
5. BMC public health. [*Knowledge and experience of cancer prevention and screening among Gypsies, Roma and Travellers: a participatory qualitative study.](#)
6. Pavee Point Traveller and Roma Centre. [Cancer Prevention for Travellers.](#)
7. International journal of environmental research and public health. [Prevalence of Diabetes Mellitus among Roma Populations-A Systematic Review.](#)

H. Pregnancy, maternity, children and young people

1. Centre for Analysis of Social Exclusion, London School of Economics and Political Science. [*Experience of multiple disadvantage among Roma, Gypsy and Traveller children in England and Wales.](#)
2. BMJ open. [*Experiences and outcomes of Gypsy, Roma and Traveller women in pregnancy: a scoping review protocol.](#)
3. Friends, Families and Travellers (FFT). [*Guidance summary: Tackling Maternal Health Inequalities in Gypsy, Roma and Traveller Communities.](#)
4. British Journal of Social Work. [*Gypsy, Roma and Traveller Children in Child Welfare Services in England.](#)
5. Midwifery. [*Perinatal health outcomes of women from Gypsy, Roma and Traveller communities: A systematic review.](#)
6. Health Expectations. [*You likes your way, we got our own way: Gypsies and Travellers' views on infant feeding and health professional support.](#)
7. The Traveller Movement. [BESTIE: A toolkit for working with Gypsy, Roma and Traveller young people.](#)
8. Healthwatch Suffolk. [Gypsy, Traveller or Irish Traveller young people in focus.](#)
9. Journal of public health. [Maintaining pre-school children's health and wellbeing in the UK: a qualitative study of the views of migrant parents.](#)

I. Mental health and suicide

1. Irish journal of psychological medicine. [*A rapid review of Irish Traveller mental health and suicide: a psychosocial and anthropological perspective.](#)
2. Friends, Families and Travellers (FFT). [*Experiences of suicide in Gypsy, Roma and Traveller communities.](#)
3. Mental Health and Social Inclusion. [*Mental health support needs within Gypsy, Roma, and Traveller communities: a qualitative study.](#)
4. Social psychiatry and psychiatric epidemiology. [*Presentations of self-harm and suicide-related ideation among the Irish Traveller indigenous population to hospital emergency departments: evidence from the National Clinical Programme for self-harm.](#)
5. National Suicide Prevention Alliance. [*Support guide for services working with Gypsy, Roma, Traveller communities bereaved by suicide.](#)
6. Friends, Families and Travellers (FFT). [*Tackling Suicide Inequalities in Gypsy and Traveller Communities.](#)
7. PLoS ONE. [Can routine data be used to estimate the mental health service use of children and young people living on Gypsy and Traveller sites in Wales? A feasibility study.](#)
8. PloS one. [Can routine data be used to estimate the mental health service use of children and young people living on Gypsy and Traveller sites in Wales? A feasibility study.](#)
9. Traveller Movement. [Conference Report 2022: The Intersection of Poverty, Inequality and Mental Health.](#)
10. Traveller Movement. [The Traveller Movement - policy briefing addressing mental health and suicide among Gypsy, Roma and Traveller communities in England.](#)
11. Irish Department of Health. [Traveller Mental Health Matters.](#)
12. American journal of men's health. [Using an Intersectional Approach to Explore the Lived Mental Health Experiences of Traveller Men Affected by Suicide in Ireland.](#)

J. Older people, dementia and end of life

1. Care Quality Commission (CQC). [*Gypsies and Travellers - A different ending: Addressing inequalities in end of life care.](#)
2. BMJ supportive & palliative care. [*Gypsy, Traveller and Roma experiences, views and needs in palliative and end of life care: a systematic literature review and narrative synthesis.](#)
3. Government of the United Kingdom (gov.uk). [*Health-related quality of life for people aged 65 and over.](#)
4. Friends, Families and Travellers (FFT). [*Saying it as it is: Experiences of Gypsies and Travellers caring for family members living with dementia.](#)
5. BMJ Supportive & Palliative Care. [*Traveller end of life care experiences and needs: thematic analysis.](#)
6. Friends, Families and Travellers (FFT). [*We look after our own: Dementia in Gypsy and Traveller communities.](#)

K. Housing, sites and accommodation

1. Office for National Statistics (ONS). [*Gypsies' and Travellers' lived experiences, homes, England and Wales: 2022.](#)
2. Trust for London. [*Homelessness experiences of young Gypsy and Traveller people in Hackney.](#)
3. Friends, Families and Travellers (FFT). [*Kicking the can down the road: The planning and provision of Gypsy and Traveller sites in England 1960-2023.](#)
4. Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities & Local Government. [*Planning policy for traveller sites.](#)
5. Department for Levelling Up, Housing and Communities. [*Traveller Site Fund 2022/23.](#)

6. Department for Levelling Up, Housing and Communities. [*Traveller caravan count: July 2023.](#)
7. House of Commons Library. [Gypsies and travellers: planning provisions.](#)
8. Equality and Human Rights Commission. [Gypsy and Traveller sites: the revised planning definition's impact on assessing accommodation needs \(2019\)](#)
9. Government of the United Kingdom (gov.uk). [Gypsy, Roma and Irish Traveller ethnicity summary: Home ownership data.](#)
10. Pathway. [Homeless and Inclusion: Health standards for commissioners and service providers.](#)
11. Environment and Planning C: Politics and Space. [Manufacturing mandates: Property, race, and the criminalisation of trespass in England and Wales.](#)
12. Friends, Families and Travellers (FFT). [No place to stop: Only 8 of 68 local authorities in South East England have identified enough land for Travellers to live.](#)
13. Local Government Association (LGA). [Spaces and places for gypsies and travellers: how planning can help.](#)
14. Thurrock Council. [Thurrock Gypsy, Traveller and Travelling Showperson Accommodation Assessment.](#)
15. Department for Levelling Up, Housing and Communities. [Traveller caravan count: January 2023.](#)

L. Education, skills, and training

1. The Traveller Movement. [*Disrupting the School to Prison Pipeline: Exploring why Gypsy, Roma and Traveller children experience the school to prison pipeline and how it can be interrupted.](#)
2. Friends, Families and Travellers (FFT). [*Education inequalities facing Gypsies, Roma and Travellers in England.](#)
3. Higher Education Policy Institute. [*Gypsies, Roma and Travellers: The ethnic minorities most excluded from UK education.](#)
4. Office for National Statistics (ONS). [*Gypsies' and Travellers' lived experiences, education and employment, England and Wales: 2022.](#)
5. The Traveller Movement. [*Gypsy, Roma and Traveller access to Further Education: 14-16 provision, vocational qualifications, apprenticeships and A Levels.](#)
6. Government of the United Kingdom (gov.uk). [*Key stage 4 destination measures.](#)
7. British Journal of Sociology of Education. [*Outsider status, and racialised habitus: the experiences of Gypsy, Roma, and Traveller students in higher education.](#)
8. Department for Education (DfE). [*Permanent exclusions.](#)
9. Department for Education (DfE). [*Post-16 education outcomes by ethnicity in England.](#)
10. The Traveller Movement. [*Roads to Success for Gypsy Roma and Traveller Youth: A peer lead research project to identify barriers and propose solutions for youth education, training and employment.](#)
11. Government of the United Kingdom (gov.uk). [*School results for 10 to 11 year olds.](#)
12. The Traveller Movement. [Barriers in education – young Travellers in London.](#)
13. Department for Education (DfE). [Destinations of school pupils after GCSEs \(and equivalent qualifications\).](#)
14. Department for Education (DfE). [Education, skills and training.](#)
15. Government of the United Kingdom (gov.uk). [Gypsy, Roma and Irish Traveller ethnicity summary: Economic activity and employment data.](#)
16. Government of the United Kingdom (gov.uk). [Gypsy, Roma and Irish Traveller ethnicity summary: Education data.](#)

17. Compare. [Marginalisation and mixed feelings: supporting students of Gypsy, Roma and traveller heritage imagining higher education in the UK.](#)
18. Sir John Cass's Foundation report. [More than luck: enabling access and success in Higher Education for Gypsy, Romany and Traveller \(GRT\) communities.](#)

M. Crime, law and prison

1. The Traveller Movement. [*A Good Practice Guide: Improving service provision for Gypsy, Roma and Traveller domestic abuse survivors.](#)
2. The Traveller Movement. [*A Profile of prisoners in the Adult Prison Estate.](#)
3. Office for National Statistics (ONS). [*Gypsies' and Travellers' lived experiences, justice, England and Wales: 2022.](#)
4. The Traveller Movement. [*Gypsy, Roma and Traveller Women in Prison.](#)
5. The Traveller Movement. [Available but not Accessible: Romany Gypsies and Irish Travellers: barriers in accessing purposeful activities in prison.](#)
6. Home Office. [Crime, justice and the law.](#)
7. The Traveller Movement. [Gypsy, Roma and Traveller Mental Health in Prisons.](#)
8. The Traveller Movement. [Gypsy, Roma and Traveller experiences of Education in Prison.](#)
9. The Traveller Movement. [Pre-Sentencing Report Toolkit: Fair Sentencing for Romani \(Gypsy\), Roma and Irish Traveller People.](#)
10. Home Office. [Unauthorised encampments: Police, Crime, Sentencing and Courts Act 2022 factsheet.](#)
11. Friends, Families and Travellers (FFT). [Understanding eviction powers: the Police, Crime, Sentencing and Courts Act 2022 and the impact on nomadism.](#)
12. The Traveller Movement. [Working with Gypsy, Roma and Traveller children and young people: Effective Practice for Youth Offending Teams.](#)
13. Irish Probation Journal. ['Prison Is the Worst Place a Traveller Could Be': The Experiences of Irish Travellers in Prison in England and Wales.](#)

N. Financial exclusion

1. Friends, Families and Travellers (FFT). [*Economic and financial exclusion experienced by Gypsies and Travellers in England.](#)
2. Financial Times. [*Fighting financial exclusion in the Gypsy and Traveller community.](#)
3. Shelter Scotland. [Gypsy/Travellers and Financial Exclusion: An examination of Best Practice in the development of financial capability.](#)
4. Roma Support Group. [Roma Support Group Financial Inclusion Project: Summary of the Self-Evaluation of the project 2019-2022.](#)

O. Search History

PubMed search strategy (can be found at the end of this report).

A. Overview, facts and figures

1. ***Ethnicity facts and figures: Gypsy, Roma and Irish Traveller ethnic group.**
Race Disparity Unit, 2022

An overview of facts and figures about people from the Gypsy, Roma and Irish Traveller ethnic groups, and a discussion of data quality issues. This is a summary of statistics about people from the Gypsy, Roma and Irish Traveller ethnic groups living in England and Wales.

[Available online at this link](#)

2. ***Gypsies and Travellers in England and Wales: lived experiences.**

Office for National Statistics (ONS), 2022

Qualitative research into the lived experiences of Gypsy and Traveller communities across England and Wales. An overview and detailed exploration of cultural identity and experiences both generally and with regards to key policy themes such as homes, health, education and employment, and justice. Publications in this series which are linked from this page: Publications • Gypsies' and Travellers' lived experiences, culture and identities, England and Wales: 2022 Qualitative research exploring the lived experiences of Gypsy and Traveller communities, relating to culture and identities. • Gypsies' and Travellers' lived experiences, overview, England and Wales: 2022 Overview of qualitative research exploring the lived experiences of Gypsies and Travellers in England and Wales. • Gypsies' and Travellers' lived experiences, health, England and Wales: 2022 Qualitative research exploring the lived experiences of Gypsy and Traveller communities, relating to health. • Gypsies' and Travellers' lived experiences, homes, England and Wales: 2022 Qualitative research exploring the lived experiences of Gypsy and Traveller communities, relating to homes. • Gypsies' and Travellers' lived experiences, justice, England and Wales: 2022 Qualitative research exploring the lived experiences of Gypsy and Traveller communities, relating to justice. • Gypsies' and Travellers' lived experiences, education and employment, England and Wales: 2022 Qualitative research exploring the lived experiences of Gypsy and Traveller communities, relating to education and employment. Methodology • Gypsies' and Travellers' lived experiences, methodology, England and Wales: 2022 Methodology explaining the approach to the qualitative research exploring the lived experiences of Gypsy and Traveller communities.

[Available online at this link](#)

3. ***Gypsies and Travellers.**

House of Commons Library, 2019

This House of Commons Library briefing paper provides an overview of the key issues and policies relating to Gypsy and Traveller communities in England. The paper examines a range of issues including: inequalities, racial discrimination, accommodation needs, illegal encampments, health and education outcomes, employment rates, welfare reform and evidence of over-representation in the criminal justice system.

[Available online at this link](#)

[Available online at this link](#)

4. ***Gypsy and Irish Traveller populations, England and Wales: Census 2021.**

Office for National Statistics (ONS), 2023

Additional bespoke analysis for the 'Gypsy and Irish Traveller' population. This analysis is in line with our Census White Paper commitment. [Released on 13 October 2023.] Publications include: Gypsy or Irish Traveller populations, England and Wales: Census 2021 - Exploring the outcomes for Gypsy or Irish Traveller populations compared with the usual resident population of England and Wales using Census 2021 data. Data: Gypsy or Irish Traveller populations data: country or continent of birth - Gypsy or Irish Traveller populations by country or continent of birth across different geographical areas; Gypsy or Irish Traveller populations data: education - Gypsy or Irish Traveller populations by highest qualification with age, sex and accommodation type breakdowns across different geographical areas; Gypsy or Irish Traveller populations data: population counts - Gypsy or Irish Traveller populations, counts in different geographies and by age and sex; Gypsy or Irish Traveller populations data: general health and unpaid care - Gypsy or Irish Traveller populations by health and unpaid care with age, sex and accommodation type breakdowns across different geographical areas; Gypsy or Irish Traveller populations data: household composition - Gypsy or Irish Traveller populations by household reference person,

household reference person and dependent children, household reference person and household family composition, and household family composition across different geographical areas; Gypsy or Irish Traveller populations data: labour market - Gypsy or Irish Traveller populations by economic activity status and occupation with age, sex and accommodation type breakdowns across different geographical areas; Gypsy or Irish Traveller populations data: cultural identity - Gypsy or Irish Traveller populations by main language, English language proficiency, national identity and religion across different geographical areas; Gypsy or Irish Traveller populations data: housing - Gypsy or Irish Traveller populations by accommodation type, tenure and occupancy rating with age and sex breakdowns across different geographical areas.

[Available online at this link](#)

[Available online at this link](#)

B. Health inequalities and access to health and care services

1. "Do my Roma and non-Roma patients need different care?" A brief step-by-step guideline for clinical practitioners.

Belak, A., Madarasova Geckova, A., van Dijk, J. P., & Reijneveld, S. A. International journal of public health, 2019

As researchers regularly publishing on Roma health in Slovakia and beyond, we often get approached by alerted clinical practitioners who treat Roma patients. Usually, they contact us with the impression that their Roma and their non-Roma patients have significantly different symptoms, morbidity or care outcomes and question how they could diversify and tailor their care accordingly. Fellow researchers elsewhere in Central and Eastern Europe (CEE) are likely to face similar requests for help. Here, we offer a step-by-step guideline for further investigation and accommodation of such seeming differences. However, as the practitioners approaching us themselves most often suspect major genetic influences, we will start with brief reiterations of why genes are the least and social determinants the most reasonable suspects to begin investigation with in this and in similar cases.

[Available online at this link](#)

2. *A national framework for NHS – action on inclusion health.

NHS England, 2023

Last updated: 26 October, 2023. Use this framework to plan, develop and improve health services to meet the needs of people in inclusion health groups. Inclusion health groups are groups in society that suffer from social exclusion in healthcare settings. These include people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery.

[Available online at this link](#)

3. *Access to Health Care for Travelling Communities in the East of England.

Burrows, S., Green, G., Speed, E., Thompson, C. NIHR Evidence, 2021

We consulted with Travelling communities in the East of England from March to May 2021 to find out if they would like to do some research around issues of access to health and care, to ascertain what issues were current and of importance to these communities, and to develop research priorities collaboratively. This project was an extensive user-led engagement exercise which worked directly with different sectors of Travelling communities in diverse parts of the East of England (Essex, Hertfordshire, Cambridge and Peterborough). The communities represented here predominantly identify as either English Romany Gypsy, Roma (from Romania, Slovakia and Czech Republic), or Irish traveller.

Feedback from these groups about health needs and priorities has illustrated that although there are pockets of good practice, the relationship between Travelling communities and health providers continues to be characterised by poor communication and misunderstanding, including limited staff cultural competency and limited skill in ensuring patients understand. The COVID-19 led move towards more digital forms of health care is adding to already numerous intersecting barriers to access. In 2021, Gypsies, Roma and Travellers in the East of England continue to experience significant health needs and barriers to accessing health care. Access to health care is problematised by a range of intersecting and compounding factors. There is a sense of fear and distrust in the system, and until more inclusive modes of communication are routinely offered, members of these (and other) communities are likely to miss invitations to health checks, immunisations and outpatient appointments. In response to comments from East of England Travelling Communities and those who work closely with these families, the authors of the report recommend that researchers and policy makers make efforts to inclusively involve Gypsies, Roma, Travellers and health workers in finding out what works to improve access to healthcare together. We conclude that the continuing barriers to accessing health care would be best addressed through co-design, co implementation and co-evaluation of interventions. Finally, we believe an urgent review of patient/staff risk assessments around attending Travellers Sites is required.

[Available online at this link](#)

[Available online at this link](#)

4. ***Digital Exclusion in Gypsy and Traveller communities in the United Kingdom.**
Joe Scadding, Sarah Sweeney. Friends, Families and Travellers (FFT), 2018

Digital technology has been responsible for the biggest changes we have seen in the last century in health, social care, education, employment and further afield. However, whilst digital technology has been behind some of the biggest advances and changes society has made in recent years, it can also act to worsen the inequalities experienced by some groups. We interviewed 50 people from Gypsy and Traveller communities across the UK to find out the extent of digital inclusion and identify barriers for Gypsy and Traveller communities in digital participation.

[Available online at this link](#)

5. ***Enhancing Gypsy, Roma and Traveller peoples' trust: using maternity and early years' health services and dental health services as exemplars of mainstream service provision.**

Alison McFadden, Lindsay Siebelt, Cath Jackson, Helen Jones, Nicola Innes, Stephen MacGillivray, Kerry Bell, Belen Corbacho, Anna Gavine, Haggi Michael Haggi, Karl Atkin. University of Dundee, 2019

Gypsies, Roma and Travellers (GRT) are socially excluded groups where evidence for improving health is weakest. Although GRT communities are diverse, and robust evidence of health needs is lacking, there is consensus that GRT in the UK have poorer health and lower life expectancy than the general population and other disadvantaged groups. Reasons why GRT are vulnerable to poor health outcomes include poor living conditions, high rates of homelessness, low educational achievement, social exclusion, widespread prejudice and discrimination and barriers to accessing healthcare. These multiple factors, alongside poor quality care that does not meet needs, may lead to low expectations and mistrust of health services. Trust in services and personnel is associated with increased utilisation of healthcare, improved health behaviours and quality of care. Community engagement strategies have the potential to enhance trust and ensure services are tailored to the needs of specific populations. This multi-component study aimed to strengthen evidence on how to improve uptake and delivery of health services and thereby reduce health inequalities for GRT.

[Available online at this link](#)

6. ***Gypsies' and Travellers' lived experiences, health, England and Wales: 2022.**
Office for National Statistics (ONS), 2022

Qualitative research exploring the lived experiences of Gypsy and Traveller communities, relating to health.

[Available online at this link](#)

[Available online at this link](#)

7. ***Gypsy, Roma and Traveller access to and engagement with health services: a systematic review.**
McFadden, A., Siebelt, L., Gavine, A., Atkin, K., Bell, K., Innes, N., Jones, H., Jackson, C., Haggi, H., & MacGillivray, S. European journal of public health, 2018

Background: Gypsy, Roma and Traveller people represent the most disadvantaged minority groups in Europe, having the poorest health outcomes. This systematic review addressed the question of how Gypsy, Roma and Traveller people access healthcare and what are the best ways to enhance their engagement with health services. Methods: Searches were conducted in 21 electronic databases complemented by a focussed Google search. Studies were included if they had sufficient focus on Gypsy, Roma or Traveller populations; reported data pertinent to healthcare service use or engagement and were published in English from 2000 to 2015. Study findings were analyzed thematically and a narrative synthesis reported. Results: Ninety-nine studies from 32 countries were included, covering a range of health services. Nearly one-half of the presented findings related to primary healthcare services. Reported barriers to health service usage related to organisation of health systems, discrimination, culture and language, health literacy, service-user attributes and economic barriers. Promising engagement strategies included specialist roles, outreach services, dedicated services, raising health awareness, handheld records, training for staff and collaborative working. Conclusion: This review provides evidence that Gypsy, Roma and Traveller populations across Europe struggle to exercise their right to healthcare on account of multiple barriers; and related to other determinants of disadvantage such as low literacy levels and experiences of discrimination. Some promising strategies to overcome barriers were reported but the evidence is weak; therefore, rigorous evaluations of interventions to improve access to and engagement with health services for Gypsy, Roma and Traveller people are needed.

[Available online at this link](#)

8. ***Health inequalities experienced by Gypsy, Roma and Traveller communities.**
Friends, Families and Travellers (FFT), 2022

Romany Gypsy, Roma and Irish Traveller communities are known to face some of the starkest inequalities in healthcare access and outcomes amongst the UK population, including when compared with other minority ethnic groups. The reasons for these poor health outcomes are complex, but include the impact of discrimination and stigmatisation, the complicated nature of health systems and the effects of wider social determinants of health.

[Available online at this link](#)

9. ***How practices can facilitate access for the gypsy traveller community.**
Walshaw, E. G., & Ireland, A. British dental journal, 2017

Gypsy travellers have poor health in comparison to the UK average. They may struggle to access emergency and routine dental care because of social, educational and cultural barriers. General dental practitioners can facilitate better oral health within the community by improving access, which may require some adaptation to conventional practice. This paper discusses the experiences of a practice within West Oxfordshire and highlights areas in which the authors have found small modifications to aid appointment attendance and

patient motivation. Primary care dental practitioners come across a wide variety of patients from very diverse backgrounds. Following a year working in West Oxfordshire, one group of patients has particularly stood out - the travelling community. The term 'traveller' or 'gypsy' refers to 'persons who wander or travel for the purpose of making or seeking their livelihood (not persons who move from place to place without any connection between their movements and their means of livelihood)' and includes those who live permanently or temporarily in settled housing. There are many different socio-cultural groups within this broad definition, including Romany Gypsies, Irish Travellers, Scottish Travellers and Eastern European Roma Communities.

[Available online at this link](#)

10. ***How to tackle health inequalities in Gypsy, Roma and Traveller communities: A guide for health and care services.**

Friends, Families and Travellers (FFT), 2020

Gypsy, Roma and Traveller communities are known to face some of the most severe health inequalities and poor life outcomes amongst the United Kingdom population, even when compared with other groups experiencing exclusion, and with other ethnic minorities. On average, Gypsy and Traveller people have life expectancies 10-25 years shorter than the general population and live around 6 less years in good health before life expectancy is taken into account.

[Available online at this link](#)

11. ***How we can improve healthcare for Gypsy, Roma, Traveller, Boater, and Showmen communities living outside the system.**

Kirit Sehmbi, Amardeep Kamboz. BMJ, 2023

Opinion Piece. Healthcare services must remove barriers to access and break the cycle of distrust and disengagement to improve health for communities living nomadically in the UK. In London, over 44 000 people from the Gypsy, Roma, Traveller, Boater, and Showmen (GRTBS) communities live in precarious conditions. They live in a cycle of distrust and disengagement with healthcare services that local authorities consistently struggle to break. People from these communities face many barriers to accessing healthcare services, leading to many going unseen by the NHS and leaving their healthcare needs unmet.

[Available online at this link](#)

12. ***Improving Roma health: a guide for health and care professionals.**

Office for Health Improvement and Disparities (OHID), 2022

Supporting health and care professionals to improve services by better understanding the health outcomes that some people in the Roma community face. Roma communities experience social exclusion and barriers in access to health and care services. They have multiple overlapping risk factors for poor health and a life expectancy up to 10 years less than non-Roma communities in the UK. Roma communities are identified for protection under the Equality Act 2010. Despite this, they often experience registration refusal, discrimination and digital exclusion. Other barriers relate to language and literacy needs and lack of cultural awareness and stigma.

[Available online at this link](#)

13. ***Locked out: A snapshot of access to General Practice for nomadic communities during the COVID-19 pandemic.**

Mattey Mitchell, Josie Garrett. Friends Families and Travellers (FFT), 2021

Romany and Traveller people in England face longstanding barriers to primary healthcare services. Between 2018 and 2019, we mystery shopped 50 General Practices (GPs) in

England and found that, despite no regulatory requirement to provide proof of address or identification in order to register, nearly half of all GP practices we contacted refused registration on this basis. Within the context of COVID-19, we have heard from our casework team that a shift towards digital-first processes for registration has resulted in additional barriers to care. To gain an updated understanding of access to primary healthcare in this context, we mystery shopped 100 GPs in England between March and April 2021.

[Available online at this link](#)

14. ***Reducing Health Inequalities for People Living with Frailty: A resource for commissioners, service providers and health, care and support staff.**

Josie Garrett, Sam Worrall and Sarah Sweeney. Friends, Families and Travellers (FFT), 2020

This guide outlines perspectives from patients experiencing inequalities on where the greatest issues in access and outcomes are in relation to frailty, as well as ways in which these can be overcome. Our hope is that this resource will inspire readers to work collaboratively to reach out to underrepresented groups, make services more accessible to those with the greatest needs, and to promote healthy ageing for all.

[Available online at this link](#)

15. ***Roma health guide.**

Roma Support Group, 2023

Roma Support Group has developed a guide to help health and care professionals better understand health inequalities and barriers to accessing healthcare for the Roma community in the UK, take action to improve services and build a relationship with the community. The guide provides actionable suggestions for good practice, developed with partners in the Health and Wellbeing Alliance, and focuses on practical action for frontline health practitioners, team leaders and commissioners working with Roma communities.

[Available online at this link](#)

16. ***Tackling inequalities faced by Gypsy, Roma and Traveller communities.**

Women and Equalities Committee. UK Parliament, 2019

[See section 6: Healthcare.] This report explores inequalities faced by Gypsy, Roma and Traveller communities. GRT people have the worst outcomes of any ethnic group across a huge range of areas, including education, health, employment, criminal justice and hate crime. Too often local authorities and public services fail to differentiate between different groups who have different needs. Our inquiry has found that, while many inequalities have existed for a long time, there has been a persistent failure by both national and local policy-makers to tackle them in any sustained way. This failure has led to services that are ill-equipped to support Gypsy, Roma and Traveller people to use services that they need and are entitled to. [The second URL links to the Traveller Movement submission to Women and Equalities Committee Inquiry into the Mental Health of men and boys: Executive summary: • Young Irish Traveller men are seven times more likely to die of suicide than the general population. • Multiple unresolved bereavements results to mental health problems for GRT men and boys. • GRT suffer higher levels of stress, anxiety and depression than the majority population. • Traveller men are expected to provide for the family and not show weakness, illness is considered weakness. • Over 90 % of GRT experience racism and discrimination in their everyday life. • Most LGBTQ+ GRT are still not accepted within their communities and are often refused service in LGBTQ+ organisations. • HM Inspectorate of Prisons found higher levels of mental health problems among Travellers compared to other prisoners (27% compared with 13%). • A quarter of GTR boys in Young Offenders Institutions reported having mental/emotional health issues. • Unchallenged racist bullying in schools negatively affect GRT boys mental health with often serious consequences.]

[Available online at this link](#)

[Available online at this link](#)

17. **A systematic review of water, sanitation and hygiene among Roma communities in Europe: Situation analysis, cultural context, and obstacles to improvement.**

Anthonj, C., Setty, K. E., Ezbakhe, F., Manga, M., & Hoeser, C. International journal of hygiene and environmental health, 2020

Background: The Roma are Europe's largest ethnic minority. Their history has been shaped by marginalization, stigmatization, discrimination, slavery, persecution and murder, and to date, they continue to face prejudice and social exclusion. The Roma population is generally poor, living in crowded and low quality housing in segregated communities on the outskirts of cities, often lacking basic physical infrastructure, including adequate water, sanitation and hygiene (WASH). To better understand the obstacles the Roma are facing, we aimed to review and synthesize available peer-reviewed literature, and identify obstacles to improvement. Methods: We conducted the first systematic review of peer-reviewed literature on water, sanitation and hygiene among Roma communities in Europe, published between 2000 and 2020. A total of 30 publications met the inclusion criteria. We extracted data relating to WASH conditions and services, associated risk factors, exposures and outcomes, examined the role of cultural norms in shaping health behaviors, and obstacles to improvement. Results: Our review shows that across Europe, Roma communities face more challenges than the majority population with respect to access to WASH, waste management and environmental hygiene, appropriate housing and hygienic living environments. Prominent themes in the literature to describe WASH conditions about European Roma populations include limited access, affordability, and quality of WASH services; self-management of WASH as response and adaptive tactic; unsafe WASH as a reason for eviction; and health risks associated with substandard WASH services. The same factors determining the poor quality of WASH services and environmental health impede their improvement. Major barriers to WASH access and affordability among the Roma include discrimination, social exclusion, lack of formal education, poverty, geography, legal and social aspects, and cultural perceptions of health risks, political top-down approaches, lack of political will, and lack of involvement of the Roma community in planning. Besides, Roma are not well represented in national statistics, with data collection being complicated not only by difficulties of access and underfunding, but also by distrust and culturally distinctive health beliefs. Conclusions: The situation and cultural context of WASH among Roma is challenging and complex. Our review demonstrates not only the urgent need for action for Roma communities in particular, but may have broader applicability to ethnic and social minorities in other parts of the world. Future research to overcome obstacles to improvement needs to be inclusive, and involve community members as key informants, with their participation enhancing the reliability of data, contributing to social justice and solidarity, disseminating information, contributing to feasible recommendations and implementation of interventions. Keywords: Cultural context; Health promotion; Inequalities; Risk perception; Sinti and Roma; Vulnerable groups.

[Available online at this link](#)

18. **Bury council: Making sure vulnerable groups are not left behind.**

Local Government Association (LGA), 2021

Bury set up an uptake and inequalities task group, composed of council, NHS, HealthWatch and voluntary sector representatives to make sure vulnerable groups do not get left behind in the vaccine rollout out: Task group set up to focus on reaching out to groups at-risk of low uptake; Proactive outreach with gypsy and traveller community, homeless, people with disabilities and care workers alongside ethnic minority groups; Systematically undertaking phone calls to all those who have not taken up the offer of vaccination to understand reasons and help allay concerns.

[Available online at this link](#)

19. **Differences between Roma and non-Roma in how social support from family and friends helps to overcome health care accessibility problems.**

Bobakova, D., Dankulincova Veselska, Z., Babinska, I., Klein, D., Madarasova Geckova, A., Cislakova, L., & HEPA-META team. International journal for equity in health, 2015

Background: Roma are the most deprived ethnic minority in Slovakia, suffering from discrimination, poverty and social exclusion. Problematic access to good quality health care as result of institutional and interpersonal discrimination affects their health; therefore, factors which affect health care accessibility of Roma are of high importance for public health and policy makers. The aim of this study was to explore the association between health care accessibility problems and ethnicity and how different levels of social support from family and friends affect this association. Methods: We used data from the cross-sectional HepaMeta study conducted in 2011 in Slovakia. The final sample comprised 452 Roma (mean age = 34.7; 35.2% men) and 403 (mean age = 33.5; 45.9% men) non-Roma respondents. Results: Roma in comparison with non-Roma have a more than 3-times higher chance of reporting health care accessibility problems. Social support from family and friends significantly decreases the likelihood of reporting health care accessibility problems in both Roma and non-Roma, while the family seems to be the more important factor. Conclusion: The worse access to health care of Roma living in so-called settlements seems to be partially mediated by social support. Interventions should focus on Roma health mediators and community workers who can identify influential individuals who are able to change a community's fear and distrust and persuade and teach Roma to seek and appropriately use health care services.

[Available online at this link](#)

20. **Digital Inclusion in Health and Care.**

Emma Stone, Peter Nuckley, Robert Shapiro. Good Things Foundation, 2020

COVID-19 has changed the dial on digital. At home, at work, in our communities, in hospitals and care settings, digital has been central to our national response, and a lifeline during lockdown for those with the access, skills and confidence to benefit. But too many are still locked out. If we don't act now, millions of people will be left further behind with deeply damaging consequences for health inequalities. Digital (access, skills, confidence) has become a social determinant of health.

[Available online at this link](#)

21. **Digital exclusion and health inequalities.**

Emma Stone. Good Things Foundation, 2021

Supported by the Health Foundation, this briefing paper provides an overview of digital exclusion and its relationship to health, social and economic aspects of people's lives. This paper gives an overview of digital exclusion and its relationship to health, social and economic aspects of people's lives; who is affected; how the pandemic has impacted on this; and what responses we have seen.

[Available online at this link](#)

22. **England's most disadvantaged groups: Gypsies, Travellers and Roma.**

Equality and Human Rights Commission, 2016

This report is intended for policy makers and influencers across all sectors and the general public. The report includes findings on the experiences of Gypsies, Travellers and Roma in relation to: • education, • work and standard of living, • health, • prisons, and • stigmatising treatment.

[Available online at this link](#)

23. **Ethnic Gypsy, Roma and Traveller Communities: How to register with a doctor (GP).**
NHS England, 2022

Patient information leaflet on registering with a GP.

[Available online at this link](#)

24. **Ethnic inequalities in health-related quality of life among older adults in England: secondary analysis of a national cross-sectional survey.**

Watkinson, R. E., Sutton, M., & Turner, A. J. *The Lancet. Public health*, 2021

Background: The population of older adults (ie, those aged ≥ 55 years) in England is becoming increasingly ethnically diverse. Previous reports indicate that ethnic inequalities in health exist among older adults, but information is limited by the paucity of data from small minority ethnic groups. This study aimed to analyse inequalities in health-related quality of life (HRQoL) and five determinants of health in older adults across all ethnic groups in England. Methods: In this cross-sectional study, we analysed data from five waves (July 1, 2014, to April 7, 2017) of the nationally representative English General Practice Patient Survey (GPPS). Study participants were adults aged 55 years or older who were registered with general practices in England. We used regression models (age-adjusted and stratified by gender) to estimate the association between ethnicity and HRQoL, measured by use of the EQ-5D-5L index and its domains (mobility, self-care, usual activities, pain or discomfort, and anxiety or depression). We also estimated associations between ethnicity and five determinants of health (presence of long-term conditions or multimorbidity, experience of primary care, degree of support from local services, patient self-confidence in managing own health, and degree of area-level social deprivation). We examined robustness to differential handling of missing data, alternative EQ-5D-5L value sets, and differences in area-level social deprivation. Findings: There were 1 416 793 GPPS respondents aged 55 years and older. 1 394 361 (98.4%) respondents had complete data on ethnicity and gender and were included in our analysis. Of these, 152 710 (11.0%) self-identified as belonging to minority ethnic groups. HRQoL was worse for men or women, or both, in 15 (88.2%) of 17 minority ethnic groups than the White British ethnic group. In both men and women, inequalities were widest for Gypsy or Irish Traveller (linear regression coefficient -0.192 [95% CI -0.318 to -0.066] in men; -0.264 [-0.354 to -0.173] in women), Bangladeshi (-0.111 [-0.136 to -0.087] in men; -0.209 [-0.235 to -0.184] in women), Pakistani (-0.084 [-0.096 to -0.073] in men; -0.206 [-0.219 to -0.193] in women), and Arab (-0.061 [-0.086 to -0.035] in men; -0.145 [-0.180 to -0.110] in women) ethnic groups, with magnitudes generally greater for women than men. Differentials tended to be widest for the self-care EQ-5D-5L domain. Ethnic inequalities in HRQoL were accompanied by increased prevalence of long-term conditions or multimorbidity, poor experiences of primary care, insufficient support from local services, low patient self-confidence in managing their own health, and high area-level social deprivation, compared with the White British group. Interpretation: We found evidence of wide ethnic inequalities in HRQoL and five determinants of health for older adults in England. Outcomes varied between minority ethnic groups, highlighting heterogeneity in the direction and magnitude of associations. We recommend further research to understand the drivers of inequalities, together with policy changes to improve equity of socioeconomic opportunity and access to services for older adults from minority ethnic groups.

[Available online at this link](#)

25. **Facilitators for increasing dental attendance of people from vulnerable groups: a rapid review of evidence relevant to the UK.**

A Dyer, T., Glenny, A. M., MacDonald, L., Weston-Price, S., Marshman, Z., Ireland, A., & Jones, K. *British dental journal*, 2023

Objective To rapidly review facilitators of access for vulnerable groups and to evaluate their effectiveness. Methods Data sources: MEDLINE via Ovid. Publications in English from 2000. Data selection: Research involving 'vulnerable groups' relevant to UK health systems, with a primary outcome of increasing attendance. Data extraction: One author

extracted and tabulated data. These were audited by a second author. Data synthesis: A narrative synthesis was produced. Results Data from 31 studies were available for ten vulnerable groups: people with learning, physical or sensory disabilities (n = 8); people experiencing homelessness (n = 6); prisoners (n = 4); asylum-seekers and refugees (n = 3); people living in socioeconomically deprived areas (n = 3); people with severe mental health conditions (n = 2); vulnerable children (n = 2); dependent older people (n = 1); Gypsy, Roma or Traveller groups (n = 1); and people with drug dependency (n = 1). Many facilitators involved organisational reform and more integration of health, social and other services. Other facilitators included: modification of premises; team development and skill-mix use; and awareness of needs and flexible services to meet them. Few studies evaluated effectiveness. Conclusion Although facilitators for access for vulnerable groups have been proposed, there is little evidence to support or refute their effectiveness. Efforts are needed to promote access for vulnerable groups in the UK with evaluation plans embedded.

[Available online at this link](#)

26. Framing the wider determinants of health: Reflections and learning from a knowledge mobilisation exercise with an English local authority.

Such, E., Akakpo, D., Cleghorn, L., Eddleston, F., Eyoma, J., Fish, L., Jan-Khan, M., Khatran, S., Leitner, V., Young, C., & Laurent, C. Public health in practice, 2023

Background: Health inequalities remain a persistent problem in the UK. One contributing factor may be how health inequalities are framed in professional and public debate. Dominant understandings of health focus on the individual, personal choice, lifestyle and (un)healthy behaviour. This project sought to reframe health inequalities as a 'systemic' or structural problem using extant guidance. This was intended to support the work of a local authority in England working to address health inequalities. Project design: An academic-practitioner participatory knowledge mobilisation exercise with a local authority public health team using recent guidance and reflective feedback and the iterative development of actionable tools. There were four discrete stages to the exercise. Methods: Two on-line and one face-to-face participatory, deliberative workshops designed to co-create reframed public health challenges and solutions based on team portfolios. Iterative feedback provided by the researcher to support the development of actionable tools. Results: Six topic areas were developed with a systemic framing: 1. Food insecurity, 2. Obesity, 3. Prostate cancer among Black men, 4. Cost of living, 5. Mental health, suicide prevention and Gypsy, Roma, Traveller communities, 6. Healthy streets. Reflections from the process revealed some perceived advantages of engaging in a systemic framing of the wider determinants of health, some limitations and issues to consider in a local setting. Benefits included: Clarity in a complex field; structured thinking about what to communicate and how; eliminated jargon; could be made locally relevant. Challenges included: Sustaining a consistent framing; maintaining the technique; knowing if it was making a difference; slipping back into dominant (individualised) framings, especially in free-flowing discussion. Conclusions: The process of reframing the wider determinants of health using recent guidance in a local authority setting was broadly helpful in developing coherence and consistency across the public health team. There were challenges to adopting the approach and evaluation of its impact locally would be beneficial. Keywords: Framing; Health inequalities; Wider determinants.

[Available online at this link](#)

27. Guidance on the preparation of integrated care strategies.

Department of Health & Social Care, 2022

Purpose of guidance: This is guidance for integrated care partnerships on the preparation of integrated care strategies. Groups who can be under-represented in assessments of need While joint strategic needs assessments are useful to understand assessed needs, they will not always be able to offer a comprehensive overview of all population health and care needs, due to limitations in data and information. Some people, such as but not limited to unpaid carers, those in inclusion health groups (see the definition below) and others who

face social exclusion can be systematically missed in data sources that feed into assessments because, for example, they are not registered to receive health services, or they or others do not recognise that they have a health or care need. 'Inclusion health' describes action to improve health and care for people who are socially excluded, experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma) and stigma and discrimination. They are not consistently accounted for in electronic health databases, which makes them effectively 'invisible' in health and care needs assessments. These experiences frequently lead to barriers in access to healthcare and extremely poor health outcomes, contributing considerably to health disparities. Inclusion health groups typically include people experiencing homelessness, including people who sleep rough, vulnerable migrants, Gypsy, Roma, and Traveller communities and sex workers, as well as victims of modern slavery, people with drug and alcohol dependency and people in touch with the criminal justice system.

[Available online at this link](#)

28. Gypsy, Roma and Irish Traveller ethnicity summary: Health data.

Government of the United Kingdom (gov.uk), 2022

In 2011, 14.1% of Gypsy and Irish Traveller people in England and Wales rated their health as bad or very bad, compared with 5.6% on average for all ethnic groups. In 2016 to 2017, Gypsy or Irish Traveller people aged 65 and over had the lowest health-related quality of life of all ethnic groups (average score of 0.509 out of 1). The quality of life scores for the White Gypsy or Irish Traveller ethnic group are based on a small number of responses (around 35 each year) and are less reliable as a result.

[Available online at this link](#)

29. Health inequalities: place-based approaches to reduce inequalities.

Public Health England (PHE), 2021

Guidelines to support local action on health inequalities. The place-based approaches for reducing health inequalities aims to: reinforce a common understanding of the complex causes and costs of health inequalities, and provide a practical framework and tools for places to reduce health inequalities. These documents are accompanied by a slide set: summary and examples of how to use a place-based approach to reduce health inequalities. You can also view case studies which provide insights on measurable approaches to reduce health inequalities.

[Available online at this link](#)

30. Health needs of Gypsy Travellers.

Van Cleemput P. InnovAiT, 2018

Gypsy Travellers have the poorest health of any ethnic group in the population; they also have an inverse relationship between their health needs and access to healthcare services. This article aims to explain the reasons for such stark health inequality, to identify the specific health needs of Gypsy Travellers, and to describe the role of the GP in meeting those needs.

[Available online at this link](#)

31. Health status of Gypsies and Travellers in England.

Parry, G., Van Cleemput, P., Peters, J., Walters, S., Thomas, K., & Cooper, C. Journal of epidemiology and community health, 2007

[A key study from 2007.] Objective: To provide the first valid and reliable estimate of the health status of Gypsies and Travellers in England by using standardised instruments to compare their health with that of a UK resident non-Traveller sample, drawn from different

socioeconomic and ethnic groups, matched for age and sex. Design: Epidemiological survey, by structured interview, of quota sample and concurrent age-sex-matched comparators. Setting: The homes or alternative community settings of the participants at five study locations in England. Participants: Gypsies and Travellers of UK or Irish origin (n = 293) and an age-sex-matched comparison sample (n = 260); non-Gypsies or Travellers from rural communities, deprived inner-city White residents and ethnic minority populations. Results: Gypsies and Travellers reported poorer health status for the last year, were significantly more likely to have a long-term illness, health problem or disability, which limits daily activities or work, had more problems with mobility, self-care, usual activities, pain or discomfort and anxiety or depression as assessed using the EuroQoL-5D health utility measure, and a higher overall prevalence of reported chest pain, respiratory problems, arthritis, miscarriage and premature death of offspring. No inequality was reported in diabetes, stroke and cancer. Conclusions: Significant health inequalities exist between the Gypsy and Traveller population in England and their non-Gypsy counterparts, even when compared with other socially deprived or excluded groups, and with other ethnic minorities.

[Available online at this link](#)

32. How to improve access to health care for Roma living in social exclusion: a concept mapping study.

Svobodova, I., Filakovska Bobakova, D., Bosakova, L., & Dankulincova Veselska, Z. International journal for equity in health, 2021

Background: Half of the people living in social exclusion in the Czech Republic are of Roma origin. The worse health of Roma could be partly explained by numerous barriers to accessing health care. Therefore, our study aimed to explore the perceptions of various stakeholders and experts who may have an impact on the inclusion of Roma and/or their access to health care on how to improve health care access for Roma living in social exclusion in the Czech Republic. Methods: We conducted a concept mapping study and obtained data from 32 participants from health and social services, policymakers and others who were involved in different study phases (brainstorming, sorting, rating, interpretation). Results: Out of 64 proposed measures sorted into six distinct clusters, 20 were rated as the most urgent and the most feasible and should be implemented with a priority to improve access to health care for Roma living in social exclusion. The proposed measures covered various topics, such as education and awareness of the target group as well as education and supervision of helping professionals, strengthening capacities and streamlining the health care system, health promotion and associated services and increasing the local and financial accessibility of health care. Overall, measures concerning the education and supervision of helping professionals were rated as both the most urgent and the most feasible. Individual priority measures targeted, for example, the health needs assessment of Roma living in social exclusion to set up interventions or to include topics such as participation, empowerment, cultural competence and communication training in the curricula of health care and helping professionals in postgraduate and continuing studies. Conclusions: Stakeholders proposed a set of relevant and acceptable measures that may help improve access to health care for Roma living in social exclusion. The way they rated the proposed measures reflects both the current unfavourable mainstream and public discourse concerning Roma living in social exclusion and the most acute policy issues identified by several European and national bodies. Keywords: Concept mapping; Czech Republic; Ethnicity; Health care access; Interventions; Policies; Roma; Vulnerable population.

[Available online at this link](#)

33. Improving access to health care for Gypsies and Travellers, homeless people and sex workers: An evidence-based commissioning guide for Clinical Commissioning Groups and Health & Wellbeing Boards.

Royal College of General Practitioners (RCGP), 2013

Patients need a holistic approach, as they are not experiencing their needs in isolation. There is no 'one size fits all' approach HWBs will need a designated Director-level lead to

direct the work on social exclusion, ideally with clinical, commissioning or public health experience Access remains a crucial issue for socially excluded groups, especially for primary care as the system gatekeeper The role of the ' trusted individual' is invaluable to enable the ' bridge-building' and navigating work carried out by health and voluntary sector organisations working with excluded, high-need clients Building capacity in the community is a valuable element of working with excluded groups, as it simultaneously engages these communities, and creates social and human capital as well as skills Radical changes are needed to ensure that the personalisation and patient choice agenda cover excluded groups Outreach work is often the first, most important step in re-connecting the system with the user.

[Available online at this link](#)

[Available online at this link](#)

34. Interventions to improve access to primary care for inclusion health groups in England: a scoping review.

Carruthers, E., Dobbin, J., Fagan, L., Humphrey, A., Nagasivam, A., Stevenson, K., Yuan, J. M., Aldridge, R. W., & Burns, R. Lancet, 2023

Background: Everyone in England has the right to primary care without financial charges. Nevertheless, evidence shows that barriers remain for inclusion health populations such as vulnerable migrants, people experiencing homelessness, Gypsy, Roma, and Traveller (GRT) communities, and people who sell sex. There is little evidence for what works to improve access. This study was a scoping review of interventions to improve access to mainstream primary care for inclusion health groups in England. Methods: In this scoping review, we searched databases (Embase, Medline, APA PsychInfo, the Cochrane Collaboration Library, Web of Science and CINAHL) and grey literature sources, including the National Health Service and National Institute for Clinical Excellence, for articles published in English between Jan 1, 2010, and Dec 31, 2020, with no limit on study design. Data were extracted according to inclusion criteria, including interventions taking place in England and targeting people with insecure immigration status, people who sell sex, people experiencing homelessness, and GRT communities. Results were presented in a narrative synthesis. Findings: 39 studies describing one or more interventions were included: four peer-reviewed articles (one randomised trial, two quality improvement projects, and one mixed-methods study protocol) and 25 grey literature items (38 interventions in total). Interventions mostly targeted people with insecure immigration status (17/38, 45%), and a majority (12/38, 32%) took place in London. The most common types of intervention were training, education, and resources (such as leaflets or websites) for patients or staff (25/38, 66%), and most interventions targeted GP registration processes (28/38, 74%). Interventions commonly involved voluntary and community sector organisations (16/38, 42%). Most interventions were not evaluated to understand their effectiveness (23/38, 61%). Sources with evaluations identified staff training, direct patient advocacy, and involvement of people with lived experience as effective elements. Interpretation: Interventions to improve access to primary care for inclusion health groups in England were heterogeneous, commonly undertaken at community level, and developed to serve local inclusion health groups. Considerations for policymakers and practitioners include groups and geographical areas less commonly included in interventions, the elements of positive practice identified in evaluations, and the need for evaluation of future interventions.

[Available online at this link](#)

35. Roma populations and health inequalities: a new perspective.

Orton, L., de Cuevas, R. A., Stojanovski, K., Gamella, J. F., Greenfields, M., La Parra, D., Marcu, O., Matras, Y., Donert, C., Frost, D., Robinson, J., Rosenhaft, E., Salway, S., Sheard, S., Such, E., Taylor-Robinson, D., & Whitehead, M. International journal of human rights in healthcare, 2019

Purpose: The purpose of this paper is to explore the emergence of "Roma health and wellbeing" as a focus of attention in European research and in policy and the possible

detrimental consequences of action founded on a generic representation of "Roma health." Design/methodology/approach: Based on discussions with and research conducted by scholars who work directly with Roma communities across European regions from a wide range of academic disciplines it suggests how future research might inform: a more nuanced understanding of the causes of poor health and wellbeing among diverse Roma populations and; actions that may have greater potential to improve the health and wellbeing among these populations. Findings: In summary, the authors promote three types of research: first critical analyses that unpick the implications of current and past representations of "Roma" and "Roma health." Second, applied participatory research that meaningfully involves people from specific self-defined Roma populations to identify important issues for their health and wellbeing. Third, learning about processes that might impact on the health and wellbeing of Roma populations from research with other populations in similarly excluded situations. Originality/value: The authors provide a multidisciplinary perspective to inform research that does not perpetuate further alienation and prejudice, but promotes urgent action to redress the social and health injustices experienced by diverse Roma populations across Europe. Keywords: Europe; Health inequalities; Policy; Research; Roma.

[Available online at this link](#)

36. Sexual health: variation in outcomes and inequalities.

Public Health England (PHE), 2021

A toolkit to guide sexual health commissioners, public health teams and sexual health service providers to explore inequalities at a local level in England. The purpose of this toolkit is to use existing data about sexual and reproductive health indicators between and within local authority areas to: understand where variation occurs, identify the principal causes and underlying factors, inform ways to target and reduce sexual and reproductive health inequality, and improve outcomes.

[Available online at this link](#)

37. Use of UK health services by Gypsies, Roma, and Travellers: triangulation of two mixed methods studies.

Lindsay Siebelt, Cath Jackson, Alison McFadden, Lisa Dyson, Karl Atkin. University of Dundee, 2017

Background: Gypsies, Roma, and Travellers (GRT) are less likely than the general population to access health services. The reasons are multiple, complex, and interlinked, and they exist at individual, provider, health system, and national levels. We report on two studies that explore GRT use of UK health services. Study 1 aimed to investigate barriers to, and facilitators of, immunisation, and identify interventions to promote uptake. Study 2 aimed to explore approaches that facilitate engagement and trust between GRT and health services, with maternity, early years, and child dental health services as exemplars. Methods: Study 1, completed in 2016, involved in-depth interviews with 174 GRT from six communities and 39 service providers in Scotland and England, and intervention mapping and co-production workshops with 76 participants to prioritise interventions. Study 2, to be completed in 2017, involves systematic reviews and a realist synthesis; online consultation with 196 UK-based stakeholders; case studies involving interviews and focus groups with 44 GRT, 54 health-care professionals and 13 third sector staff in Scotland and England; and cross-sectoral workshops which will refine policy recommendations. Qualitative and quantitative analysis identified barriers and facilitators to receiving health care; and approaches to enhancing engagement and trust in health care. Ethics approval for study 1 was granted by National Research Ethics Service Committee Yorkshire and The Humber, Leeds East, and for study 2 the NHS Health Research Authority East Midlands, Leicester Central Research Ethics Committee (16/EM/0028). Findings: Barriers to health care included discrimination, economic disadvantage, differences in cultural interpretations, language, and health literacy. Facilitators included trust in health professionals and intergenerational change towards valuing health services. Approaches to enhancing engagement included specialist workers and named professionals for GRT communities,

cultural training for professionals, and tailored or flexible systems. Facilitating the research depended on collaborating with trusted gatekeepers, and both studies used co-production methods to ensure that study recommendations are grounded in practice realities and acceptable to stakeholders. Interpretation: The findings provide advice for practitioners and policy makers engaging with GRT people, as well as insight on supporting other marginalised populations. Exploring the experience of GRT, service provision, and policy offers a substantiated account enabling public health to reflect on success or otherwise of interventions aimed at tackling inequalities.

[Available online at this link](#)

38. **Working with victims and survivors from Gypsy, Roma and Traveller Communities.** LimeCulture Community Interest Company, 2022

This resource aims to: • Provide a brief introduction to Gypsy, Roma and Traveller communities. • Highlight specific barriers for Gypsy, Roma and Traveller communities in accessing ISVA support and engaging with ISVAs and professionals. • Equip ISVAs with accurate information to inform practice and provide practical suggestions and tips to make ISVA services more accessible and equitable for Gypsy, Roma and Traveller communities.

[Available online at this link](#)

C. Community engagement

1. ***A community approach to engaging Gypsy and Travellers in cancer services.** Smith, D., Newton, P., Berlin, J., & Barrett, S. Health promotion international, 2020

While cancer outcomes in the UK have improved, inequalities remain with poorer and some ethnic minority populations experiencing lower survival rates. Research has addressed Gypsies' and Travellers' cancer-related beliefs, experiences and practices as part of wider studies but this is the first study in the UK to specifically focus on cancer. Findings suggest that health beliefs and practices are shaped by historical and contemporary social processes and the marginal position of Gypsies and Travellers in the UK society can result in a preference for seeking information and support from within the community. Starting from a health assets perspective, findings indicate that the structure of social relations in Gypsy and Traveller communities could be more widely utilized in health promotion programmes. Developing and extending techniques employed by Gypsy and Traveller Non-governmental Organisations such as community-based interventions and the use of lay health advisers, could be an effective method of health promotion by raising knowledge of cancer, engaging community members in preventative programmes and encouraging earlier access to services. Keywords: Gypsies Roma and Travellers; cancer; community health; ethnic minorities; health inequalities.

[Available online at this link](#)

2. ***Engaging Gypsy, Roma, and Traveller Communities in Research: Maximizing Opportunities and Overcoming Challenges.** Condon, L., Bedford, H., Ireland, L., Kerr, S., Mytton, J., Richardson, Z., & Jackson, C. Qualitative health research, 2019

Gypsy, Roma, and Traveller people are marginalized worldwide and experience severe health inequalities, even in comparison to other ethnic minority groups. While diverse and hard to categorize, these communities are highly cohesive and members have a strong sense of identity as a group apart from the majority population. Researchers commonly experience challenges in accessing, recruiting, and retaining research participants from these communities, linked to their outsider status, insular nature, and history of discrimination. In this article, the challenges and the opportunities of engaging Gypsies, Roma, and Travellers in a multicenter qualitative research project are discussed. The

management of public involvement and community engagement in this U.K.-based project provides insights into conducting research effectively with ethnically and linguistically diverse communities, often considered to be "hard to reach." Keywords: Gypsies; Roma; United Kingdom; engagement; public involvement; qualitative interviews; qualitative research; research methods; travellers; vulnerable groups.

[Available online at this link](#)

3. ***Public health interventions targeting excluded groups: trust as a key factor for success: Natalie Forster.**

N Forster, M Lhussier, S Dalkin, P Hodgson, S Carr. *European Journal of Public Health*, 2017

Background Intervention-generated inequalities, whereby those most likely to benefit from public health interventions are least likely to receive them, are an acknowledged concern. Among socially excluded groups, mistrust often influences decisions about engagement with health services, likely contributing to what has been termed the 'inverse prevention law'. Methods Findings from two research projects are drawn upon in order to produce lessons around how trust can be developed between public health practitioners and excluded groups. The first project is a realist synthesis of the evidence on how outreach improves the health of Traveller Communities. The second is an evaluation of intensive welfare advice services for groups experiencing complex circumstances, with findings from qualitative interviews with clients and staff members reported on in particular. Results Concrete examples are provided of the ways trust was negotiated between practitioners and members of excluded groups. In both contexts studied, the factors influencing trust echoed reports in the literature. This included: security; number of similarities; alignment of interests; benevolence; capability; communication; and integrity/predictability. However, the specific ways that practitioners and community members enacted these factors varied across the studies. For example, similarities could refer to being of the same ethnicity, having similar life experiences and/or the alleviation of stigma by presenting circumstances as universal or ordinary. Conclusions Comparing and contrasting processes of trust development for two distinct forms of service provision and population groups has illuminated the variety of ways in which components of trust 'play out' and are worked at in practice. It is important for public health practitioners to consider all of the components of trust noted when working to engage with excluded groups. Key messages: *Building trust is key when seeking to engage with excluded groups. *The ways trust is demonstrated and assessed depends on the particular context and characteristics of truster and trustee.

[Available online at this link](#)

4. ***Reducing lifestyle risk behaviours in disadvantaged groups in high-income countries: A scoping review of systematic reviews.**

South, E., Rodgers, M., Wright, K., Whitehead, M., & Sowden, A. *Preventive medicine*, 2022

High prevalence of risk behaviours may exacerbate existing poor health in disadvantaged groups. We aimed to identify and bring together systematic reviews with a focus on reducing risk behaviours in disadvantaged groups and highlight where evidence is lacking. We searched MEDLINE and Embase up to October 2020, with supplementary searching in Epistemonikos and Health Systems Evidence. We included systematic reviews that reported behavioural outcomes and targeted smoking, excessive alcohol use, unhealthy diet, or physical inactivity in groups with the following characteristics: low income or low socio-economic status (SES), unemployed people, homeless people, care leavers, prisoners, refugees or asylum seeker, Gypsies, Travellers, or Roma, people with learning disabilities and people living in disadvantaged areas. Reviews that included primary studies from any high-income country were eligible. Reviews were mapped based on the disadvantaged group(s) and behaviour(s) targeted. Ninety-two reviews were included, with the majority (n = 63) focusing on people with low income or low SES. We identified gaps in the evidence for care leavers; Gypsies, Travellers, and Roma and limited evidence for refugees and unemployed people. Few reviews targeted alcohol use. There was limited

evidence on barriers and facilitators to behaviour change. This suggests there is insufficient evidence to inform policy and practice and new reviews or primary studies may be required. Keywords: Disadvantaged groups; Health inequalities; Risk behaviours.

[Available online at this link](#)

5. ***Responding to measles outbreaks in underserved Roma and Romanian populations in England: the critical role of community understanding and engagement.**

Bell, S., Saliba, V., Evans, G., Flanagan, S., Ghebrehewet, S., McAuslane, H., Sibal, B., & Mounier-Jack, S. *Epidemiology and Infection*, 2020

This paper provides important qualitative analysis of barriers experienced by Roma in accessing healthcare and suggests alternative examination of determinants of vaccine hesitancy. Since 2016, the European Region has experienced large-scale measles outbreaks. Several measles outbreaks in England during 2017/18 specifically affected Romanian and Romanian Roma communities. In this qualitative interview study, we looked at the effectiveness of outbreak responses and efforts to promote vaccination uptake amongst these underserved communities in three English cities: Birmingham, Leeds and Liverpool. Semi-structured in-depth interviews were conducted with 33 providers involved in vaccination delivery and outbreak management in these cities. Interviews were analysed thematically and factors that influenced the effectiveness of responses were categorised into five themes: (1) the ability to identify the communities, (2) provider knowledge and understanding of the communities, (3) the co-ordination of response efforts and partnership working, (4) links to communities and approaches to community engagement and (5) resource constraints. We found that effective partnership working and community engagement were key to the prevention and management of vaccine-preventable disease outbreaks in the communities. Effective engagement was found to be compromised by cuts to public health spending and services for underserved communities. To increase uptake in under-vaccinated communities, local knowledge and engagement are vital to build trust and relationships. Local partners must work proactively to identify, understand and build connections with communities. Keywords: Health policy; measles; outbreaks; underserved communities; vaccination (immunisation).

[Available online at this link](#)

6. ***Working in partnership with people and communities: statutory guidance.**

NHS England, 2023

This guidance is for integrated care boards, NHS trusts, foundation trusts and NHS England. It supports effectively partnership working with people and communities to improve services and meet the public involvement legal duties.

[Available online at this link](#)

[Available online at this link](#)

7. **A realist synthesis of the evidence on outreach programmes for health improvement of Traveller Communities.**

M. Lhussier, S.M. Carr, N. Forster. *Journal of Public Health*, 2016

Background Improving the health of Traveller Communities is an international public health concern but there is little evidence on effective interventions. This study aimed to explain how, for whom and in what circumstances outreach works in Traveller Communities. Methods A realist synthesis was undertaken. Systematic literature searches were conducted between August and November 2011. Grey literature was sought and key stakeholders were involved throughout the review process. Iterative steps of data extraction, analysis and synthesis, followed by additional searches were undertaken. Results An explanatory framework details how, why and in what circumstances participation, behaviour change or social capital development happened. The trust status of outreach workers is an important context of outreach interventions, in conjunction with their

ability to negotiate the intervention focus. The higher the outreach worker's trust status, the lower the imperative that they negotiate the intervention focus. A 'menu' of reasoning mechanisms is presented, leading to key engagement outcomes. Conclusions Adopting a realist analysis, this study offers a framework with explanatory purchase as to the potential of outreach to improve health in marginalized groups. Keywords: health promotion, population-based and preventative services, relationships

[Available online at this link](#)

8. **Developing the Cultural Competence of Health Professionals Working with Gypsy Travellers.**

Gill Francis. John Wiley & Sons, Inc, 2013

This project explored one of the issues affecting access to health care services by Gypsy Travellers, namely the cultural competence of health professionals. The aim of the project was to support the development of cultural competence in health professionals through an exploration of staff attitudes, knowledge, and understanding of the cultural identity and health needs of Gypsy Travellers. Participants were drawn from community nursing services and members of the Irish Traveller community. The data collated from staff suggested there was limited understanding of Gypsy Traveller culture, health needs, or issues affecting the community, and the perceptions held were informed largely by negative media stereotypes. The benefits of honest, nonjudgmental, open discussion within professional forums about the existence and impact of bias and prejudice on practice were highlighted alongside the need for an improved understanding of the issues faced by Gypsy Travellers to improve access to care by this often excluded and marginalized community.

[Available online at this link](#)

9. **Friends, Families and Travellers' Young Health Champions.**

Royal Society for Public Health (RSPH), 2020

Samson is a Project Coordinator for Friends, Families and Travellers. As part of the 2020 New Year's Honours List, Samson was awarded a British Empire Medal for services to Young People and Families from the Gypsy and Traveller communities in Sussex. He explains how the Young Health Champions programme was taken on board by the charity and how it has helped improve the health and wellbeing of the young people who took part.

[Available online at this link](#)

10. **Gypsies' and Travellers' lived experiences, methodology, England and Wales: 2022.**

Office for National Statistics (ONS), 2022

Methodology explaining the approach to the qualitative research exploring the lived experiences of Gypsy and Traveller communities. The second URL links to: Gypsies' and Travellers' lived experiences, overview, England and Wales: 2022.

[Available online at this link](#)

[Available online at this link](#)

11. **Gypsy, Roma, Travellers and Boatpeople: Online information and support for the GRT community.**

Bristol City Council, 2023

A dedicated website to advise and guide the GRT communities. On this website you can find information and support for: • Health • Education • Accommodation • Benefits • emergency services We work with other services to support: • highly mobile people, children and families • Ethnic Gypsy, Roma and Travellers • Occupational Traveller and travelling groups • Services who support these communities We can also help you with: •

Filling in forms • Advice on benefits • Council tax • Planning issues • Health care services • Equality issues.

[Available online at this link](#)

12. Gypsy/Traveller Community Health Worker service: Interim evaluation.

Alison McFadden. University of Dundee, 2023

This report presents an interim evaluation of the Community Health Worker service covering the first ten months of implementation. The Community Health Worker service is a two-year programme in which Gypsy/Traveller Community Health Workers (CHWs) are trained to provide health advocacy for their community on a wide range of health and social care issues. The aim of the service is to address longstanding health inequalities experienced by Gypsy/Travellers, and to improve their health and wellbeing. Context and background: There is longstanding evidence that Gypsy/Travellers living in the UK experience major health inequalities with worse outcomes than the general population and other disadvantaged groups. Average Gypsy/Traveller life expectancy is estimated at 11.5 years (women) and 15 years (men) less than the general population, with higher rates of morbidity from non-communicable diseases, increased rates of suicide and poorer infant and child health reported. Despite a lack of routine data, research findings consistently show significant gaps between health outcomes for Gypsy/Travellers compared to the wider population. The reasons for such poor health in Gypsy/Traveller communities are complex; it is unclear how social determinants such as social exclusion, poverty, poor living conditions, low educational achievement and pervasive stigma and discrimination interact with lifestyle factors, health-seeking behaviour and healthcare access⁵. A key barrier to sustained improvement in health is lack of trust between Gypsy/Travellers and healthcare professionals. It is known that Gypsy/Travellers face multiple barriers to accessing responsive health services including upstream public health interventions focused on preventative care such as screening and immunisation. A systematic review identified barriers including difficulties in registering with GPs and dentists, discrimination, lack of understanding from health service personnel, poor communication between healthcare providers and Gypsy/Traveller, low health literacy, lack of trust, and poor-quality care. The review also found a paucity of high-quality evaluations of interventions to reduce health inequalities, and no economic evaluations.

[Available online at this link](#)

13. Gypsy/Travellers action plan: 2023.

Scottish Government, 2023

This action plan, covering June to September 2023, is the Scottish Government's commitment to Gypsy/Traveller communities. It is created to ensure the plan remains relevant to the needs of Gypsy/Traveller communities and takes into account current contexts.

[Available online at this link](#)

14. Outreach programmes for health improvement of Traveller Communities: a synthesis of evidence.

Carr, S. M., Lhussier, M., Forster, N., Goodall, D., Geddes, L., Pennington, M., Bancroft, A., Adams, J., & Michie, S. National Institute for Health & Care Research (NIHR), 2014

Background: The term 'Traveller Communities' refers to a complex population group encompassing Romani Gypsies, Irish Travellers, Welsh Travellers, Scottish Travellers, Roma, New Travellers, Travelling Showpeople, Circus People and Boat Dwellers. A lack of reliable demographic data combined with nomadic lifestyles leads to potential invisibility in health service planning and results in unmet needs. Outreach has been utilised as a key strategy to engage Traveller Communities in health improvement interventions. Aim: To synthesise the evidence on outreach programmes to improve the health of Traveller Communities. Design: Scoping, economic and realist reviews were employed with the

following objectives: (1) to quantify and classify the evidence concerning Traveller Communities' health; (2) to estimate the costs of different types of outreach and determine which might be considered cost-effective and (3) to develop explanations of how, for whom and in what circumstances outreach works best. Conclusions: Outreach workers need clarity about the purpose of their intervention, in terms of degrees of engagement (leading to the three outcome categories above). Where outreach aims to promote attendance at one-off events such as screening, the worker may not need to have long-established links with the Community. Changing behaviour or developing social capital, on the other hand, is a challenge that needs to build explicitly on long-established, trusting relationships. Any flexibility built into the intervention in terms of negotiating intervention topic can contribute significantly to the outcome. While true engagement with an issue must not be assumed from participation at an event, these events can be used as part of longer-term trust-building strategies. These synthesis approaches offer maximum translational potential for other marginalised groups. There is a need for more theoretically informed evaluations of engagement initiatives, in order to develop transferable lessons around how and for whom interventions work in different contexts.

[Available online at this link](#)

15. Smoking prevalence and the changing risk profiles in the UK ethnic and migrant minority populations: implications for stop smoking services.

Aspinall, P. J., & Mitton, L. Public health, 2014

Objectives: Smoking is the leading risk factor for disability-adjusted life-years, yet evidence with which to establish the smoking rates of people with different ethnic backgrounds and how they are changing in relation to recent migration is lacking. The objective is to provide current information on the changing risk profiles of the UK population. Study design: Observational study using cross-sectional surveys. Methods: Data from the Integrated Household Survey (pooled for the years 2009/10-2011/12), obtained under Special Licence, and the GP Patient Survey (2012) have been used to establish smoking prevalence in a wider range of ethnic groups in England and Wales, including the 'mixed' groups and amongst East European migrants, and how such prevalence differs across socio-economic classes. Results: Smoking prevalence is substantially higher amongst migrants from East European countries (that for males exceeding 50% from three such countries and for females over 33% from four countries) and from Turkey and Greece, compared with most other non-UK born groups, and amongst ethnic groups is elevated in the 'mixed' groups. Rates are highest in the Gypsy or Irish Traveller group, 49% (of 162) and 46% (of 155) for males and females respectively. Across ethnic groups, rates are almost always higher in the UK born than non-UK born population with the notable exception of the 'White Other' group, with Prevalence Ratios (PRs) indicating a larger migrant-non-migrant differential amongst females (e.g. Indians 2.95 (2.33-3.73); Black Caribbeans 3.28 (2.73-3.94). Age-adjusted rates show the persistence of these differentials in females across age groups, though young males (18-29) in seven minority ethnic groups show lower rates in the UK-born groups. The 'White' and 'Chinese' groups show a strong socio-economic gradient in smoking which is absent in the South Asian groups and diminished in the 'mixed' and black groups. Conclusions: Given the evidence that smoking behaviour is significantly different in some of the new groups, notably East European migrants, stop smoking services are failing to optimize the acceptability and, consequently, favourable outcomes for these programmes. These services need to be adapted to the particular patterns of smoking behaviour and language skills within different communities of descent. Keywords: Ethnic minority groups; Migrants; Prevalence; Smoking.

[Available online at this link](#)

D. Health Needs Assessment

1. ***Gypsy, Roma and Traveller Health Needs Assessment.**
Kent County Council, 2023

It is recognised nationally that Gypsy, Roma and Traveller people have significantly poorer health outcomes than the general population of England and these inequalities in health are a result of interactions between adverse environments (living, working and social), lifestyle behaviours and poor access to health, care and wider support services. Kent has a higher percentage of Gypsy and Traveller people than the England average and many Roma communities. Nationally there is a lack of focus on Gypsy, Roma and Traveller communities in Joint Strategic Needs Assessments which results in these communities being overlooked when planning services. In response to these issues the council's Public Health Team carried out a Gypsy, Roma and Travellers Health Needs Assessment (HNA) to update the previous HNA of 2015.

[Available online at this link](#)

2. ***Health Needs Analysis of People Living in Vehicles in Bristol.**

Kate Cooke. Bristol City Council, Public Health, 2023

The multi-agency working group established in Bristol to provide a strategic lead on 'vehicles dwellers' estimates there are 600-800 people living in vehicles in Bristol. A broad range of experiences, heritage and culture bring people to live in vehicles in Bristol. Some were born into Gypsy Roma and Traveller (GRT) communities. Not all GRT families live in caravans or on Traveller sites. In Bristol, about 95% of this community live in houses or flats. Nomadic GRT families may be in Bristol for the autumn and winter months but are often touring the country during the travelling season that runs from April to October (Bristol City Council, 2023).

[Available online at this link](#)

3. ***Health Needs Assessment for Gypsy, Traveller and Boater Populations Living in Wiltshire.**

Wiltshire Council, 2019

This is the first time a HNA has been done to explore the issues experienced by Gypsy, Traveller and Boater populations in Wiltshire. This assessment provides a snapshot of the current intelligence we have around these communities. The aim of this health needs assessment is to identify the needs of the Gypsy, Traveller and Boater communities in Wiltshire, to describe the current services and support in place to address these needs, and to identify the gaps in meeting these using evidence-based or best-practice approaches. This report, in conjunction with further input from the Traveller Reference Group, will guide ongoing developments in reducing health inequalities and improving health outcomes for this particular community. The scope of this report will focus on Gypsy, Traveller and Boater communities in Wiltshire. Showmen and circus families are not included specifically in this assessment, but many of the outcomes and recommendations may be applicable. Accurate local data is challenging to report, and therefore national or literature-based data may be used as a substitute.

[Available online at this link](#)

4. ***In Fair Health? A Pilot Study of the Health and Wellbeing Status of Travelling Showpeople in Two Locales.**

Greenfields, Margaret; Chadwick, Sheldon; Smith, David; Sophie, Coker. Anglia Ruskin University, 2023

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, 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 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.

[Available online at this link](#)

[Available online at this link](#)

5. ***Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities, Identifying Best Practice.**

Peter Unwin, Josie O.'Driscoll, Claire Rice, Jackie Bolton, Allison Hulmes, Alexandra Jones. NHS Race & Health Observatory, 2023

Gypsy, Roma, and Traveller communities face some of the starkest inequalities in access to healthcare in England and experience dire mental health outcomes. This report explores a lack of mental health care provision for these communities; captures first hand insight; and highlights good practice examples from six effective services across England, most of them run by voluntary Gypsy, Roma and Traveller organisations. The report includes recommendations for policy, practice and research. Main report – Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities – Identifying Best Practice contains data, personal interviews and analysis. The Plain English Summary – Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities and Appendices. [The second URL links to a summary of the report in the BMJ.]

[Available online at this link](#)

[Available online at this link](#)

6. ***The experiences of socially vulnerable groups in England during the COVID-19 pandemic: A rapid health needs assessment.**

Stevens, A. J., Ray, A. M., Thirunavukarasu, A., Johnson, E., Jones, L., Miller, A., & Elston, J. W. T. Public health in practice, 2021

Objectives: This rapid health needs assessment was undertaken to urgently identify the needs of socially vulnerable groups arising during the first wave of cases of the COVID-19 pandemic in England. The objective was to develop recommendations for policy makers and stakeholders to mitigate adverse impacts on socially vulnerable groups throughout the COVID-19 response and recovery period. Study design: Rapid health needs assessment. Methods: The needs assessment employed qualitative methods to systematically collect data about the knowledge and views of key informants through semi-structured interviews and focus groups. Participants were either topic experts providing services to socially vulnerable groups who routinely face barriers to healthcare access or experts by experience. Participants included people experiencing homelessness, sex workers, people from Gypsy, Roma and Traveller communities and people facing challenges due to their immigration status. Data was collected over a week period in April/May 2020 and followed by thematic analysis to examine interview transcripts. Results: Forty-two participants were included in the study, half of whom were experts by experience. Challenges with accessing and following COVID-19 information and government guidance were described as affecting all groups, due to exclusion from digital technology, translated resources, tailored support and adequate housing. Altered delivery of healthcare services, such as the closure of outreach and drop-in services, remote consultations, and online patient registration, were noted by interviewees as worsening existing barriers to accessing healthcare. Being charged for NHS care remained a key fear for migrants. All groups' access to income, education and social support were reported as being impacted by service closures and job losses, putting them at higher risk of destitution. Isolation, loneliness and deteriorating mental health were frequently reported. Conclusions: This assessment has highlighted the

disproportionate impact of the COVID-19 pandemic on socially vulnerable groups and demonstrated a plethora of unmet needs. As the effects of COVID-19 continue, it is imperative that the needs of these groups are urgently and explicitly addressed and prioritised. This is essential to promote engagement with test and trace services, enable isolation adherence, and achieve high vaccine uptake in socially vulnerable populations. Keywords: COVID-19; Digital exclusion; Health inequalities; Needs assessment; Socially vulnerable.

[Available online at this link](#)

7. ***Wakefield District Gypsy and Traveller Health Needs Assessment.**

Leeds GATE. Wakefield Council, 2023

Introduction A Wakefield District Gypsy and Traveller Health Needs Assessment (HNA) was undertaken in 2022, coordinated and produced by Leeds Gypsy and Traveller Exchange, in partnership with Wakefield Council. Nationally, Gypsies and Travellers are known to have the worst outcomes of any ethnic group across areas including education, health, employment, criminal justice and hate crime¹. This HNA aimed to collect data to facilitate improved understanding of the health and wellbeing issues affecting the local Wakefield Gypsy and Traveller community, and to subsequently inform recommendations for change. Methodology Interviews were undertaken with 15 community members and 8 stakeholders. Community members were adult male and female Romany Gypsies and Irish Travellers from a range of accommodation settings and stakeholders were individuals who work with Gypsies and Travellers in a paid capacity. This qualitative data was complemented by a literature review, a small-scale Heath Common Traveller Site resident survey, findings from resident meetings and locally available information. Findings A variety of deep rooted and interconnected issues affect the health and wellbeing of the Wakefield Gypsy and Traveller community. Within the report, findings are broadly categorised into four areas – health, accommodation, wider determinants of health, support and services.

[Available online at this link](#)

[Available online at this link](#)

8. **Gypsies' and Travellers' Health Needs.**

West Sussex CCG, 2010

[Updated: November 07, 2019.] Looking at the health needs of Gypsies and Travellers in West Sussex. Gypsies and Travellers experience significantly poorer health outcomes than the settled population, other ethnic minorities and socially deprived groups. Following the national patterns, Gypsies and Travellers in West Sussex experience social deprivation, poor quality accommodation, uncertainty about being moved on, low health literacy, difficulty accessing health and social care services, late presentation and low uptake of services. To fully understand Gypsies' and Travellers' health needs, it is necessary to understand their distinct cultural rules and expectations, the low levels of literacy and educational attainment and the multiple forms of deprivation and discrimination they continue to experience. Their accommodation and travelling status also have a major impact on their health. Despite the challenges involved, there are many local examples of good practice where public services have worked closely with Gypsy and Traveller communities to commission, develop and support services to meet their needs. The most effective approaches are those that integrally involve Gypsies and Travellers, so that services are developed and co-produced with them, rather than imposed.

[Available online at this link](#)

9. **Gypsy and Travellers Health Needs Assessment: London Borough of Sutton.**

Rekha Sharma,. Sutton London Borough Council, 2017

Executive Summary • Gypsies and Travellers are not a homogenous group. Five different types have been identified in London, two of which, English Gypsies and Irish Travellers,

reside in Sutton. • Gypsies and Travellers face some of the most marked health inequalities compared to other ethnic minority groups. • It is a legal obligation for the Local Authority and CCG to address these inequalities and to produce an inclusive JSNA. • The English Gypsies and Irish Travellers within the borough are quite distinct groups. • Travelling was reported to be a crucial part of the identity of this community and is strongly driven by family ties. • Poor living conditions and environmental factors are the single most influential contributing factor to the poor health status of Gypsies and Travellers in Sutton, including stress.

[Available online at this link](#)

10. **Gypsy and Travellers health needs Report for Healthwatch Cambridgeshire.**

Kate D.'Arcy. Healthwatch Cambridgeshire, 2016

Gypsies, Romany and Travellers make up the largest minority ethnic communities in Cambridgeshire yet are more likely to have poor health than other local people. This project was led by Dr Kate D'Arcy, one of our Outreach volunteers. Kate works at the University of Bedfordshire and has experience of work and research with Gypsy, Romany and Traveller communities. Kate went out with Terri-Lee and Rose who work for the Traveller Health Team at Cambridgeshire County Council. They talked to 15 local Gypsies, Romany and Travellers about their health. Most of the people we talked to had complex medical needs and have experienced a range of different health issues.

[Available online at this link](#)

[Available online at this link](#)

11. **Gypsy, Roma and Travellers Community Health Profile 2023.**

Birmingham City Council, 2023

Data tables on the GRT community in Birmingham, 2023.

[Available online at this link](#)

12. **Health Needs Assessment of Gypsies, Travellers and Roma Groups in Leeds 2019 .**

Liz Bailey. Leeds City Council, 2019

The overarching aim of this Health Needs Assessment (HNA) is to inform the commissioning of a service that can help deliver the vision of the Leeds Joint Health and Wellbeing Strategy (2016-21) so that: Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest, with a particular focus on outcome one (People will live longer and healthier lives) and outcome five (people will live in healthier and sustainable communities). The HNA has provided an opportunity to assess what is currently provided to meet the health needs of Gypsy, Traveller and Roma groups, identify gaps and use this to plan a holistic service, that is in step with current user needs and the wider health activity that is taking place around the Gypsy, Traveller and Roma communities. Taken in the whole, this will help ensure that a new service can be future proofed, be flexible and provide on-going value for money. In a climate of shrinking public sector funding which is impacting on public health budgets and activity, it is imperative that services across the health system are well aligned, to minimise gaps in service, maximise user satisfaction and ultimately improve health outcomes and reduce inequalities in health.

[Available online at this link](#)

13. **Inclusion of Gypsy Traveller health needs in Joint Strategic Needs Assessments: A review.**

Rachel Wemyss. Friends, Families and Travellers (FFT), 2015

This report reviews the inclusion of Gypsy Traveller health and social care needs in the South East as part of Friends, Families and Travellers' (FFT) ongoing work supporting the Inclusion Health agenda. Inclusion of Gypsies and Travellers in JSNA documents is critical for planning and commissioning services that work to reduce health inequalities. If Gypsy Traveller health needs are not included in robust and comprehensive needs assessments they risk being excluded from strategies and commissioning to address health inequalities. For clinically-led, evidence based commissioning to be effective in tackling Gypsy Traveller health inequalities the local evidence base of health needs and interventions, especially for social rather than clinical remedies, needs to be developed.

[Available online at this link](#)

14. Overview of Inclusion Health in Enfield and North Central London.

Public Health, London Borough of Enfield Communities Team, North Central London ICB. London Borough of Enfield, 2022

[See p.6.] The needs assessment aims to synthesize evidence on the health needs of targeted populations across the five boroughs, identifying the size and demographic profile, health needs, services and gaps in order to inform the ICS commissioning strategy and articulate need for sustainable funding.

[Available online at this link](#)

15. Roma in Ireland: A National Needs Assessment.

Pavee Point and the Department of Justice and Equality, 2018

The aim of the National Roma Needs Assessment is to establish how best to improve state agencies' interaction with the Roma community in Ireland. It was commissioned by the Department of Justice and Equality. It uses a thematic approach reflecting the key priority areas as set out in the EU Framework for National Roma Integration Strategies up to 2020, namely: employment, accommodation, health and education. The Assessment also reflects horizontal issues as outlined in the Council of the European Union Recommendation on Roma integration measures, including anti-discrimination, poverty reduction and the situation of Roma women and children.⁶ Overall this research shows that Roma are a diverse group in Ireland with a range of experiences. The findings revealed that there are up to 20% of respondents who are completely marginalised from services and supports. They are living in extreme poverty, in sub-standard accommodation, sometimes with no bathroom, kitchen or cooker. For this group of respondents accommodation is overcrowded, with reports of rats, damp and sewerage problems. Respondents reported children living in these situations of extreme poverty and deprivation, with children being sent to school hungry and with no lunch. These situations need urgent attention. Beyond this, 60% of respondents still reported experiences of consistent poverty, including not always having enough fuel, food or heat.

[Available online at this link](#)

16. The experiences of socially vulnerable groups in England during the COVID-19 pandemic: A rapid health needs assessment.

Stevens, A. J., Ray, A. M., Thirunavukarasu, A., Johnson, E., Jones, L., Miller, A., & Elston, J. W. T. Public health in practice, 2021

Objectives: This rapid health needs assessment was undertaken to urgently identify the needs of socially vulnerable groups arising during the first wave of cases of the COVID-19 pandemic in England. The objective was to develop recommendations for policy makers and stakeholders to mitigate adverse impacts on socially vulnerable groups throughout the COVID-19 response and recovery period. Study design: Rapid health needs assessment. Methods: The needs assessment employed qualitative methods to systematically collect data about the knowledge and views of key informants through semi-structured interviews and focus groups. Participants were either topic experts providing services to socially vulnerable groups who routinely face barriers to healthcare access or experts by

experience. Participants included people experiencing homelessness, sex workers, people from Gypsy, Roma and Traveller communities and people facing challenges due to their immigration status. Data was collected over a week period in April/May 2020 and followed by thematic analysis to examine interview transcripts. Results: Forty-two participants were included in the study, half of whom were experts by experience. Challenges with accessing and following COVID-19 information and government guidance were described as affecting all groups, due to exclusion from digital technology, translated resources, tailored support and adequate housing. Altered delivery of healthcare services, such as the closure of outreach and drop-in services, remote consultations, and online patient registration, were noted by interviewees as worsening existing barriers to accessing healthcare. Being charged for NHS care remained a key fear for migrants. All groups' access to income, education and social support were reported as being impacted by service closures and job losses, putting them at higher risk of destitution. Isolation, loneliness and deteriorating mental health were frequently reported. Conclusions: This assessment has highlighted the disproportionate impact of the COVID-19 pandemic on socially vulnerable groups and demonstrated a plethora of unmet needs. As the effects of COVID-19 continue, it is imperative that the needs of these groups are urgently and explicitly addressed and prioritised. This is essential to promote engagement with test and trace services, enable isolation adherence, and achieve high vaccine uptake in socially vulnerable populations. Keywords: COVID-19; Digital exclusion; Health inequalities; Needs assessment; Socially vulnerable.

[Available online at this link](#)

17. **Understanding health needs of the Traveller community.**
Radhika Holmström. Royal College of Physicians (RCP), 2019

This article investigates misconceptions, preconceptions and language in the health and hospital needs of the Traveller community. It looks at how the Gypsies/ Travellers/ Romani groups are defined, and their specific health needs. From some perspectives, this is a specific group and/or set of groups with distinct health issues; from others, framing a conversation in this way fuels, rather than extinguishes, the stereotypes. [The second URL links to a longer version of this article in February 2019's Commentary magazine.]

[Available online at this link](#)

[Available online at this link](#)

E. Culture, ethnicity, exclusion and prejudice

1. ***A Comparative Sociology of Gypsy Traveller Health in the UK.**
Millan, M., & Smith, D. International journal of environmental research and public health, 2019

This paper presents findings from a series of health-related studies undertaken between 2012 and 2017 with Romany Gypsies and Irish Travellers living in different locations and in various forms of accommodation in southern England. These set out to develop a sociological understanding of the factors impacting on the health and wellbeing of members of those communities and to consider the extent health status is shaped by ethno-cultural and/or socioeconomic factors, and the interplay and direction of causal processes between them. The relative influences of cultural and structural factors in generating health inequalities have important implications for engaging marginalised populations in health services and preventative programmes. This paper will present survey and qualitative data on Gypsies' and Travellers' health beliefs and practices to understand how those beliefs and practices have developed in different social contexts as responses to deeper social mechanisms, and share commonalities with other marginalised and excluded social groups. In policy terms this indicates the need for health interventions that are applied proportionate to the level of disadvantage experienced thus ensuring equality and fairness while

accounting for diversity and difference. Keywords: Irish Traveller; Romany Gypsy; accommodation; comparative sociology; social determinants of health.

[Available online at this link](#)

2. ***Gypsies' and Travellers' lived experiences, culture and identities, England and Wales: 2022.**

Office for National Statistics (ONS), 2022

Qualitative research exploring the lived experiences of Gypsy and Traveller communities, relating to culture and identities. Main points

- Participants' accounts portray considerable variation in the individual preference for a nomadic lifestyle, which impacts personal circumstances such as access to services, employment and family relationships.
- Close relationships with family were recurrently described as fundamental to Gypsy and Traveller values and well-being, but a move away from traditional lifestyles and, with this, greater separation from family, was felt to be occurring.
- Diverse views were expressed on gender roles, with some stepping outside of what were seen as traditional gender roles among Gypsies and Travellers, and emphasising the importance of education for young women, while others valued arrangements described as traditional among Gypsies and Travellers, such as men being the primary breadwinners, while women are responsible for care of family members and the home, with their work outside the home flexing around these roles.
- A range of experiences and relationships were described regarding non-travelling communities; some felt comfortable and accepted while others described past negative interactions resulting in wariness of the settled community and a preference for socialising with other Gypsies and Travellers.
- As well as a sense of loss associated with an evolving culture, some participants focused on new opportunities for themselves and the next generation, embracing new ideas and values, for example, in relation to education, housing, healthcare and gender roles.
- Running through participants' accounts were experiences of perceived prejudice and hostility in many aspects of life, which influenced decisions about whether to disclose or avoid revealing their Gypsy or Traveller identity with employers, educators and non-travelling people; in some cases, the choice was removed and they were "outed" either directly by others or indirectly by their accent, address or surname.
- Throughout discussions about sharing their identity, participants recurrently expressed a desire to be recognised as an individual, not on the basis of preconceived ideas about their ethnic group.

[Available online at this link](#)

3. ***Hate: "As regular as rain": A pilot research project into the psychological effects of hate crime on Gypsy, Traveller and Roma (GTR) communities.**

Margaret Greenfields, Carol Rogers. GATE Herts, 2020

Experiences of hate crime: When asked how commonly hate speech or hate crime experienced by GTR community members occurs, 78% of our survey respondents suggest that incidents of hate speech/crime happen very often (with some comments suggesting this took place on a constant or daily basis); 18% selected 'often' and only 3% of respondents indicated 'sometimes'. Most common forms of hate speech/crime the survey participants experienced:

- exclusion and discrimination from and within services (e.g. health, education) experienced by 94% of respondents
- reinforcement of negative stereotypes experienced by 89% of respondents
- social media abuse experienced by 87% of respondents
- media incitement to racial hatred experienced by 82% of respondents

Also, notably and extremely concerning, given that bullying in school is associated with poor outcomes and adverse childhood experiences, is the finding that 78% of respondents highlighted school bullying as significant hate related incidents experienced by themselves and/or their children, demonstrating how early in life victimisation through hate incidents begins.

[Available online at this link](#)

4. ***Millions without mail.**

Citizen's Advice, 2020

Since 2010, 7 million people have been unable to receive their post. This is either because they don't have an address, they're moving around frequently or someone is intercepting their post. This problem disproportionately affects marginalised people. Homeless people, survivors of domestic abuse, Gypsies and Travellers, and people living in precarious housing such as boats are far more likely to face these problems. Missing letters causes people significant harm. This includes missing out on health care services, benefits, housing and employment opportunities, as well as financial losses and debt. 4.7 million people have missed appointments with key services because of missed letters. This includes financial, health and employment related services, as well as court appearances. 3 million people have experienced financial losses because of missed letters. On average this amounts to a £850 loss per person. 3.6 million people have missed at least one, if not more, healthcare appointment because of missed letters. 1.8 million people have missed out on employment opportunities as a result of missing letters.

[Available online at this link](#)

5. ***Race hate and prejudice faced by Gypsies and Travellers in England.**

Abbie Kirkby, Ivy Manning, Emma Nuttall, Elvira Popenko. Friends, Families and Travellers (FFT), 2023

The 2018 Equalities and Human Rights Commission report Developing a National Barometer of Prejudice and Discrimination in Britain, found that more people expressed openly negative feelings towards Gypsies, Roma and Travellers (44%) than any other group, double that towards Muslims (22%), and transgender people (16%), which were the next highest groups. This figure is borne out in other surveys, showing that the level of prejudice and negativity held towards Gypsies and Travellers is high, and significantly higher than that held towards other groups in the UK.

[Available online at this link](#)

[Available online at this link](#)

6. ***The Framework Convention for the Protection of National Minorities and the United Kingdom.**

Council of Europe, 2021

The Council of Europe's expert body on the rights of national minorities has highlighted troublingly persistent levels of antigypsyism in the United Kingdom, as well as racial and ethnic bullying in schools. Linguistic minorities also need greater levels of support. These are among the main findings of the latest opinion on the UK by the Advisory Committee on the Framework Convention for the Protection of National Minorities. The UK ratified the convention, which is legally binding under international law, in 1998. The opinion states that a wealth of civil society organisations continue to promote the rights of national minorities in the United Kingdom, but the instrumentalisation of human rights for party-political ends limits the space for those seeking to defend minority rights. Recent legislative changes and proposals – including the review of the Human Rights Act, the Nationality and Borders Act and the Police, Crime, Sentencing and Courts Act – raise many concerns for national minorities and threaten to weaken the protection of minority rights. The Advisory Committee expresses particular concern about the situation facing Gypsies, Roma and Travellers in the UK, citing issues related to their legal status, a systematic shortage of sites and access to education and healthcare. The Police, Crime, Sentencing and Courts Act has criminalised trespass with a vehicle and sparked profound fear among this minority, according to the opinion. The Advisory Committee issued a number of recommendations to the UK authorities on how best to address these issues, including five recommendations for immediate action. [The second URL links to the Fifth Cycle State Report 2021 in English, and the Fifth Cycle Opinion report 2023 in English. The third URL links directly to the report.]

[Available online at this link](#)

[Available online at this link](#)

[Available online at this link](#)

7. **Are Gypsy Roma Traveller communities indigenous and would identification as such better address their public health needs?.**

Heaslip, V., Wilson, D., & Jackson, D. Public health, 2019

Introduction: Across Europe, large numbers of Gypsy Roma Traveller communities experience significant health inequities such as higher morbidity, mortality and infant mortality. This health inequity is perpetuated by wider determinants such as a lower social status, lower educational attainment and substandard accommodation. This is not dissimilar to other indigenous peoples, even though many Gypsy Roma Traveller communities are not identified as indigenous. Methods: This article presents contemporary literature and research alongside the internationally agreed principles of indigenous peoples, examining similarities between Gypsy Roma Traveller communities and other indigenous peoples. Results: We argue that Gypsy Roma Traveller communities could be recognised as indigenous in terms of the internationally agreed principles of indigeneity and shared experiences of health inequity, colonisation and cultural genocide. Doing so would enable a more robust public health strategy and development of public health guidelines that take into account their cultural views and practices. Conclusion: Recognising Gypsy Roma Traveller communities in this way is important, especially concerning public health, as formal recognition of indigeneity provides certain rights and protection that can be used to develop appropriate public health strategies. Included within this are more nuanced approaches to promoting health, which focus on strengths and assets rather than deficit constructs that can perpetuate problematising of these communities. Keywords: Gypsy; Health inequalities; Health inequity; Indigenous; Roma; Traveller.

[Available online at this link](#)

8. **Aspects of Illness and Death among Roma-Have They Changed after More than Two Hundred Years?.**

Kozubik, M., van Dijk, J. P., & Filakovska Bobakova, D. International journal of environmental research and public health, 2019

Augustini studied Roma and published reports in 1775-1776 on their illnesses and death. Our intention was to compare the features of these two topics described by him in the late 18th century with those in the present time. We studied Augustini's work on illnesses and death in the past. The present qualitative study was conducted in 2012-2013 in the same geographical area in which Augustini lived and worked more than two hundred years ago, i.e., the Tatra Region in Slovakia; our findings were evaluated in 2017-2018. We carried out semi-structured interviews with more than 70 informants and organised two sessions of focus groups. Data were analysed using content analysis (Augustini) and an open coding process. Our findings suggest that illnesses in Roma are treated differently nowadays compared with 1775-1776. For example, the traditional forms of healing have completely disappeared in the area of investigation. We did not observe any differences in dying and death perceptions between the past and nowadays. Although data and knowledge on health disparities and related mechanisms exist, and much more about perceptions of Roma regarding illnesses is now known compared with 1775-1776, so far, this knowledge has not helped to design effective interventions to overcome them. Substandard living conditions in marginalised Roma communities have not significantly improved since 1775-1776, which may contribute to their higher morbidity and mortality also nowadays. Political and social consensus should lead to a comprehensive vision for enhancing the social situation and living conditions in segregated settlements, especially providing housing for the poorest classes and overcoming health disparities. Keywords: 1775; 2012; Roma; Slovakia; death; illnesses.

[Available online at this link](#)

9. **Caravan wives and decent girls: Gypsy-Traveller women's perceptions of gender, culture and morality in the North of England.**

Casey R. Culture, health & sexuality, 2014

This paper examines the beliefs and practices that constitute gender among Gypsy-Traveller women and then attempts to discern the consequences that flow from these. It analyses gender ideology and expectations among women and the shared investment in the moral identity attached to being a good Gypsy-Traveller wife. The paper argues that 'Gypsy-Traveller woman' cannot be understood as an identity that stands apart from gender and racial oppression. It is within this context that the tension between change and permanence in gender relations is played out. It argues that the maintenance of cultural taboos embodied and symbolised in the surveillance of womens' bodies is an important issue that problematises the construction of Gypsy-Traveller women. It posits that the appeal to morality may represent as much an avoidance of anxiety as a defence of marked gendered divisions within Gypsy-Traveller society. The paper suggests that the demands of cultural survival play a significant role in framing the degree to which women are willing or able to challenge the status quo. Keywords: England; Gypsy-Traveller women; decency; femininities; gender; morality.

[Available online at this link](#)

10. **Confronting racism in family planning: a critical ethnography of Roma health mediation.**

Kühlbrandt C. Sexual and reproductive health matters, 2019

Roma health mediators are part of a government funded, community-led health intervention. One of the programme's central aims is to improve access to reproductive care for Roma women, often said to be one of the most disadvantaged population groups in Europe. This paper is a critical analysis of mediation in Romania, focusing on how social determinants shape access to family planning and how mediators are employed to address inequalities. It is based on ethnographic observations of mediators at work, as well as in-depth interviews with community members, health professionals, and mediators. Health professionals tended to see Roma families as wanting and having an unreasonably large number of children and tried to curtail this through the promotion of contraception. This contrasted with the perspective of community members, who appeared not to choose having many children but who instead struggled to access contraception for financial reasons. Roma health mediators generally seemed aware of multiple and intersecting pressures that women were facing, but ultimately tended to frame family planning as a matter of choice, culture, and knowledge. I set these perspectives against the background of anti-Roma racism and eugenic sentiments, reflected in popular discourses about Roma reproduction. I explore how an intervention that nominally aims to promote the emancipation of Roma communities, in fact entrenches some of the racially fused assumptions that are connected to inequalities of access to reproductive health care in the first place. The discussion has implications for Roma reproductive health interventions across Europe, and for participatory interventions more globally. Keywords: Roma health mediation; Romania; contraception; discrimination; ethnography; family planning; intersectionality; racism; reproductive health.

[Available online at this link](#)

11. **Emotional relevance and prejudice: testing the differentiated effect of incidental disgust on prejudice towards ethnic minorities.**

Pascal, E., Holman, A. C., & Miluț, F. M. Frontiers in psychology, 2023

Negative emotions such as disgust or anger influence the evaluation of minorities and amplify prejudice, stereotypes, and discrimination behaviors towards them. However, new discoveries suggest that these spillover effects might be more specific in the sense that the bias might occur only if the emotions are specific to the affect that is generally evoked by that particular minority, i.e. anger increases prejudice towards anger-relevant groups, and disgust towards disgust-relevant groups. Our study aimed to examine, the specificity of the

spillover effects, namely the importance of emotion's relevance to the prejudice towards out-groups. To test this hypothesis, we investigated the influence of incidental disgust on the evaluation of two minorities, one that is usually associated with disgust (the Roma minority) and one usually associated with anger (the Hungarian minority). We used a 2 x 2 between-subjects experimental design where we manipulated the emotion experienced by the participants (disgust versus neutral) and the target they evaluated (Romani or Hungarian minority). We tested the effects of these manipulations on three aspects of prejudice toward the target group: cognitive, affective, and behavioral. The results support the specificity of the spillover effect, by showing that incidental disgust increased prejudice only towards the disgust-relevant target, namely the Roma minority, and that the intensity of this emotion experienced by the participants mediates this effect. Moreover, incidental disgust increased not only the negative emotions associated with the Romani (i.e., the affective component) but also the negative cognitions associated with them and the desire to maintain an increased social distance (i.e., behavioral prejudice). These findings highlight the importance of emotions' relevance in bias toward minorities and provide a starting point for future anti-discrimination interventions. Keywords: emotion relevance; ethnic minority; incidental disgust; prejudice; spill-over effect.

[Available online at this link](#)

12. **England's most disadvantaged groups: Gypsies, Travellers and Roma.**
Equality and Human Rights Commission, 2016

This report is intended for policy makers and influencers across all sectors and the general public. The report includes findings on the experiences of Gypsies, Travellers and Roma in relation to: • education; • work and standard of living; • health; • prisons; • stigmatising treatment.

[Available online at this link](#)

13. **Gypsies, Tramps and Thieves?: UK national newspaper depictions of Romanians and Bulgarians analysed.**
Migration Observatory, 2014

[In the report: 'Bulgarians & Romanians in the British National Press: 1 December 2012 - 1 December 2013', see pp.15-20: Section 5. Results: Analysis of Roma and Gypsy. The first URL links to the press release summary and the second URL links directly to the report.] This report aimed to show how the UK national press talked about the A2 countries of Bulgaria and Romania - as well as the people from those countries - during an important period leading up to the removal of transitional controls. Specifically, it examined what issues were raised in connection with mentions of BULGARIA and ROMANIA (including their variants), and then explored how these groups were characterised. Using corpus linguistics techniques, the report revealed that the joint portrayal of Romanians and Bulgarians differed from their portrayal separately.

[Available online at this link](#)

[Available online at this link](#)

14. **Gypsies' and Travellers' lived experience of harm: A critical hate studies perspective.**
James, Z. Theoretical Criminology, 2020

This article sets out how a critical hate studies perspective can explain and illuminate the hate harms experienced by Gypsies and Travellers in the UK. In doing so, it directly responds to the question of how criminological theory can move beyond existing debates in studies of race and ethnicity and engage more effectively with the wider social sciences. The critical hate studies perspective provides a comprehensive theoretical approach to appreciating the harms of hate in late modernity. This framework challenges existing explanations for bias-motivated violence in society and proposes an approach that

acknowledges the overarching role of neoliberal capitalism on individual subjectivity and subsequently the lived experience. By utilising this perspective, it is possible here to discuss the range and depth of hate experienced by Gypsies and Travellers and thus consider its genesis and the potential for positive praxis.

[Available online at this link](#)

15. **Health-related beliefs and experiences of Gypsies and Travellers: a qualitative study.**

Van Cleemput, P., Parry, G., Thomas, K., Peters, J., & Cooper, C. *Journal of epidemiology and community health*, 2007

[A key study from 2007.] Objective: To illuminate findings of the survey of the health status of Gypsies and Travellers by exploring their health-related beliefs and experiences. Design: Qualitative study of a purposive subsample from in-depth interviews using framework analysis. Setting: The homes or alternative community settings of the participants in five geographically dispersed study locations in England. Participants: 27 Gypsies and Travellers with an experience of ill health, purposively sampled from a larger population participating in an epidemiological survey of health status. Results: The experience of poor health and daily encounters of ill health among extended family members were normalised and accepted. Four major themes emerged relating to health beliefs and the effect of lifestyle on health for these respondents: the travelling way; low expectations of health; self-reliance and staying in control; fatalism and fear of death. These themes dominated accounts of health experience and were relevant to the experience. These themes add richness to the health status data and inform our understanding. Conclusions: Among Gypsies and Travellers, coherent cultural beliefs and attitudes underpin health-related behaviour, and health experiences must be understood in this context. In this group, ill health is seen as normal, an inevitable consequence of adverse social experiences, and is stoically and fatalistically accepted. The provision of effective healthcare and improvement of poor health in Gypsies and Travellers will require multi-agency awareness of these issues.

[Available online at this link](#)

16. **Irish Roma: a literature review.**

O'Sullivan, A., Rooney, D., O'Gorman, C. S., & Murphy, A. M. *Irish journal of medical science*, 2023

It is estimated that the Roma are the largest ethnic minority population in Europe (HSE in Roma Intercultural Guide, 2020). There is a dearth of information in the Irish medical literature on the Roma in Ireland. The aim of this paper is to provide an overview of the Roma in Ireland, to identify Roma-specific culture, family structure, paediatric illness, and health equality within the context of the Irish population. To do this, a review was completed of the English language literature on Roma available from 2010 to 2021 using web of science databases. Relevant clinicians and organisations were contacted to compile data on the Irish Roma to inform appropriate action in Roma child health. Up until 2021, the national census in Ireland did not include Roma as a category in ethnicity (HSE in Roma Intercultural Guide, 2020). As such, it is difficult to get an accurate number of the population in Ireland. Pavee Point Traveller and Roma Centre in 2009 estimated a population of approximately 5000 (National Traveller and Roma Inclusion Strategy in Justice.ie, 2017). The majority of the Roma in Ireland are Romanian (National Traveller and Roma Inclusion Strategy in Justice.ie, 2017). There is limited understanding of their culture in Ireland (National Traveller and Roma Inclusion Strategy in Justice.ie, 2017). Often overlooked, small indigenous groups or nomadic races have unmet medical needs (National Traveller and Roma Inclusion Strategy in Justice.ie, 2017). Across Europe, they have a lower life expectancy and higher burden of illness due to lower socioeconomic status, discrimination, and poor access to health services (National Traveller and Roma Inclusion Strategy in Justice.ie, 2017). Cultural competence is necessary to provide effective healthcare. Keywords: Children of Roma; Cultural competence; Health inequality; Ireland's nomadic races; Irish Roma; Traveller separateness.

[Available online at this link](#)

17. Is the Definition of Roma an Important Matter? The Parallel Application of Self and External Classification of Ethnicity in a Population-Based Health Interview Survey.

Janka, E. A., Vincze, F., Ádány, R., & Sándor, J. *International journal of environmental research and public health*, 2018

The Roma population is typified by a poor and, due to difficulties in ethnicity assessment, poorly documented health status. We aimed to compare the usefulness of self-reporting and observer-reporting in Roma classification for surveys investigating differences between Roma and non-Roma populations. Both self-reporting and observer-reporting of Roma ethnicity were applied in a population-based health interview survey. A questionnaire was completed by 1849 people aged 18-64 years; this questionnaire provided information on 52 indicators (morbidity, functionality, lifestyle, social capital, accidents, healthcare use) indicators. Multivariate logistic regression models controlling for age, sex, education and employment were used to produce indicators for differences between the self-reported Roma (N = 124) and non-Roma (N = 1725) populations, as well as between observer-reported Roma (N = 179) and non-Roma populations (N = 1670). Differences between interviewer-reported and self-reported individuals of Roma ethnicity in statistical inferences were observed for only seven indicators. The self-reporting approach was more sensitive for two indicators, and the observer-reported assessment for five indicators. Based on our results, the self-reported identity can be considered as a useful approach, and the application of observer-reporting cannot considerably increase the usefulness of a survey, because the differences between Roma and non-Roma individuals are much bigger than the differences between indicators produced by self-reported or observer-reported data on individuals of Roma ethnicity. Keywords: Roma health; ethnicity assessment; health interview survey; observer-reporting; self-reporting.

[Available online at this link](#)

18. Lived experience of vulnerability from a Gypsy Roma Traveller perspective.

Heaslip, V., Hean, S. and Parker, J. *Journal of Clinical Nursing*, 2016

Aims and objectives To describe the lived experience of vulnerability of individuals within a Gypsy Roma Travelling community. **Background** People experience vulnerability whenever their health or usual functioning is compromised. This may increase when they enter unfamiliar surroundings, situations or relationships. One's experience of vulnerability can also be heightened through interactions between the individual and the society within which they live. Gypsy Roma Travellers are often identified as vulnerable owing to increased morbidity and mortality as well as their marginalised status within society. Yet little is known of the experiences of vulnerability by the individuals themselves. Without their stories and experiences, health professionals cannot effectively develop services that meet their needs. **Design** This descriptive phenomenological study sought to explore the lived experience of vulnerability in a Gypsy Roma Travelling community. **Methods** Seventeen Gypsy Roma Travellers were interviewed in 2013–2014 about their experiences of feeling vulnerable. This paper reports on the findings from the depth phase in which 13 individuals were interviewed. The interviews were conducted and analysed using Giorgi's descriptive phenomenological approach. **Findings** Six constituents of the phenomenon of vulnerability were identified as feeling: defined and homogenised as a group; pressurised to conform to live in a particular way; split in one's identity; a loss of one's heritage; discriminated, persecuted and threatened; and powerlessness. **Relevance to clinical practice** There is a wealth of evidence that Gypsy Roma Travellers experience high levels of morbidity and mortality, which has led to them being identified by health professionals and policy makers as a vulnerable community. Exploring their lived experience of vulnerability presents a different perspective regarding this concept and can help explain why they may experience poorer levels of physical and mental health.

[Available online at this link](#)

19. Racism and Ethnic Inequality in a Time of Crisis: Findings from the Evidence for Equality National Survey.

Editors: Nissa Finney, James Nazroo, Laia B.écares, Dharmi Kapadia, and Natalie Shlomo. Bristol University Press and Policy Press, 2023

Drawing from the Evidence for Equality National Survey (EVENS), this open access book presents new evidence of ethnic inequalities and sheds new light on underlying racisms, opening them up to debate as crucial social concerns. [Access to the complete ebook are available from the given URLs.] Here are some of the key findings relating to Gypsy, Roma and Traveller communities from the Evaluating Equality National Survey (EVENS):

- Over half the respondents from the Gypsy/Traveller ethnic groups, reported having experienced a physical racist assault.
- More than a third of the Roma and the Gypsy/Traveller ethnic groups reported racial discrimination from the police.
- Close to half of the Gypsy/Traveller ethnic groups reported having experienced racial discrimination in public places.
- Roma and the Gypsy/Traveller ethnic groups, had the highest rates of reporting increased police activity within their community and the highest rates of reporting being stopped by the police during the period of the COVID-19 pandemic.
- On average, ethnic minority groups fare well in comparison to the White British group in relation to educational attainment (although this is markedly not the case for the Mixed White and Black Caribbean, Gypsy/Traveller and Roma ethnic groups).
- Gypsy/Traveller and Roma men had a higher risk than White British men of being in precarious employment (that is, with temporary and zero-hours contracts, or solo self-employed).
- Gypsy/Traveller, Mixed White and Black Caribbean and White Eastern European people are much more likely to be in semi-routine and routine occupations.
- Given its coverage of the experiences of Gypsy Traveller and Roma people, EVENS has also been able to uniquely document that most Gypsy/Traveller people (almost three in five) and just over a quarter of Roma people lived in caravans and mobile homes.
- Gypsy/Traveller and Roma ethnic groups were less likely to experience loneliness during the pandemic than the White British group. [The third URL links to an article from The Guardian: Social barriers faced by Roma, Gypsies and Travellers laid bare in equality survey.]

[Available online at this link](#)

[Available online at this link](#)

[Available online at this link](#)

20. Support for Gypsy, Roma and Traveller LGBT+ People and Their Families.

The Traveller Movement, 2019

Similar to other communities many Gypsy Roma and Traveller LGBT+ people sadly experience homophobia. Many hide their sexual identity because of fear or rejection by family and their community, others because of family pressure and their religious beliefs. The following guide, provides information on identifying support services and highlighting safeguarding awareness for Gypsy, Roma and Traveller people and their families.

[Available online at this link](#)

[Available online at this link](#)

21. The last acceptable form of racism? The pervasive discrimination and prejudice experienced by Gypsy, Roma and Traveller communities.

The Traveller Movement, 2017

This research by the Traveller Movement tells a powerful story of the pervasive prejudice and discrimination Gypsy, Roma and Traveller (GRT) people face in their everyday lives. These experiences of prejudice are seemingly so common that they have almost become normalised for these communities.

[Available online at this link](#)

22. **Traveller Movement's briefing paper on Gypsy, Roma and Traveller women.**

The Traveller Movement, 2017

The Traveller Movement recognises the particular oppression and inequality experienced by many GRT women and girls and is working to address this by supporting the establishment of a UK-wide GRT Women's Empowerment Network (GRT WEN). Contrary to the often misleading perception that all GRT women are disempowered, there are many powerful and strong voices from within the GRT women's sector leading the charge in challenging discrimination and inequality toward the communities. This briefing paper sets out some background information and it aims to highlight the primary gender issues for GRT women. This paper was prepared from secondary sources; it generalises the experiences of GRT women which are individual, complex and diverse.

[Available online at this link](#)

F. Vaccine uptake and beliefs

1. ***COVID-19 vaccination decisions among Gypsy, Roma, and Traveller communities: A qualitative study moving beyond "vaccine hesitancy".**

Kühlbrandt, C., McGowan, C. R., Stuart, R., Grenfell, P., Miles, S., Renedo, A., & Marston, C. Vaccine, 2023

Background: Many people refuse vaccination and it is important to understand why. Here we explore the experiences of individuals from Gypsy, Roma, and Traveller groups in England to understand how and why they decided to take up or to avoid COVID-19 vaccinations. Methods: We used a participatory, qualitative design, including wide consultations, in-depth interviews with 45 individuals from Gypsy, Roma, and Traveller, communities (32 female, 13 male), dialogue sessions, and observations, in five locations across England between October 2021 and February 2022. Findings: Vaccination decisions overall were affected by distrust of health services and government, which stemmed from prior discrimination and barriers to healthcare which persisted or worsened during the pandemic. We found the situation was not adequately characterised by the standard concept of "vaccine hesitancy". Most participants had received at least one COVID-19 vaccine dose, usually motivated by concerns for their own and others' health. However, many participants felt coerced into vaccination by medical professionals, employers, and government messaging. Some worried about vaccine safety, for example possible impacts on fertility. Their concerns were inadequately addressed or even dismissed by healthcare staff. Interpretation: A standard "vaccine hesitancy" model is of limited use in understanding vaccine uptake in these populations, where authorities and health services have been experienced as untrustworthy in the past (with little improvement during the pandemic). Providing more information may improve vaccine uptake somewhat; however, improved trustworthiness of health services for GRT communities is essential to increase vaccine coverage. Funding: This paper reports on independent research commissioned and funded by the National Institute for Health Research (NIHR) Policy Research Programme. The views expressed in this publication are those of the authors and not necessarily those of the NHS, the NIHR, the Department of Health and Social Care or its arm's length bodies, and other Government Departments. Keywords: COVID-19; Discrimination; England; Gypsy; Inequality; Inequity; Qualitative; Roma; Traveller; Trust; Trustworthiness; Vaccination; Vaccine Hesitancy.

[Available online at this link](#)

2. ***Community-led responses to COVID-19 within Gypsy and Traveller communities in England: A participatory qualitative research study.**

Renedo, A., Stuart, R., Kühlbrandt, C., Grenfell, P., McGowan, C. R., Miles, S., Farrow, S., & Marston, C. SSM. Qualitative research in health, 2023

Individuals were asked to play an active role in infection control in the COVID-19 pandemic. Yet while government messages emphasised taking responsibility for the public good (e.g.

to protect the National Health Service), they appeared to overlook social, economic and political factors affecting the ways that people were able to respond. We co-produced participatory qualitative research with members of Gypsy and Traveller communities in England between October 2021 and February 2022 to explore how they had responded to COVID-19, its containment (test, trace, isolate) and the contextual factors affecting COVID-19 risks and responses within the communities. Gypsies and Travellers reported experiencing poor treatment from health services, police harassment, surveillance, and constrained living conditions. For these communities, claiming the right to health in an emergency required them to rely on community networks and resources. They organised collective actions to contain COVID-19 in the face of this ongoing marginalisation, such as using free government COVID-19 tests to support self-designed protective measures including community-facilitated testing and community-led contact tracing. This helped keep families and others safe while minimising engagement with formal institutions. In future emergencies, communities must be given better material, political and technical support to help them to design and implement effective community-led solutions, particularly where government institutions are untrusted or untrustworthy. Keywords: COVID-19; England; Gypsy; Travellers; infection control; pandemic.

[Available online at this link](#)

3. ***Identifying interventions with Gypsies, Roma and Travellers to promote immunisation uptake: methodological approach and findings.**

Dyson, L., Bedford, H., Condon, L., Emslie, C., Ireland, L., Mytton, J., Overend, K., Redsell, S., Richardson, Z., & Jackson, C. BMC public health, 2020

Background: In the UK, Gypsy, Roma and Traveller (GRT) communities are generally considered to be at risk of low or variable immunisation uptake. Many strategies to increase uptake for the general population are relevant for GRT communities, however additional approaches may also be required, and importantly one cannot assume that "one size fits all". Robust methods are needed to identify content and methods of delivery that are likely to be acceptable, feasible, effective and cost effective. In this paper, we describe the approach taken to identify potential interventions to increase uptake of immunisations in six GRT communities in four UK cities; and present the list of prioritised interventions that emerged. Methods: This work was conducted in three stages: (1) a modified intervention mapping process to identify ideas for potential interventions; (2) a two-step prioritisation activity at workshops with 51 GRTs and 25 Service Providers to agree a prioritised list of potentially feasible and acceptable interventions for each community; (3) cross-community synthesis to produce a final list of interventions. The theoretical framework underpinning the study was the Social Ecological Model. Results: Five priority interventions were agreed across communities and Service Providers to improve the uptake of immunisation amongst GRTs who are housed or settled on an authorised site. These interventions are all at the Institutional (e.g. cultural competence training) and Policy (e.g. protected funding) levels of the Social Ecological Model. Conclusions: The "upstream" nature of the five interventions reinforces the key role of GP practices, frontline workers and wider NHS systems on improving immunisation uptake. All five interventions have potentially broader applicability than GRTs. We believe that their impact would be enhanced if delivered as a combined package. The robust intervention development and co-production methods described could usefully be applied to other communities where poor uptake of immunisation is a concern. Study registration: Current Controlled Trials ISRCTN20019630, Date of registration 01-08-2013, Prospectively registered. Keywords: Co-production, Gypsy; Immunisation, intervention development; Roma; Traveller. [The second URL links to a summary from NIHR on the study.]

[Available online at this link](#)

[Available online at this link](#)

4. ***Improving immunization uptake rates among Gypsies, Roma and Travellers: a qualitative study of the views of service providers.**

Julie Mytton. Journal of Public Health, 2021

Background Gypsies, Roma and Travellers are at risk of low uptake of routine immunizations. Interventions to improve uptake in these communities are seldom evaluated. As part of a qualitative study exploring barriers and facilitators to immunization uptake in Travellers, we report service provider (SP) perspectives. Methods We interviewed immunization SPs working with six Traveller communities across four UK cities. Participants included frontline staff and those with strategic or commissioning roles. Semi-structured interviews explored perceived attitudes of Travellers to vaccinations, local service delivery, and opportunities and challenges to improving uptake. Audio-recordings were transcribed, analyzed thematically and mapped to a socio-ecological model of health. Results 39 SPs participated. Four overarching themes were identified: building trusting relationships between SPs and Travellers; facilitating attendance at appointments; improving record keeping and monitoring and responding to local and national policy change. Travellers were perceived as largely supportive of immunizations, though system and organizational processes were recognized barriers to accessing services. Conclusions Findings were broadly consistent across Traveller groups and settings. The barriers identified could often be addressed within existing infrastructure, though require system or policy change. Development of a culturally competent system appears important to enable equity in access to immunizations for Travellers.

[Available online at this link](#)

5. ***Needles, Jabs and Jags: a qualitative exploration of barriers and facilitators to child and adult immunisation uptake among Gypsies, Travellers and Roma.**

Jackson, C., Bedford, H., Cheater, F. M., Condon, L., Emslie, C., Ireland, L., Kemsley, P., Kerr, S., Lewis, H. J., Mytton, J., Overend, K., Redsell, S., Richardson, Z., Shepherd, C., Smith, L., & Dyson, L. BMC public health, 2017

Background: Gypsies, Travellers and Roma (referred to as Travellers) are less likely to access health services including immunisation. To improve immunisation rates, it is necessary to understand what helps and hinders individuals in these communities in taking up immunisations. This study had two aims. 1. Investigate the views of Travellers in the UK on the barriers and facilitators to acceptability and uptake of immunisations and explore their ideas for improving immunisation uptake; 2. Examine whether and how these responses vary across and within communities, and for different vaccines (childhood and adult). Methods: This was a qualitative, cross-sectional interview study informed by the Social Ecological Model. Semi-structured interviews were conducted with 174 Travellers from six communities: Romanian Roma, English Gypsy/Irish Travellers (Bristol), English Gypsy (York), Romanian/Slovakian Roma, Scottish Show people (Glasgow) and Irish Traveller (London). The focus was childhood and selected adult vaccines. Data were analysed using the Framework approach. Results: Common accounts of barriers and facilitators were identified across all six Traveller communities, similar to those documented for the general population. All Roma communities experienced additional barriers of language and being in a new country. Men and women described similar barriers and facilitators although women spoke more of discrimination and low literacy. There was broad acceptance of childhood and adult immunisation across and within communities, with current parents perceived as more positive than their elders. A minority of English-speaking Travellers worried about multiple/combined childhood vaccines, adult flu and whooping cough and described barriers to booking and attending immunisation. Cultural concerns about antenatal vaccines and HPV vaccination were most evident in the Bristol English Gypsy/Irish Traveller community. Language, literacy, discrimination, poor school attendance, poverty and housing were identified as barriers across different communities. Trustful relationships with health professionals were important and continuity of care valued. Conclusions: The experience of many Travellers in this study, and the context through which they make health decisions, is changing. This large study identified key issues that should be considered when taking action to improve uptake of immunisations in Traveller families and reduce the persistent inequalities in coverage. Keywords: Barriers; Facilitators; Gypsies; Immunisation; Immunization; Lay beliefs; Roma; Showpeople; Travellers; Vaccination.

[Available online at this link](#)

6. **A scoping review of literature exploring factors affecting vaccine uptake within Roma communities across Europe.**

Cronin, A., & Ibrahim, N. Expert review of vaccines, 2022

Introduction: Vaccine hesitancy is described by the WHO as one of the top threats to global health. The trajectory of the current COVID-19 pandemic depends upon the vaccination of a global population; therefore, barriers to routine vaccination within marginalized groups considered vaccine hesitant are of critical importance. Consistently, vaccination levels within Roma communities across Europe rate very poorly in comparison with general population coverage, and a number of measles and hepatitis outbreaks over the past 10 years have included Roma communities. This study aims to identify barriers to Roma vaccination in general with a view to informing analysis of potential low levels of vaccination within Roma communities for COVID-19. Areas covered: The research question explores factors and barriers affecting general vaccine (non-COVID-19 vaccine) uptake within Roma communities across Europe. This scoping review was conducted using the Arksey & O'Malley framework, complying with PRISMA-SR for Scoping Review guidelines. Expert opinion: Using Thomson's 5A's Taxonomy, access was identified as the greatest barrier to vaccination within Roma communities. Access factors had the greatest number of references in this scoping review and were considered the most relevant in terms of increasing vaccination uptake. Important access themes identified are health system issues, socioeconomic conditions, and mobility. Keywords: COVID-19 vaccination; Roma; low immunization; social determinants of health; vaccine hesitancy.

[Available online at this link](#)

7. **Connecting Roma Communities in COVID-19 Times: The First Roma Women Students' Gathering Held Online.**

Aiello, E., Khalfaoui, A., Torrens, X., & Flecha, R. International journal of environmental research and public health, 2022

COVID-19 has exacerbated the vulnerability of the Roma communities in Europe. However, these communities have a strong sense of resilience, and the role of Roma women must be highlighted since they have historically nurtured solidarity networks even in the most challenging situations. Aim: A particular action organized by a Roma Association of Women is analyzed: the Roma Women Students' Gathering (RWSG, or gathering). In its 19th edition, this democratic space aimed at tackling the challenges the pandemic has raised and its impact on the Roma communities. Method: The 19th RWSG, which was the first one held online, was inductively analyzed to gain a deeper understanding of the key aspects that the Roma women highlight when they organize themselves. Results: RWSG generates optimal conditions where Roma women identify the challenges affecting their community and, drawing on the dialogues shared, agree on strategies to contest them. RWSG also enhanced solidarity interactions that enabled the conquering of the virtual space, transforming it into an additional space where the Roma could help each other and thus better navigate the uncertainties unleashed by COVID-19. Key features of the Roma culture emerged in these spaces of solidarity, such as protecting the elderly and prioritizing community wellbeing rather than only the individual's preferences. Conclusions: Roma women play a key role in weaving an organized response to the uncertainty derived from COVID-19, and connecting them to the public sphere, potentially achieving social and political impacts. Keywords: COVID-19; Roma Association of Women; Roma Women Students' Gathering; Roma community; Roma women; dialogic online spaces; solidarity networks.

[Available online at this link](#)

8. **Factors influencing uptake of measles, mumps and rubella (MMR) immunization in site-dwelling Gypsy, Roma and Traveller (G&T) communities: a qualitative study of G&T parents' beliefs and experiences.**

Newton, P., & Smith, D. M. Child: care, health and development, 2017

Background: Increasing immunization in the Gypsy, Roma and Traveller (G&T) community is a key priority for improving health outcomes in this community. This study aimed to explore G&T parents: (1) beliefs about childhood immunization; (2) beliefs about the risks of immunization and non-immunization; (3) perceived obstacles to, and facilitators of, immunization and (4) views on increasing immunization levels. Method: A cross-sectional, qualitative study was conducted comprising of five focus groups with 16 site-dwelling G&T women with pre-school aged children. Data were transcribed verbatim and analysed thematically. Results: Five main themes were identified: Lay understandings of causation and risk; Timing of immunization; Children being perceived as vulnerable; The fit between lifestyle and healthcare provision; The impact of living with a high burden of disease. Conclusion: Understanding of the risks and benefits of measles, mumps and rubella immunization did not differ significantly from the wider population or those promoted by the health service. The majority of barriers stemmed from living with the effects of long-standing health inequalities, which posed further barriers to accessing immunization, and shaped beliefs about immunization. Factors facilitating uptake occurred where access to immunization services was made flexible, e.g. immunization on traveller sites. Keywords: child health; ethnicity; health beliefs; immunization.

[Available online at this link](#)

9. **Gypsies, Roma, Travellers and Showmen unite to Give COVID the Job.**
Jake Bowers. NHS England, 2021

A powerful film from Romany journalist and film maker Jake Bowers, backed by the NHS in Surrey, is encouraging Gypsy, Roma, Traveller and Showmen to give COVID the job and get vaccinated.

[Available online at this link](#)

[Available online at this link](#)

10. **Influences on childhood immunisation decision-making in London's Gypsy and Traveller communities.**

Ellis, N., Walker-Todd, E., & Heffernan, C. British journal of nursing, 2020

Aims: Uptake of childhood immunisations is lower among Gypsy, Roma and Traveller (GRT) communities than in the general UK population. This small-scale study aimed to elicit insights from GRT mothers on their interaction with health services in London around childhood immunisations. The purpose was to inform a larger piece of work by the NHS England and Improvement (London) Public Health Commissioning Team to inform their planning to improve access to vaccination services for GRT communities in London. Study design: An exploratory qualitative study using semi-structured interviews and a focus group. Methods: There was purposive sampling of mothers from any GRT background from south-west London using snowballing methods. One focus group and three interviews were conducted. A thematic analysis approach was used. Results: A total of nine women were recruited and seven participated between March and April 2018. Five themes were identified: adherence with antenatal care, self-declared parenting expertise, family support, childhood immunisations, keep children healthy but 'they say wait on the MMR until they are talking'. Conclusion: Compliance with antenatal care, strong parenting beliefs and cohesive family support are strong influences on decision-making regarding immunisations. The women interviewed emphasised their own expertise in child rearing. This was occasionally at odds with the health advice provided by health professionals. The women widely shared their experiences of health professionals with other family and community members and this impacted on others' intention to vaccinate. These are key issues that should be considered when trying to improve uptake of immunisations in GRT families in a face-to-face manner. Equally, it warrants further exploration in a larger-scale study to see whether this reflects the wider community and in order to tailor supplementary immunisation activities to improve uptake. Keywords: Childhood immunisations; General practice; Gypsy community; MMR; Roma community; Traveller community.

[Available online at this link](#)

11. Mapping the Gypsy Traveller community in England: what we know about their health service provision and childhood immunization uptake.

Dar, O., Gobin, M., Hogarth, S., Lane, C., & Ramsay, M. *Journal of public health*, 2013

Background: A series of reports over the last two decades have concluded that the overall health status of UK Gypsy Traveller Community is very poor when compared with the general population and relatively poor in comparison with other disadvantaged groups. Despite a government commitment to reducing health inequalities, differences in health outcomes and in healthcare access and service provision have persisted. Methods: In order to understand immunization services for Gypsy Travellers, the Health Protection Agency conducted a survey and mapping exercise of Primary Care Trusts in England to ascertain what is known about local Gypsy Traveller populations, estimate immunizations rates and describe current services to increase immunization as well as to address wider health issues. Results: Despite improvements in the provision of specialist services for the Gypsy Traveller communities in England, there still remains a considerable number of areas where knowledge of population numbers is poor, service provision is not based on need and the uptake of immunization is low or not known. Conclusion: There is an ongoing need to improve knowledge of population numbers and the provision of and access to services that are culturally sensitive and responsive to the needs of Gypsy Traveller communities. Whilst we have focused on describing immunization uptake, immunization services are only one component of a wider strategy for improving the health of Gypsy Travellers through effective health and social care interventions. Keywords: communicable diseases; ethnicity; immunization.

[Available online at this link](#)

12. Structural barriers to measles, mumps and rubella (MMR) immunisation uptake in Gypsy, Roma and Traveller communities in the United Kingdom.

David Smith & Paul Newton. *Critical Public Health*, 2017

Gypsies, Roma and Travellers (GRT) experience a significantly high number of measles cases and have low levels of measles, mumps and rubella (MMR) immunisation. There is little evidence on: why immunisation levels are low; beliefs and practices surrounding the MMR vaccine; or the factors that promote or hinder uptake. This paper presents data from five focus groups with 16 GRT mothers in Kent, South East England. Between them, they had 35 children of whom just under half had not received the course of vaccinations. Focus groups explored the issues GRT parents consider when making vaccination decisions in the context of wider social, ideological, material and practical considerations. Four interrelated themes were identified: way of life and access; engaging with health care staff; perceptions and evaluations of risk; and strategies to minimise MMR-related risks. Our findings provide little support for explanations that emphasise cultural values or practices in shaping immunisation behaviour. Poor service provision, situational constraints related to living circumstances, and multifaceted and severe health issues, which precede and inform decisions over childhood immunisation, were more significant in explaining low uptake.

[Available online at this link](#)

13. Under-vaccinated groups in Europe and their beliefs, attitudes and reasons for non-vaccination; two systematic reviews.

Fournet, N., Mollema, L., Ruijs, W. L., Harmsen, I. A., Keck, F., Durand, J. Y., Cunha, M. P., Wamsiedel, M., Reis, R., French, J., Smit, E. G., Kitching, A., & van Steenberghe, J. E. *BMC public health*, 2018

Background: Despite effective national immunisation programmes in Europe, some groups remain incompletely or un-vaccinated ('under-vaccinated'), with underserved minorities and certain religious/ideological groups repeatedly being involved in outbreaks of vaccine preventable diseases (VPD). Gaining insight into factors regarding acceptance of vaccination of 'under-vaccinated groups' (UVGs) might give opportunities to communicate

with them in a trusty and reliable manner that respects their belief system and that, maybe, increase vaccination uptake. We aimed to identify and describe UVGs in Europe and to describe beliefs, attitudes and reasons for non-vaccination in the identified UVGs. Methods: We defined a UVG as a group of persons who share the same beliefs and/or live in socially close-knit communities in Europe and who have/had historically low vaccination coverage and/or experienced outbreaks of VPDs since 1950. We searched MEDLINE, EMBASE and PsycINFO databases using specific search term combinations. For the first systematic review, studies that described a group in Europe with an outbreak or low vaccination coverage for a VPD were selected and for the second systematic review, studies that described possible factors that are associated with non-vaccination in these groups were selected. Results: We selected 48 articles out of 606 and 13 articles out of 406 from the first and second search, respectively. Five UVGs were identified in the literature: Orthodox Protestant communities, Anthroposophists, Roma, Irish Travellers, and Orthodox Jewish communities. The main reported factors regarding vaccination were perceived non-severity of traditional "childhood" diseases, fear of vaccine side-effects, and need for more information about for example risk of vaccination. Conclusions: Within each UVG identified, there are a variety of health beliefs and objections to vaccination. In addition, similar factors are shared by several of these groups. Communication strategies regarding these similar factors such as educating people about the risks associated with being vaccinated versus not being vaccinated, addressing their concerns, and countering vaccination myths present among members of a specific UVG through a trusted source, can establish a reliable relationship with these groups and increase their vaccination uptake. Furthermore, other interventions such as improving access to health care could certainly increase vaccination uptake in Roma and Irish travellers. Keywords: Anthroposophic; Attitude regarding vaccination; Beliefs vaccine; Europe; Irish Travellers; Low vaccination coverage; Religion; Roma; Under-vaccinated groups; Vaccine preventable diseases.

[Available online at this link](#)

14. **UnderstaNding uptake of Immunisations in Travelling aNd Gypsy communities (UNITING): A qualitative interview study.**

Cath Jackson, Lisa Dyson, Helen Bedford, Francine M. Cheater, Louise Condon, Annie Crocker, Carol Emslie, Lana Ireland, Philippa Kemsley, Susan Kerr, Helen J. Lewis, Julie Mytton, Karen Overend, Sarah Redsell, Zoe Richardson, Christine Shepherd & Lesley Smith. National Institute for Health & Care Research (NIHR), 2016

Health Technology Assessment. Background Gypsies, Travellers and Roma (referred to as Travellers) are less likely to access health services, including immunisation. To improve immunisation rates, we need to understand what helps and hinders individuals in these communities in taking up immunisations. Aims (1) Investigate the barriers to and facilitators of acceptability and uptake of immunisations among six Traveller communities across four UK cities; and (2) identify possible interventions to increase uptake of immunisations in these Traveller communities that could be tested in a subsequent feasibility study. Methods Three-phase qualitative study underpinned by the social ecological model. Phase 1: interviews with 174 Travellers from six communities: Romanian Roma (Bristol); English Gypsy/Irish Traveller (Bristol); English Gypsy (York); Romanian/Slovakian Roma (Glasgow); Scottish Showpeople (Glasgow); and Irish Traveller (London). Focus on childhood and adult vaccines. Phase 2: interviews with 39 service providers. Data were analysed using the framework approach. Interventions were identified using a modified intervention mapping approach. Phase 3: 51 Travellers and 25 service providers attended workshops and produced a prioritised list of potentially acceptable and feasible interventions. Results There were many common accounts of barriers and facilitators across communities, particularly across the English-speaking communities. Scottish Showpeople were the most similar to the general population. Roma communities experienced additional barriers of language and being in a new country. Men, women and service providers described similar barriers and facilitators. There was widespread acceptance of childhood and adult immunisation, with current parents perceived as more positive than their elders. A minority of English-speaking Travellers worried about multiple/combined childhood vaccines, adult flu and whooping cough. Cultural concerns about vaccines offered during pregnancy and about human papillomavirus were most evident in the Bristol English Gypsy/Irish Traveller community. Language, literacy,

discrimination, poor school attendance, poverty and housing were identified by Travellers and service providers as barriers for some. Trustful relationships with health professionals were important and continuity of care was valued. A few English-speaking Travellers described problems of booking and attending for immunisation. Service providers tailored their approach to Travellers, particularly the Roma. Funding cuts, NHS reforms and poor monitoring challenged their work. Five 'top-priority' interventions were agreed across communities and service providers to improve the immunisation among Travellers who are housed or settled on an authorised site: (1) cultural competence training for health professionals and frontline staff; (2) identification of Travellers in health records to tailor support and monitor uptake; (3) provision of a named frontline person in general practitioner practices to provide respectful and supportive service; (4) flexible and diverse systems for booking appointments, recall and reminders; and (5) protected funding for health visitors specialising in Traveller health, including immunisation. Limitations No Travellers living on the roadside or on unofficial encampments were interviewed. We should exert caution in generalising to these groups.

[Available online at this link](#)

15. What have we learnt from measles outbreaks in 3 English cities? A qualitative exploration of factors influencing vaccination uptake in Romanian and Roma Romanian communities.

Bell, S., Saliba, V., Ramsay, M., & Mounier-Jack, S. BMC public health, 2020

Background: Since 2016, large scale measles outbreaks have heavily affected countries across Europe. In England, laboratory confirmed measles cases increased almost four-fold between 2017 and 2018, from 259 to 966 cases. Several of the 2017-18 measles outbreaks in England particularly affected Romanian and Roma Romanian communities, with the first outbreaks in these communities occurring in Birmingham, Leeds and Liverpool. This study explored factors influencing vaccination behaviours amongst Romanian and Roma Romanian communities in these three cities. Methods: Across Birmingham, Leeds and Liverpool, we conducted semi-structured interviews with 33 key providers to explore their experience in delivering vaccinations and managing the outbreak response. We also interviewed 9 Romanian women in one of the cities to explore their vaccination attitudes and behaviours. To categorise factors affecting vaccination we applied the 5As Taxonomy for Determinants of Vaccine Uptake (Access, Affordability, Awareness, Acceptance and Activation) during data analysis. Results: Factors related to access and acceptance, such as language and literacy, ease of registering with a general practice, and trust in health services, were reported as the main barriers to vaccination amongst the communities. Concerns around vaccination safety and importance were reported but these appeared to be less dominant contributing factors to vaccination uptake. The active decline of vaccinations amongst interviewed community members was linked to distrust in healthcare services, which were partly rooted in negative experiences of healthcare in Romania and the UK. Conclusion: Access and acceptance, dominant barriers to vaccination, can be improved through the building of trust with communities. To establish trust providers must find ways to connect with and develop a greater understanding of the communities they serve. To achieve this, cultural and linguistic barriers need to be addressed. Better provider-service user relationships are crucial to reducing vaccination inequalities and tackling broader disparities in health service access. Keywords: England; Inequalities; Measles; Primary health care; Roma communities; Romanian communities; Vaccination; Vaccination access; Vaccination attitudes and behaviours.

[Available online at this link](#)

G. Cancer and long term conditions

1. "It's because it's cancer, not because you're a Traveller"-exploring lay understanding of cancer in English Romany Gypsy and Irish Traveller communities.

Berlin, J., Smith, D., & Newton, P. European journal of oncology nursing, 2018

Purpose: The lay understanding of cancer among English Romany Gypsies and Irish Travellers, has not been studied in depth before. Lay understandings of cancer, and illness in general, varies between different ethnic groups suggesting that procedures that work for one community may not work for another. Therefore, the measures that are in place in the UK to educate and treat people with cancer may not work for the - often hard to reach - Gypsy and Traveller communities. This study explores Gypsies and Travellers lay perceptions of cancer. Method: In collaboration with community interviewers, 18 Gypsies and Travellers were recruited to take part in this study. Data comes from four semi-structured focus groups that were transcribed and thematically analysed using data-driven coding. Results: A lack of trust of the wider society has contributed to some Gypsies and Travellers' health related practices as has the persistence of old customs that negatively influence their health. As a reticence towards seeking outside help often exists, information about cancer is sought from family members. When engaged with cancer services however, Gypsies and Travellers generally feel them to be non-discriminative. Conclusions: Health professionals need to develop a better understanding of Gypsy and Travellers' health beliefs and practices in order to successfully interact with them. Information about cancer has to be delivered in an understandable form and to places where it reaches these communities. Because of historical societal discrimination, including by some health services, engaging with Gypsies and Travellers may require considerably more time and effort. Keywords: Cancer; Culture; Discrimination; Gypsy; Information; Irish Traveller; Lay perception; Qualitative; Stigma; Trust.

[Available online at this link](#)

2. ***Cancer diagnosis, treatment and care: A qualitative study of the experiences and health service use of Roma, Gypsies and Travellers.**

Condon, L., Curejova, J., Leeanne Morgan, D., & Fenlon, D. European journal of cancer care, 2021

Background: Early diagnosis and treatment are key to reducing deaths from cancer, but people from Black and Minority Ethnic (BME) groups are more likely to encounter delays in entering the cancer care system. Roma, Gypsies and Travellers are ethnic minorities who experience extreme health inequalities. Objective: To explore the experiences of cancer diagnosis, treatment and care among people who self-identify as Roma or Gypsies and Travellers. Methods: A participatory qualitative approach was taken. Peer researchers conducted semi-structured interviews (n = 37) and one focus group (n = 4) with community members in Wales and England, UK. Results: Cancer fatalism is declining, but Roma, Gypsies and Travellers experience barriers to cancer healthcare at service user, service provider and organisational levels. Communication was problematic for all groups, and Roma participants reported lack of access to interpreters within primary care. Clear communication and trusting relationships with health professionals are highly valued and most frequently found in tertiary care. Conclusion: This study suggests that Roma, Gypsies and Travellers are motivated to access health care for cancer diagnosis and treatment, but barriers experienced in primary care can prevent or delay access to diagnostic and treatment services. Organisational changes, plus increased cultural competence among health professionals, have the potential to reduce inequalities in early detection of cancer. Keywords: Gypsies and Travellers: qualitative; Roma; cancer care; cancer diagnosis; cancer treatment; early detection; health services.

[Available online at this link](#)

3. ***Ethnic inequalities in age-related patterns of multiple long-term conditions in England: Analysis of primary care and nationally representative survey data.**

Hayanga, B., Stafford, M., Saunders, C. L., & Bécares, L. Sociology of health & illness, 2023

Background Having multiple long-term conditions has been associated with a higher treatment burden, reduced quality of life and a higher risk of mortality. Epidemiological evidence suggests that people from minoritised ethnic groups have a higher prevalence of multiple long-term conditions (MLTCs) but questions remain regarding the patterning of

MLTCs by age, how this varies for different ethnic group populations, and across conceptualisations of MLTCs (for example, MLTCs with and without mental health conditions). The aim of this study is to examine ethnic inequalities in age-related patterns of MLTCs, and combinations of physical and mental health conditions. Methods We analysed data from the English GP Patient Survey (GPPS) 2015-2017, and Clinical Practice Research Datalink (CPRD) Aurum from 2016, to give us insight into self-reported and primary care recorded long-term conditions in people aged 18 years and above. We described the association between two or more long-term conditions and age using multilevel regression models adjusting for sex and area-level deprivation with patients nested within GP practices. Similar analyses were repeated for MLTCs that included a mental health condition. Findings For both self-reported and primary care recorded LTCs, people from most minoritised ethnic groups had a lower prevalence of MLTCs at younger ages compared to their white counterparts. We observed ethnic inequalities from middle age onwards such that in later life, Pakistani, Indian, Black Caribbean and people of Other ethnicity were at an increased risk of having MLTCs compared to white British people. These trends remained after adjusting for area-level deprivation. Compared to white British people, Gypsy and Irish Travellers had higher levels of MLTCs across the age groups, and Chinese people had lower levels. Pakistani and Bangladeshi people aged 50-74 years were more likely than white British people to report two or more LTCs that included a mental health condition. People from other minoritised ethnic groups were less likely to report this compared to white British people. Conclusion We find clear evidence of ethnic inequalities in MLTCs. It is imperative for health systems to recognise and respond to the higher prevalence of MLTCs that develop by middle age for many minoritised ethnic group people. The lower prevalence of MLTCs that include a mental health condition among some minoritised ethnic group people may be an underestimation due to underdiagnosis and/or inadequate care in primary care and requires further scrutiny.

[Available online at this link](#)

4. ***Including the Missing Voices of Disabled People in Gypsy, Roma and Traveller Communities.**

Peter Unwin, Becki Meakin, Alexandra Jones. University of Worcester, 2020

The aims of this study were to build better evidence about approaches to enable Disabled people to achieve independent living, which is used to inform future policy and service provision, as well as give a greater voice to Disabled people in decisions which affect them. The core purpose of this project was to give voice to the Disabled people who live in GRT communities, and to explore whether this voice could be heard in key policy forums, including having a presence in Deaf and Disabled Peoples' Organisations (DDPOs). The main research question asked why the voices of Disabled GRT members were missing and whether there was any potential for the concerns of these communities to be heard in service and policy arenas.

[Available online at this link](#)

5. ***Knowledge and experience of cancer prevention and screening among Gypsies, Roma and Travellers: a participatory qualitative study.**

Condon, L., Curejova, J., Morgan, D. L., Miles, G., & Fenlon, D. BMC public health, 2021

Background: The incidence of cancer is increasing worldwide, which has led to greater public health focus on primary prevention. Ethnic minorities have lower awareness of cancer risk factors and services, and are at greater risk of cancer mortality. While Gypsies, Roma and Travellers have poor health outcomes even in comparison with other ethnic minorities, little is known about how they view and enact primary prevention. This study takes a participatory approach to explore knowledge and experience of cancer prevention and screening in these communities. Methods: Peer researchers conducted interviews (n = 37) and a focus group (n = 4) with a purposive sample of community members in Wales and South-West England. Participants self-identified as Roma (from Slovakia and Romania) or as Gypsies, Travellers or Showpeople (here described as Gypsy/Travellers). A third of the sample were Roma, and a quarter male, with ages ranging from 18 to 77 years.

Data were collected from October 2018 to March 2019. Results: Women and men knew that lifestyle factors, such as healthy diet, stopping smoking, drinking less alcohol and using sun protection, contribute to cancer risk reduction. However, there was a widespread lack of confidence in the effectiveness of these measures, particularly in relation to smoking. Traditional cultural beliefs were shared by Roma and Gypsy/Travellers, but did not necessarily affect the behaviour of individuals. Most women participated in cervical and breast screening but few Gypsy/Traveller men would engage with bowel screening, which conflicted with community ideals of stoical masculinity. Roma participants described language barriers to screening, with confusion about differences in timing and eligibility between the UK and Slovakian programmes; this led some to access screening abroad. Conclusion: This study provides new knowledge about how Gypsies, Roma and Travellers keep healthy and prevent disease, giving insights into similarities and differences between ages, sexes and communities. These culturally distinct and high-need ethnic minorities have specific needs in relation to cancer prevention and screening, which merit targeted and acceptable health promotion to reduce health inequalities. Keywords: Cancer prevention; Peer researchers; Qualitative; Roma, gypsies and travellers; Screening.

[Available online at this link](#)

6. **Cancer Prevention for Travellers.**

Pavee Point Traveller and Roma Centre, 2022

Pavee Point's Primary Health Care for Travellers Project (PHCTP) has teamed up with The Marie Keating Foundation to create Traveller-specific cancer prevention resources. These resources were developed in collaboration to ensure the clinical information provided by The Marie Keating Foundation was reviewed and edited by Travellers.

[Available online at this link](#)

7. **Prevalence of Diabetes Mellitus among Roma Populations-A Systematic Review.**

Nunes, M. A., Kučerová, K., Lukáč, O., Kvapil, M., & Brož, J. International journal of environmental research and public health, 2018

Background: The aim of this study was to estimate the prevalence of diabetes mellitus in the Roma population and compare it to the prevalence in the Caucasian population. Methods: Using the words "Roma", "Gypsies", "Romani", and "traveler" in combination with "diabetes", "metabolic syndrome", "cardiovascular disease" and "health status" we searched the MEDLINE, Pubmed and Scopus databases for articles in English that focused on the prevalence of diabetes mellitus among Roma populations published until December 2017. Results: Five studies met the inclusion criteria. The results of four of them suggested a higher prevalence of diabetes among Romani compared to Caucasians but none of them reached the standards regarding representative samples and number of cases for a conclusive result. Conclusion: Although some of the existing studies suggest a substantial prevalence of diabetes among Roma populations and even a higher risk of developing diabetes for Roma persons compared to Caucasians, the number of published literature on this topic remains very low and insufficient in design and number of participants to draw any conclusions. Keywords: Roma ethnic; Romani; diabetes mellitus; gypsy; prevalence.

[Available online at this link](#)

H. Pregnancy, maternity, children and young people

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

Tania Burchardt, Polina Obolenskaya, Polly Vizard and Mario Battaglini. Centre for Analysis of Social Exclusion, London School of Economics and Political Science, 2018

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

[Available online at this link](#)

[Available online at this link](#)

2. ***Experiences and outcomes of Gypsy, Roma and Traveller women in pregnancy: a scoping review protocol.**

O'Brien, M., Dempsey, B., & Higgins, M. BMJ open, 2022

Introduction: Gypsy, Roma and Traveller communities are subjected to a specific form of racism fuelled by deep-seated prejudice and stereotypes. These groups have historically been the victims of school segregation, forced assimilation policies, hate speech and hate crimes. Persecution and displacement have resulted in high rates of unemployment, reduced access to education and poorer health in general, which places these groups at significantly increased risk of poverty. In pregnancy, they are at increased risk of adverse obstetric outcomes. There is a gap in the literature surrounding the experiences and outcomes of pregnant women within this group. A scoping review was chosen as the appropriate methodology to identify what is known about the experiences and outcomes of pregnant women in these communities. Methods and analysis: The Levac et al guideline on conducting a scoping review will be followed. This six-step approach includes identification of the research question, identification of relevant studies, selection of studies, charting of data, summary of results and consultation with experiential experts. A comprehensive search of the following electronic databases from 1980 to 2021 will be conducted: CINAHL, Embase, MEDLINE, Scopus and Web of Science. Relevant grey literature and reference lists will also be searched. The Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) tool will be used. Ethics and dissemination: Ethical approval was not required for this protocol as all literature within this scoping review are publicly available. To facilitate dissemination of findings, the research team will present the findings to key stakeholders working with Gypsy, Roma and Traveller communities. Keywords: Maternal medicine; OBSTETRICS; PUBLIC HEALTH.

[Available online at this link](#)

3. ***Guidance summary: Tackling Maternal Health Inequalities in Gypsy, Roma and Traveller Communities.**

Rosie Hollinshead, Michelle Gavin, Alice Byram. Friends, Families and Travellers (FFT), 2023

Gypsy, Roma and Traveller communities face stark inequalities in maternal health outcomes, associated with major barriers to accessing care services, among other factors. This guidance is designed to offer insights into the experiences of Gypsy, Roma and Traveller communities relating to maternity, and improve knowledge and understanding of how to approach the planning and provision of maternity services for these groups. The guidance draws on primary data collection via surveys and focus groups, as well as anecdotal insights from the work of Friends, Families and Travellers and Roma Support Group. The insights and voices of members of Gypsy, Roma and Traveller communities were prioritised in every stage of the research process, in order to ensure that the guidance authentically reflects the experiences and needs of these groups. [The second URL links to the summary report.]

[Available online at this link](#)

4. ***Gypsy, Roma and Traveller Children in Child Welfare Services in England.**

Dan Allen, Victoria Hamnett. British Journal of Social Work, 2022

Over the last five decades, there has been a growing concern that Gypsy, Roma and Traveller children are overrepresented in child welfare services (CWS) in Europe. However, statistical data used to substantiate this concern often conflates ethnicity and nationality limiting our full understanding of the reported situation. This article provides a more comprehensive illustration of overrepresentation, advancing the quantitative study of this topic in England. Using a per capita division by population method, data obtained from the Department of Education were tested for disparity ratios across four key indicators. The analyses found that the recorded number of 'Gypsy/Roma' and 'Travellers of Irish Heritage' in CWS in England has been growing at a disproportionate rate since 2011–2012 to now demonstrate overrepresentation. The findings go beyond the concerns that have been raised to highlight a more specific need for remedial and restorative action. Implications are discussed for strategic responses to drive up data quality and further explore the details of the disparities that are found.

[Available online at this link](#)

5. ***Perinatal health outcomes of women from Gypsy, Roma and Traveller communities: A systematic review.**

Winifred Ekezie, Ellen Hopwood, Barbara Czyznikowska, Sarah Weidman, Nicola Mackintosh, Ffion Curtis. Midwifery, 2024

Background GRT communities are disadvantaged minority groups in Europe and experience some of the poorest health outcomes, including maternal and child health. This systematic review aimed to assess the maternal, perinatal and infant health outcomes of women from GRT communities and the factors associated with the reported outcomes. Methods Database searches were conducted from inception to June 2023 in 4 bibliographic databases supplemented with an additional Google Scholar search. Studies with quantitative data on maternal outcomes published in English were considered. A narrative synthesis was performed, and data were presented in text, figures and tables. Findings Forty-five studies from 13 European countries were included. Outcome factors related to mothers showing low healthcare engagement, high fertility rates and shorter gestation periods among GRT women. Child wantedness was also noted to influence pregnancy completeness, which included abortion and miscarriage. More negative infant outcomes were seen in GRT infants than non-GRT infants; this included higher preterm births, lower birth weight, higher rates of intrauterine growth restriction and infant mortality. Risk factors of poorer maternal outcomes were early reproduction, education, smoking, alcohol consumption, deprivation, poor nutrition and perinatal care. Conclusion This review provides evidence that GRT women and children experience more negative outcomes than general populations. It also highlights the gaps in ethnicity and health inequalities more broadly. The significant importance of this research is the need for increased focus on reducing health inequalities, especially among the GRT community.

[Available online at this link](#)

6. ***You likes your way, we got our own way: Gypsies and Travellers' views on infant feeding and health professional support.**

Condon, L.J. and Salmon, D. Health Expectations, 2015

Background Gypsies and Travellers are known to have poor health status and access to health services, even in comparison with other ethnic minority groups. People from this stigmatized ethnic group are rarely consulted about their health needs or health service provision. Optimal infant feeding in the first year of life has the potential to improve lifelong health. **Objective** The aim of this study was to explore mothers and grandmothers' views on feeding in the first year of life, including the support provided by health professionals. **Methods** Semi-structured interviews were conducted with a purposively selected sample of 22 mothers and grandmothers of English Gypsy, Irish Traveller and Romanian Roma ethnicity between November 2011 and February 2012 in a city in south-west England. **Results** Few women perceived themselves as requiring help from health professionals in infant feeding, as acceptable and accessible support was available from within their own communities. Roma mothers described a tradition of breast-feeding and appropriately timed weaning, while English Gypsies and Irish Travellers customarily practised less healthy infant feeding. When mothers requested support, health service provision was often found inadequate. **Conclusion** Exploring the views of Gypsies and Travellers is important to gain insight into the provision of health services for this marginalized ethnic group. This study has implications for policy and the practice of health professionals, in indicating the customary feeding behaviours of some Gypsy and Travellers, and highlighting areas meriting culturally sensitive health promotion.

[Available online at this link](#)

7. **BESTIE: A toolkit for working with Gypsy, Roma and Traveller young people.**

The Traveller Movement, 2022

This toolkit aims to improve understanding and to support effective practice for those working with ethnic Gypsy, Roma and Traveller young people. It is produced by the Traveller Movement and is based on the 'Roads to Success' research project. This youth peer led research programme studied the views of young Gypsies, Roma and Travellers, and organisations working with them. The research was funded by Youth Futures Foundation.

[Available online at this link](#)

[Available online at this link](#)

8. **Gypsy, Traveller or Irish Traveller young people in focus.**

Healthwatch Suffolk, 2020

'My Health, Our Future' is a Healthwatch Suffolk project exploring the mental health and emotional wellbeing of children and young people (aged 11 - 19) attending schools and colleges across the county. This is a short report about specific groups of young people. This report is focussed on the wellbeing of those students who said they have a disability.

[Available online at this link](#)

9. **Maintaining pre-school children's health and wellbeing in the UK: a qualitative study of the views of migrant parents.**

Condon, L. J., & McClean, S. Journal of public health, 2017

Background: There is evidence that key health behaviours of people who migrate deteriorate over time, which has a consequent impact upon the health of dependent children. As health in the early years sets the course for lifelong health, it is important to explore parents' views on maintaining children's health following migration. **Methods:** Five focus groups were held with parents of preschool children who had migrated to the UK within the last 10 years (n = 28). Parents originated from Romania, Poland, Somalia and

Pakistan, with one group of Roma Gypsy parents. Data collection took place in January to March 2015. Results: All groups, apart from the Roma, perceived barriers to maintaining optimal health and well-being for their preschool children following migration to the UK. Eastern European parents experienced difficulties in ensuring family financial security, while parents from more established communities focused on barriers to children's exercise, play and nutrition. Conclusions: This study highlights aspects of public health where migrants and their children can experience adverse effects in the UK. These findings have implications for policymakers, commissioners and providers of health services who aim to promote good health among preschool children. Keywords: children; ethnicity; health promotion.

[Available online at this link](#)

I. Mental health and suicide

1. ***A rapid review of Irish Traveller mental health and suicide: a psychosocial and anthropological perspective.**

McKey, S., Quirke, B., Fitzpatrick, P., Kelleher, C. C., & Malone, K. M. Irish journal of psychological medicine, 2022

Introduction: Irish Travellers are an indigenous ethnic minority (IEM) with poor health outcomes. Whilst they constitute less than 1% of the Irish population, they account for 10% of national young adult male suicide statistics. Methods: A rapid review of scientific publications related to mental health and suicide in Irish Travellers was undertaken following the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. Searches of PubMed, PsycINFO and Google Scholar were performed. Eligibility criteria included: (i) Irish Travellers/Gypsy Travellers; (ii) information on mental health/suicide/self-harm; (iii) psychosocial anthropological perspectives of mental health; (iv) publications in English. Data on studies including design, methods, participants and key findings were extracted using a spreadsheet template. Results: From 5160 scientific references over the past 20 years, 19 papers made reference to Traveller mental health, and only 5 papers made specific data-based reference to suicide in Travellers. It was only when we qualified Travellers as being 'Irish Travellers' in our scientific review did we detect meaningful references to their existence as an IEM, and their health and well-being. Due to sample sizes and heterogeneity in design, results were synthesised narratively. Discussion: This paper draws together strands from the disciplines of psycho/socio/anthropological perspectives to gain deeper insights into mental health and suicide in Irish Travellers. In a knowledge vacuum, it behoves the scientific community to explain the value of scientific research and rigour to both policymakers as well as Travellers, shifting the existing discourse towards new knowledge and understanding around mental health and suicide in Travellers.

[Available online at this link](#)

2. ***Experiences of suicide in Gypsy, Roma and Traveller communities.**

Rosie Hollinshead. Friends, Families and Travellers (FFT), 2023

This research briefing offers insights into the experiences of death-by-suicide in Gypsy, Roma and Traveller communities using responses from community members who had experienced the death of a friend or loved-one. The report highlights contributing risk factors behind the high suicide prevalence within Gypsy and Traveller communities, and offers recommendations on how support around suicide prevention can be improved. Gypsy and Traveller people are at high risk of suicide compared to the general population – an All Ireland study found that suicide prevalence is six times higher for Irish Traveller women, and seven times higher for Irish Traveller men.

[Available online at this link](#)

3. ***Mental health support needs within Gypsy, Roma, and Traveller communities: a qualitative study.**

Rebecca May Thompson, Bridie Victoria Stone, Philip John Tyson. Mental Health and Social Inclusion, 2022

Purpose Gypsy, Roma and Traveller (GRT) people within the UK and the Republic of Ireland are underrepresented within research and policies despite high rates of mental illness and suicide. This study aims to explore the mental health (MH) support needs for GRT people within the British Isles. **Design/methodology/approach** This study was a thematic analysis of semi-structured interviews with nine self-identified GRT people.

Findings The analysis revealed a longing for acceptance, both within and outside the GRT community; barriers to help seeking, specifically unsuitable services, poor awareness, stigma and distrust; and increased vulnerability owing to participants' perceived lack of prospects and adverse life events. **Originality/value** Despite increased vulnerability, MH services are underutilised by GRT people for a variety of cultural and practical reasons. To reduce the current inequality, it is imperative that services take steps to increase accessibility. This study expands upon previous research by using the voices of GRT people themselves, creating a narrative built from their own emic perspectives. Unlike previous research, this study focuses exclusively on the MH of participants and includes participants from across the British Isles.

[Available online at this link](#)

[Available online at this link](#)

4. ***Presentations of self-harm and suicide-related ideation among the Irish Traveller indigenous population to hospital emergency departments: evidence from the National Clinical Programme for self-harm.**

Kavalidou, K., Daly, C., McTernan, N., & Corcoran, P. Social psychiatry and psychiatric epidemiology, 2023

Purpose: Previous research has examined the suicide risk of the Irish Traveller population, but less is known about self-harm and suicidal ideation among this ethnic minority group, which are established risk factors for suicide. The aim of the current study was to compare the presentation-based self-harm and suicide-related ideation of Traveller to non-Traveller patients and describe any ethnic disparities in the aftercare of their presentation. **Methods:** Data were obtained from the service improvement database of an Irish dedicated national programme for the assessment of those presenting to emergency departments (EDs) due to self-harm and suicide-related ideation. Presentation data from 24 EDs were analysed and Poisson regression was used to assess the age-sex-adjusted relative risk of hospital-presenting self-harm and suicide-related ideation. **Results:** 24,473 presentations were recorded with 3% of the presentations made by Irish Travellers. Female Traveller patients had 3.04 (95% CI 2.51-3.68) higher risk for suicide-related ideation and 3.85 (95% CI 3.37-4.41) for self-harm, compared to white Irish female patients. Male Traveller patients had 4.46 (95% CI 3.86-5.16) higher risk for suicide-related ideation and 5.43 (95% CI 4.75-6.21) higher rates for self-harm. The highest rate ratios for self-harm were observed among older Traveller patients [male: 9.23 (95% CI 5.93-14.39); female: 6.79 (95% CI 4.37-10.57)]. A higher proportion of Traveller patients requested no next of kin involvement, compared to other ethnicities. **Conclusions:** Given that Irish Travellers are at higher risk of self-harm and suicide-related ideation presentations compared to other ethnic groups, EDs should be viewed as an important suicide intervention point. **Keywords:** Hospital; Ireland; Irish Traveller; Minority; Self-harm; Suicidal ideation.

[Available online at this link](#)

5. ***Support guide for services working with Gypsy, Roma, Traveller communities bereaved by suicide.**

Support After Suicide Partnership (SASP). National Suicide Prevention Alliance, 2023

This support guide by Support After Suicide Partnership (SASP) has been developed to help services improve how they appropriately support people from the Gypsy, Roma and Traveller communities who have been bereaved by suicide. SASP worked with a group of professionals from the following community organisations to develop this toolkit: Southwark Travellers Action; Suicide Liaison Service Lead; Outlook Southwest Cornwall NHS Partnership; GATE Herts; Second Step; Friends, Families, Travellers; Tell Us Once, DWP; DrugFAM; and Roma Support Group.

[Available online at this link](#)

6. ***Tackling Suicide Inequalities in Gypsy and Traveller Communities.**

Josie Garrett. Friends, Families and Travellers (FFT), 2022

There is limited evidence available on the mental health needs of Gypsy, Traveller, Showman and nomadic communities, or on the prevalence of suicide amongst these populations. Despite this, where evidence exists, it conveys a picture of significant unmet need. At Friends, Families and Travellers, our casework indicates a disproportionately high prevalence of suicide among the communities we work with. Reflecting this, community members, activists and Gypsy and Traveller voluntary sector organisations alike, all anecdotally report higher incidence of suicide within Gypsy and Traveller communities in England. [P.14 has a useful breakdown of the different communities under the Gypsy, Roma and Traveller umbrella.]

[Available online at this link](#)

7. **Can routine data be used to estimate the mental health service use of children and young people living on Gypsy and Traveller sites in Wales? A feasibility study.**

Rees S., Fry R., Davies J., John A., Condon L. PLoS ONE, 2023

Introduction Gypsies and Travellers have poorer physical and mental health than the general population, but little is known about mental health service use by Gypsy and Traveller children and young people. Finding this group in routine electronic health data is challenging, due to limited recording of ethnicity. We assessed the feasibility of using geographical markers combined with linked routine datasets to estimate the mental health service use of children and young people living on Traveller sites. **Methods** Welsh Government supplied a list of Traveller site postcodes included in Caravan Counts between 2012 and 2020. Using spatial filtering with data from the Adolescent Mental Health Data Platform (ADP) at Swansea University's SAIL Databank, we created a cohort of Traveller site residents aged 11–25 years old, 2010–2019. ADP algorithms were used to describe health service use, and to estimate incidence and prevalence of common mental disorders (CMD) and self-harm. **Results** Our study found a subgroup of young Gypsies and Travellers (n = 802). We found no significant differences between our cohort and the general population for rates of CMD or self-harm. The rate of non-attendance for psychiatric outpatient follow-up appointments was significantly higher in our cohort. Rates were higher (but not statistically significant) among Gypsies and Travellers for measures suggesting less well-managed care, including emergency department attendance and prescribed CMD medication without follow-up. The small size of the cohort resulted in imprecise estimates with wide confidence intervals, compared with those for the general population. **Conclusions** Gypsies and Travellers are under-represented in routine health datasets, even using geographical markers, which find only those resident in authorised traveller sites. Routine data is increasingly relied upon for needs assessment and service planning, which has policy and practice implications for this underserved group. To address health inequalities effort is required to ensure that health datasets accurately capture ethnicity.

[Available online at this link](#)

8. **Can routine data be used to estimate the mental health service use of children and young people living on Gypsy and Traveller sites in Wales? A feasibility study.**

Rees, S., Fry, R., Davies, J., John, A., & Condon, L. PloS one, 2023

Introduction: Gypsies and Travellers have poorer physical and mental health than the general population, but little is known about mental health service use by Gypsy and Traveller children and young people. Finding this group in routine electronic health data is challenging, due to limited recording of ethnicity. We assessed the feasibility of using geographical markers combined with linked routine datasets to estimate the mental health service use of children and young people living on Traveller sites. Methods: Welsh Government supplied a list of Traveller site postcodes included in Caravan Counts between 2012 and 2020. Using spatial filtering with data from the Adolescent Mental Health Data Platform (ADP) at Swansea University's SAIL Databank, we created a cohort of Traveller site residents aged 11-25 years old, 2010-2019. ADP algorithms were used to describe health service use, and to estimate incidence and prevalence of common mental disorders (CMD) and self-harm. Results: Our study found a subgroup of young Gypsies and Travellers (n = 802). We found no significant differences between our cohort and the general population for rates of CMD or self-harm. The rate of non-attendance for psychiatric outpatient follow-up appointments was significantly higher in our cohort. Rates were higher (but not statistically significant) among Gypsies and Travellers for measures suggesting less well-managed care, including emergency department attendance and prescribed CMD medication without follow-up. The small size of the cohort resulted in imprecise estimates with wide confidence intervals, compared with those for the general population. Conclusions: Gypsies and Travellers are under-represented in routine health datasets, even using geographical markers, which find only those resident in authorised traveller sites. Routine data is increasingly relied upon for needs assessment and service planning, which has policy and practice implications for this underserved group. To address health inequalities effort is required to ensure that health datasets accurately capture ethnicity.

[Available online at this link](#)

9. **Conference Report 2022: The Intersection of Poverty, Inequality and Mental Health.**
Traveller Movement, 2023

This 2022 conference report summarises workshops which offer findings and recommendations. Workshop 2: We Need to Talk about Suicide recommendations: That the NHS data dictionary should be revised to include Gypsy, Roma, and Traveller ethnicities; and that Coroner's reports should record ethnicity as a matter of routine. • That all healthcare professionals, and other public sector employees working in frontline roles, should receive unconscious bias training, and training on Gypsy, Roma, and Traveller culture. • That unconscious bias training - as well as suicide/mental health training which is specific to Gypsy, Roma, and Traveller communities - should be delivered by people from those communities.

[Available online at this link](#)

10. **The Traveller Movement - policy briefing addressing mental health and suicide among Gypsy, Roma and Traveller communities in England.**
Traveller Movement, 2019

Office for National Statistics (ONS) data reveal that there were 18,998 suicides in men and women aged between 20 and 64 years between 2011 and 2015, and that suicide is the leading cause of death in England in adults below the age of 502 . Mortality data published by the ONS are collected from the information provided at death registration but as this information does not include the ethnicity of the deceased, there are no official data on deaths by suicide among Gypsies, Roma and Traveller (GRT) individuals in England and Wales. As noted by the Department of Health the failure to collect ethnic data through the death registration and inquest processes 'is a major obstacle to getting reliable and accurate data on suicides and to improving the evidence base and monitoring trends' 3 In the UK men commit suicide more frequently than women; for example, suicide rates for males in 2017 was 15.5 deaths (4382 deaths) per 100,000 population; suicide rates for females in 2017 was 4.9 deaths (1439 deaths) per 100,000 population. There is a correlation between low skilled occupations and rates of suicide among men; for example,

males working in the lowest-skilled occupations had a 44% higher risk of suicide than the male national average.

[Available online at this link](#)

11. Traveller Mental Health Matters.

National Traveller MABS. Irish Department of Health, 2021

The Traveller Community experience significant mental health issues, which are impacted on by a variety of contexts, issues and experiences. These include issues that affect the Traveller community daily with regards to racism and exclusion, issues around identity, sexuality, addiction, and socio-economic issues such as employment, accommodation and education status. It also includes issues such as stigma, wider understanding of mental health issues in general, and services and resources. Therefore, mental health issues for Travellers must be responded to within the context of both Traveller specific issues, mental health issues and the interaction of the two areas, making it a complex issue to address and tackle. Maintaining good mental health can be a challenge for all members of Irish society, particularly in the present context of Covid19 pandemic. However, when this is combined with the experience of racism, exclusion and discrimination that the Traveller community experience, the challenge is even greater.

[Available online at this link](#)

12. Using an Intersectional Approach to Explore the Lived Mental Health Experiences of Traveller Men Affected by Suicide in Ireland.

Richardson, N., McDonnell, K., Carroll, P., & O'Donnell, S. American journal of men's health, 2023

Rates of suicide are seven times higher among Traveller men, an Indigenous ethnic minority group in Ireland, compared with non-Traveller men. Several factors are implicated, including racism, social exclusion, discrimination, inadequate accommodation, unemployment, and lower educational attainment. Systemic and cultural barriers inhibit Traveller men from seeking support. This study addresses a gap in the literature by exploring the lived mental health experiences of Traveller men affected by suicide. Semi-structured interviews (n = 13; aged 19-50) were conducted with Traveller men affected by suicide. Interviews were recorded and transcribed verbatim. Thematic content analysis was used to analyze the data, which yielded three broad themes. Theme 1, "key determinants of Traveller men's mental health," describes the impact on Traveller men of issues relating to accommodation/homelessness, education, and unemployment, as well as frequent exposure to prejudice, discrimination, and racism. Theme 2, "contemporary Traveller masculinities," considers how Traveller masculinities were shaped by a patrilineal tradition and by historical/ongoing tensions related to their ethnicity. Theme 3, "navigating support seeking and coping with distress," encapsulates both resistant and proactive approaches used by participants to manage their mental health. The intersection of structural inequalities, internalized racism, Traveller masculinities, and strong historical associations between stigma and mental health/suicide within the Traveller community lies at the heart of the heavy burden of suicide carried by Traveller men. Findings provide a deeper understanding of the sources of distress and pathways to resilience/recovery among Traveller men affected by suicide and can inform the development of more gender- and culturally appropriate suicide prevention interventions. Keywords: Traveller masculinities; ethnic minority; intersectionality; suicide.

[Available online at this link](#)

J. Older people, dementia and end of life

1. ***Gypsies and Travellers - A different ending: Addressing inequalities in end of life care.**

Care Quality Commission (CQC), 2016

The CQC spoke to members of several Gypsy and Travellers' groups who told us about their experiences and the barriers to good end of life care. CQC recommendations: • Commissioners and providers to recognise the end-of-life care needs of Gypsies and Travellers, and to take action to understand and meet the needs of Gypsies and Travellers in their local area. • Commissioners and providers to support early identification of Gypsies and Travellers who may be approaching the end of life, as part of improved healthcare for this group. • Commissioners and providers of end-of-life care to ensure staff have the knowledge and skills to understand and meet the end-of-life care needs of Gypsies and Travellers.

[Available online at this link](#)

2. ***Gypsy, Traveller and Roma experiences, views and needs in palliative and end of life care: a systematic literature review and narrative synthesis.**

Dixon, K. C., Ferris, R., Kuhn, I., Spathis, A., & Barclay, S. BMJ supportive & palliative care, 2021

Background: Gypsy, Traveller and Roma communities are known to experience health inequalities. There has been little focus on palliative care in these communities despite the well-recognised inequalities of access to palliative care in other minority ethnic groups. Methods: Systematic review and thematic analysis of the current evidence concerning palliative care experiences, views and needs of Gypsy, Traveller and Roma communities. Medline, Embase, Emcare, CINAHL, PsycINFO, Web of Science, Scopus, AMED, Global Health, Psychological and Behavioural Sciences Collection and BNI were searched up to November 2020, alongside author and citation searching. NHS England, Hospice UK, National Audit Office and OpenGrey were searched as grey literature sources. Gough's 'Weight of Evidence' framework was used for quality appraisal. Results: Thirteen papers from eight studies were included in the synthesis. Although there was variation between communities, three overarching and inter-related themes were identified. (1) Strong family and community values include a preference for healthcare to be provided from within the community, duty to demonstrate respect by attending the bedside and illness as a community problem with decision-making extending beyond the patient. (2) Distinct health beliefs regarding superstitions around illness, personal care, death rituals and bereavement. (3) Practical barriers to non-community healthcare provision include communication difficulties, limited awareness of and access to services, tensions between patients and healthcare professionals and lack of training in delivering culturally appropriate care. Conclusion: A wide range of factors influence Gypsy, Traveller and Roma community access to palliative care. Community diversity requires sensitive and highly individualised approaches to patient care.

[Available online at this link](#)

3. ***Health-related quality of life for people aged 65 and over.**

Government of the United Kingdom (gov.uk), 2023

Main facts and figures: • in the 5 years to March 2017, the average health-related quality of life score for people in England aged 65 and older went up from 0.726 to 0.735 (from 0.000 to 1.000). • in the year ending March 2017, the average health-related quality of life score was highest in the Asian Other ethnic group (0.805), and lowest in the White Gypsy and Irish Traveller ethnic group (0.509). • the Asian Other ethnic group had the highest average health-related quality of life score every year covered by this data. • the White Gypsy and Irish Traveller group had the lowest score in every year except one.

[Available online at this link](#)

4. ***Saying it as it is: Experiences of Gypsies and Travellers caring for family members living with dementia.**

Pauline Lane, Siobhan Spencer, David M. Smith, Muzelley McCready, Muzelley Roddam, Janie Codona, Shirley Barrett. Friends, Families and Travellers (FFT), 2023

The aim of this study is to increase the understanding of some of the challenges that Gypsy and Traveller carers experience when caring for loved ones who are living with dementia. It focuses on dementia in Gypsy and Traveller Families and the UK policy context, and the carers supporting people living with dementia.

[Available online at this link](#)

[Available online at this link](#)

5. ***Traveller end of life care experiences and needs: thematic analysis.**

Dixon KC, Conci R., Bowers B., et al. BMJ Supportive & Palliative Care, 2023

Abstract Objectives Travelling communities are a significant, but poorly understood, group of ethnic minorities known to experience inequalities in many aspects of healthcare, including at the end of life. This study explored the end of life care experiences and needs of Travellers, along with the perspectives of healthcare professionals. **Methods** Secondary thematic analysis of data from two focus groups and 16 interviews. Eighteen UK-based members of Travelling communities and three healthcare professionals took part in two focus groups. Sixteen hospice staff were interviewed. Data were collected by UK charity One Voice 4 Travellers in 2018. **Results** Tensions permeated the healthcare experience of Travellers. The perceived need for concealment of ethnic identity in the healthcare setting conflicted with participants' desire for personalised care and tailored services. Healthcare professionals' limited awareness of Travellers' cultural rituals around death led to difficulties, including misunderstandings relating to the large numbers of family gathered at the bedside of dying relatives in hospital and hospice settings. Approaches that could increase the acceptability of healthcare included Travellers working in liaison roles, increased provision of space for visiting family and cultural competency training for staff. However, challenges remain in converting ideal solutions into feasible changes. **Conclusions** Improved communication and understanding between Travelling communities and healthcare professionals is needed to relieve the multilevel tensions experienced at the end of life. At an individual level, this would enable personalised care; at a systems level, cocreation of end of life care services with Travellers would help ensure that their cultural needs are met.

[Available online at this link](#)

6. ***We look after our own: Dementia in Gypsy and Traveller communities.**

Samson Rattigan and Sarah Sweeney. Friends, Families and Travellers (FFT), 2018

Aims: To explore the awareness of dementia symptoms, ways to reduce the risk of dementia, and access to care and support for dementia in the GRT community. **Key findings:** • Campaigns raising awareness about risk reduction activities to prevent dementia are often not reaching Gypsy and Traveller communities. • A significant number of Gypsies and Travellers would not attempt to access support for dementia because they feel that they would not receive culturally appropriate care. • The majority of Gypsies and Travellers share a strong preference for carers from within the Gypsy and Traveller communities.

[Available online at this link](#)

K. Housing, sites and accommodation

1. ***Gypsies' and Travellers' lived experiences, homes, England and Wales: 2022.**

Office for National Statistics (ONS), 2022

Qualitative research exploring the lived experiences of Gypsy and Traveller communities, relating to homes.

[Available online at this link](#)

2. ***Homelessness experiences of young Gypsy and Traveller people in Hackney.**
Trust for London, 2023

This report outlines the challenges faced by Gypsy and Traveller people in Hackney in attaining secure accommodation. Gypsy and Traveller people frequently struggle to navigate the housing system and are unable to access suitable housing. Conducted through interviews with individuals supported by London Gypsies and Travellers, the research explores the multifaceted issues people within these communities encounter. The report finds that young Gypsy, Roma and Traveller people are struggling to navigate the housing system and unable to access suitable housing. Out of the 56 young people taking part in the project, 30 were homeless when they accessed the service. The main causes of homelessness were overcrowding in either a house or a pitch on a site. Others were homeless because their parents were suffering financially or they were fleeing domestic abuse. The project uncovered significant barriers facing homeless young Gypsy, Roma and Traveller people who are trying to access housing services. These included not feeling safe, not feeling heard, language barriers, discrimination and a lack of action in the housing system.

[Available online at this link](#)

[Available online at this link](#)

3. ***Kicking the can down the road: The planning and provision of Gypsy and Traveller sites in England 1960-2023.**
Simon Ruston. Friends, Families and Travellers (FFT), 2023

Gypsies and Travellers are an important part of Britain's population, heritage and social fabric. Providing well-designed and managed sites for Gypsies and Travellers supports happy and healthy communities and addresses wider determinants of health, education and employment. There is a direct correlation between accommodation insecurity and health outcomes. With Gypsy and Traveller communities having life expectancies between 10 and 25 years shorter than the general population, there is a strong case for site provision. Furthermore, 2021 Census data indicates that many within the Gypsy and Traveller communities need socially provided accommodation, with 44% of Gypsy and Traveller Census respondents renting in social housing, compared with all ethnic groups at 17%. As such, it is important that there is a wide choice of homes available for Gypsy and Traveller communities. This report is concerned with the provision of Gypsy and Traveller sites through the planning system since 1960, with a specific focus on the period from 1994 to the present day.

[Available online at this link](#)

[Available online at this link](#)

4. ***Planning policy for traveller sites.**
Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities & Local Government, 2023

This document sets out the Government's planning policy for traveller sites. It should be read in conjunction with the National Planning Policy Framework. [The second URL links directly to the National Planning Policy Framework.] Planning law requires that applications for planning permission must be determined in accordance with the development plan, unless material considerations indicate otherwise. This policy must be taken into account in the preparation of development plans, and is a material consideration in planning decisions. Local planning authorities preparing plans for and taking decisions on traveller sites should

also have regard to the policies in the National Planning Policy Framework so far as relevant. The Government's overarching aim is to ensure fair and equal treatment for travellers, in a way that facilitates the traditional and nomadic way of life of travellers while respecting the interests of the settled community.

[Available online at this link](#)

[Available online at this link](#)

5. ***Traveller Site Fund 2022/23.**

Department for Levelling Up, Housing and Communities, 2023

Funding is available to local authorities in England for new and refurbished permanent and transit sites and the related site infrastructure and temporary stopping places. DLUHC has awarded nearly £10 million funding through the Traveller Site Fund 2022/23. This funding has been awarded to 9 local authorities across 16 traveller site projects, helping to improve life chances and social outcomes. Brighton & Hove City Council: Funding awarded: £504,848.00 for Project type / Project description: Transit Site refurbishment project.

[Available online at this link](#)

6. ***Traveller caravan count: July 2023.**

Department for Levelling Up, Housing and Communities, 2023

Data from the count of Traveller caravans in England which took place in July 2023. Data from the count of Traveller caravans in England which took place on or around 20 July 2023. The twice-yearly count takes place in January and July, recording the number of caravans on both authorised and unauthorised sites across England. The July count also collects data on New Affordable Residential Pitches.

[Available online at this link](#)

7. **Gypsies and travellers: planning provisions.**

House of Commons Library, 2019

The Government's planning policies and requirements for Gypsy and Traveller sites are set out in the Planning Policy for Traveller sites, which must be taken into consideration in preparing local plans and taking planning decisions. It encourages local authorities to formulate their own evidence base for Gypsy and Traveller needs and to provide their own targets relating to pitches required. If planning authorities are unable to demonstrate a five-year supply of deliverable Traveller sites, this in turn may make it more difficult for them to justify reasons for refusing planning applications for temporary pitches at appeal.

[Available online at this link](#)

[Available online at this link](#)

8. **Gypsy and Traveller sites: the revised planning definition's impact on assessing accommodation needs (2019)**

Equality and Human Rights Commission, 2022

In August 2015, the Government published an updated version of its 'Planning policy for traveller sites'. The updated policy changed the definition of 'gypsies and travellers', which now no longer includes those who have ceased travelling permanently for any reason, including old age or disability. This research looks at how this revised definition is affecting how planning applications for Traveller sites are determined and the way that local planning authorities plan for the provision of Gypsy and Traveller pitches in England. It finds that, after the change in definition, LPA assessments of how many pitches would be needed fell by almost 75%, and that the approach to planning policies is inconsistent across LPAs.

[Available online at this link](#)

9. **Gypsy, Roma and Irish Traveller ethnicity summary: Home ownership data.**
Government of the United Kingdom (gov.uk), 2022

In 2011, 34% of Gypsy or Irish Traveller households owned their own home, compared with a national average of 64%. 42% lived in social rented accommodation, compared with a national average of 18%. In 2016 to 2017, 0.1% of new social housing lettings went to people from Gypsy or Irish Traveller backgrounds (429 lettings).

[Available online at this link](#)

10. **Homeless and Inclusion: Health standards for commissioners and service providers.**
Pathway, 2018

[See: p.12-15. Chapter: Health of Gypsies and Travellers. Also, p.26. Section 2: Standards for health services for Gypsies and Travellers.] At the heart of any service will be the encounter or consultation between a service user and a care giver. We recognise the central importance of nurturing and sustaining this relationship in order to provide effective care. For many disadvantaged groups, clinical encounters and contact with service providers are still too often characterised by suspicion, indifference and occasionally hostility, rather than dignity and respect. In this approach, generosity, kindness and compassion combine with a passionate commitment to professional quality to become the defining characteristics of health services for homeless and multiply disadvantaged people. These standards will be regularly reviewed and updated.

[Available online at this link](#)

11. **Manufacturing mandates: Property, race, and the criminalisation of trespass in England and Wales.**
Burgum, S., Jones, H., & Powell, R. Environment and Planning C: Politics and Space, 2022

This paper focuses on a recent public consultation to criminalise trespass in England and Wales. Through an analysis of the consultation discourse and documentary evidence, we argue that the government has used this process to manufacture a mandate for criminalisation. We show how the construction of democratic support has been achieved by: Pre-coding responses in the initial call for evidence; distorting evidence in the response; and utilizing 'state simplifications' which foreground hostile and racist sentiments whilst presenting sedentarisation as in the 'best interests' of nomadic communities. While the 2018/19 consultation is only the most recent in a long history of civilising offensives against Gypsy-Travellers, as well as other 'unfixed' communities, this particular move to criminalise trespass and attack nomadic heritage is also further evidence of the UK government's steady formalization of property ownership: moving away from considering property 'use' on the ground towards an abstracted registration system de-rooted from place. This denies long-standing rights to roam and non-normative modes of inhabitation, thereby pushing property relations in a direction that rarely benefits those on the housing margins. We foreground an alternative to criminalisation, pointing towards a recent pragmatic, bottom-up policy of 'negotiated stopping' in Leeds in northern England. This builds upon dialogue and cooperation in avoiding costly and disruptive eviction and criminalisation processes, but also potentially creates spaces and opportunities for more positive urban encounters with difference.

[Available online at this link](#)

12. **No place to stop: Only 8 of 68 local authorities in South East England have identified enough land for Travellers to live.**
Friends, Families and Travellers (FFT), 2020

This research report which uncovered that only 8 out of 68 local authorities in the South East of England have identified the land needed for Gypsies and Travellers in their area. In

compiling the report, FFT sent Freedom of Information requests to all 68 local planning authorities in the South East asking if they had carried out accommodation needs assessments for Travellers in their area. They also asked each local authority if they had identified a 5 year supply of specific deliverable sites as set out in the Government's Planning Policy for Traveller Sites. The findings of the research show that the mechanism to ensure more sites for Gypsies and Travellers is not working. This leaves around 3000 Gypsy and Traveller families statutorily homeless and with no place to stop.

[Available online at this link](#)

13. Spaces and places for gypsies and travellers: how planning can help.

Local Government Association (LGA), 2006

This case study draws on emerging good practice in some local authorities to identify how effective use of the planning process can increase the number of authorised pitches available for Gypsies and Travellers in line with new government planning guidance.

[Available online at this link](#)

14. Thurrock Gypsy, Traveller and Travelling Showperson Accommodation Assessment.

Thurrock Council, 2007

In March 2006 Thurrock Council commissioned Fordham Research to conduct an assessment of the accommodation needs of Gypsies, Travellers and Travelling Showpeople. This report is the result of the needs assessment. It provides an overview of the accommodation situation for Gypsies, Travellers and Travelling Showpeople in the Borough, estimates the extent of accommodation need for Gypsies and Travellers and also makes recommendations for extending assistance and improving service provision. This is in the context of the Housing Act 2004 which requires local authorities to include Gypsies, Travellers and Travelling Showpeople in their local housing needs assessment. Beyond assessing current provision and potential need, the study also aims to give the Council a wider understanding of issues facing Gypsies and Travellers and examine the strategic implications of the research findings.

[Available online at this link](#)

15. Traveller caravan count: January 2023.

Department for Levelling Up, Housing and Communities, 2023

Data from the count of Traveller caravans in England which took place in January 2023. Data from the count of Traveller caravans in England which took place on or around 19 January 2023. The twice-yearly count takes place in January and July, recording the number of caravans on both authorised and unauthorised sites across England. Since 2011, each January count has included a count of caravans occupied by Travelling ShowPeople in each local authority in England. Travelling ShowPeople figures have therefore also been updated as part of this release.

[Available online at this link](#)

L. Education, skills, and training

1. *Disrupting the School to Prison Pipeline: Exploring why Gypsy, Roma and Traveller children experience the school to prison pipeline and how it can be interrupted.

The Traveller Movement, 2022

We are not all at equal risk of encountering the criminal justice system. The path to entering prison is neither short nor straightforward. There are often a number of contributing and interconnected factors including poverty, ethnic and social inequalities, mental ill health,

and exclusion from school. These can all be significant drivers in channelling vulnerable children into the criminal justice system. Early interventions must be made to help divert children away from these pathways before they become entrenched. The 'school to prison pipeline' is a term used to describe the path from school exclusion to entry into prison. Increasingly, schools are moving towards no tolerance policies which result in permanent exclusions, particularly for children from Gypsy, Roma and Traveller and other ethnic minority backgrounds. These children are overrepresented in Young Offender Institutions.

[Available online at this link](#)

[Available online at this link](#)

2. ***Education inequalities facing Gypsies, Roma and Travellers in England.**
Abbie Kirkby, Emma Whitcombe, Emma Nuttall. Friends, Families and Travellers (FFT), 2023

Despite a comprehensive evidence base of issues and good practice, little has been done to remedy the stark educational inequalities experienced by Gypsy, Roma and Traveller children. The Department for Education published a comprehensive report in 2009, yet the findings and recommendations have not been acted on, allowing the inequalities to persist. Data extracts based on the School Census received in response to FOI requests from Friends, Families and Travellers in 2022, show that 'Gypsy/Roma' and 'Traveller of Irish Heritage' pupil numbers recorded from the 2012/13-2021/22 academic years fall significantly at key points in a pupil's education:

[Available online at this link](#)

[Available online at this link](#)

3. ***Gypsies, Roma and Travellers: The ethnic minorities most excluded from UK education.**

Laura Brassington. Higher Education Policy Institute, 2022

Gypsies, Roma and Travellers (GRT) are the lowest achieving ethnic groupings in the UK education system, with stark disparities in attainment apparent from early years education through to higher education. This report looks at the reasons behind poor educational outcomes; considers the issues faced by GRT students in higher education institutions; and provides an overview of the current schemes to improve GRT access to higher education in the UK. It concludes by making several policy recommendations.

[Available online at this link](#)

[Available online at this link](#)

4. ***Gypsies' and Travellers' lived experiences, education and employment, England and Wales: 2022.**

Office for National Statistics (ONS), 2022

Qualitative research exploring the lived experiences of Gypsy and Traveller communities, relating to education and employment.

[Available online at this link](#)

5. ***Gypsy, Roma and Traveller access to Further Education: 14-16 provision, vocational qualifications, apprenticeships and A Levels.**

The Traveller Movement, 2021

14-16 Provision: At present there is limited funding available for pupils aged 14-16 to pursue vocational qualifications and where there is, it is at the discretion of budget-strapped

schools. There are higher numbers of Gypsy, Roma and Traveller pupils that fall out of education before sitting their exams, with the start of the examination year being a key fall out point, and the reduced offering of vocational qualifications could be argued as facilitating this. Vocational qualifications: There is reduced funding available for those aged 19-25, and where there is, it is often set up in a loan scheme format which can be off-putting for Gypsy, Roma and Traveller people returning to education as an adult. Those re-entering after a significant gap can face several challenges in accessing and succeeding in Further Education. Underfunding of the sector means that settings are not always able to offer the level of support that is needed. Traineeships and apprenticeships: The recorded number of Gypsy, Roma and Traveller people pursuing traineeships and apprenticeships is low, and some are prevented from taking up these opportunities due to low prior attainment. Those who pass vocational qualifications can be prevented from progressing to the next level because they do not meet Maths and English requirements. A Levels: There is less known about the experiences of Gypsy, Roma and Traveller pupils at A Level. Small cohort numbers mean that current data is unreliable and generalisations cannot be drawn from it. Additionally, low prior attainment and low teacher expectations are likely to have a negative impact on the access, uptake and experiences of these pupils.

[Available online at this link](#)

6. ***Key stage 4 destination measures.**

Government of the United Kingdom (gov.uk), 2023

Ethnicity: Pupils from Gypsy Roma backgrounds were least likely to sustain an education destination. Pupils from Gypsy Roma and Traveller of Irish Heritage backgrounds were most likely to sustain employment destinations. These two groups are relatively small and their outcomes are volatile between years. Pupils from Black African, Bangladeshi, Indian, Any Other Asian and Chinese backgrounds were least likely to sustain employment destinations.

[Available online at this link](#)

7. ***Outsider status, and racialised habitus: the experiences of Gypsy, Roma, and Traveller students in higher education.**

Julia Morgan, Chelsea McDonagh & Thomas Acton. British Journal of Sociology of Education, 2023

This qualitative study explored the university experiences of 13 students from Gypsy, Roma, and Traveller (GRT) communities in England and Scotland. Using conceptual tools, informed by the work of Bourdieu, such as racialised habitus and racialised cultural capital, as well as Elias's work on established-outsider figurations we show that GRT students are 'racialised' outsiders in university established white habitus, with students experiencing the devaluing of their cultural capital including anti-Gypsy and anti-Roma rhetoric within university settings. Moreover, a destabilised habitus was evident, for some, who experienced 'cultural dissonance' between community and university expectations as well as feelings of 'not being good enough'. This was compounded by the racialised controlling images they encountered, resulting in hyper-vigilance about the sharing of their ethnic identity. For some, this led to painfully 'fragmented selves' which was exacerbated by a lack of support from universities and invisibility within institutional established white habitus.

[Available online at this link](#)

8. ***Permanent exclusions.**

Department for Education (DfE), 2023

White Gypsy and Roma pupils had the highest permanent exclusion rates in the 2020 to 2021 school year. The data shows that: the highest permanent exclusion rates were for white Gypsy and Roma pupils (0.18%, or 18 exclusions per 10,000 pupils), and mixed white and black Caribbean pupils (0.12%, or 12 per 10,000 pupils). Out of all ethnic groups and types of school, the highest rates were among white Gypsy and Roma pupils in secondary

schools (0.46%, or 46 exclusions per 10,000 pupils) and special schools (0.40%, or 40 exclusions per 10,000 pupils).

[Available online at this link](#)

9. ***Post-16 education outcomes by ethnicity in England.**

Department for Education (DfE), 2022

Report looking at the evidence on education outcomes by ethnicity across the post-16 education system in England. [See p.5: Nearly all pupils go into employment, additional education or training following KS4, as required by law¹. This is true across ethnic groups, with the exception of Gypsy, Roma and Irish Traveller pupils.]

[Available online at this link](#)

10. ***Roads to Success for Gypsy Roma and Traveller Youth: A peer lead research project to identify barriers and propose solutions for youth education, training and employment.**

The Traveller Movement, 2022

Youth services across the United Kingdom are not delivered uniformly or consistently. Organisations in the public, private, and voluntary sector who are involved in the commissioning or delivery of youth work services are missing opportunities for partnership and collaborative working, leading to a disjointed provision of services. Pockets of good practice exist, and these should be lauded and used as an exemplar for best practice, but this is not the norm; leading to a 'post-code lottery' of youth service accessibility. The provision of youth services frequently does not take into account individual need or circumstances, leading to a disconnect between young people and youth organisations. Funding pressures, the result of a decade of austerity and swingeing cuts to funding for vital public services, has made it increasingly more difficult for organisations to deliver sufficient and consistent provision.

[Available online at this link](#)

[Available online at this link](#)

11. ***School results for 10 to 11 year olds.**

Government of the United Kingdom (gov.uk), 2023

In the 2021 to 2022 school year, white Gypsy and Roma pupils had the lowest percentage meeting the expected standard in reading (29%) and maths (25%), reading, writing and maths combined (15%), and grammar, punctuation and spelling (23%). Pupils from an Irish Traveller background had the lowest percentage achieving the expected standard in writing (23%).

[Available online at this link](#)

12. **Barriers in education – young Travellers in London.**

The Traveller Movement, 2021

11 young peer researchers were trained in basic qualitative research skills and assisted in creating a questionnaire. The peer researchers interviewed forty four 15 - 25 year old Travellers in London about the barriers they have faced in education; these are their findings.

[Available online at this link](#)

13. **Destinations of school pupils after GCSEs (and equivalent qualifications).**

Department for Education (DfE), 2021

[See sections 1, 3 and 4: Main facts and figures, Percentage of pupils going into sustained education, apprenticeships or employment after key stage 4, by ethnicity; and By ethnicity over time.]

[Available online at this link](#)

14. **Education, skills and training.**

Department for Education (DfE), 2022

Includes data on school pupil results, apprenticeships, universities and where people go after education. For data on Gypsy, Roma and Traveller children and young people, check 'Main facts and figures' and 'Ethnicity' in each section. Early years: • Development goals for 4 to 5 year olds. 5 to 7 years old: • School results for 5 to 7 year olds. 7 to 11 years old: • School results for 10 to 11 year olds. 11 to 16 years old: • Pupil progress between 11 and 16 years old ('Progress 8'). • GCSE English and maths results. • GCSE results (Attainment 8). • English Baccalaureate entry and achievement. A levels, apprenticeships and further education: • Students getting 3 A grades or better at A level. • Further education participation. • Participation in apprenticeships. • Apprenticeship starts. • Average score for students taking A levels and other qualifications. Higher education: • Entry rates into higher education. • First year entrants onto undergraduate and postgraduate degrees. • Undergraduate degree results. • People starting at higher education providers with high, medium and low entry tariffs. After education: • Destinations of school pupils after GCSEs (and equivalent qualifications). • Destinations of students after 16 to 18 study. • Destinations and earnings of graduates after higher education. • Destinations and earnings after further education. Absence and exclusions: • Absence from school. • Suspensions. • Permanent exclusions.

[Available online at this link](#)

15. **Gypsy, Roma and Irish Traveller ethnicity summary: Economic activity and employment data.**

Government of the United Kingdom (gov.uk), 2022

Data in this section is from the 2011 Census for England and Wales, and for people aged 16 and over. Economic activity and employment rates might vary from other published figures that are based on people of working age. 47% of Gypsy or Irish Traveller people aged 16 and over were economically active, compared to an average of 63% in England and Wales. Of economically active people, 51% of Gypsy or Irish Traveller people were employees, and 26% were self-employed. 20% of Gypsy or Irish Traveller people were unemployed, compared to an average for all ethnic groups of 7%.

[Available online at this link](#)

16. **Gypsy, Roma and Irish Traveller ethnicity summary: Education data.**

Government of the United Kingdom (gov.uk), 2022

All data in this section covers pupil performance in state-funded mainstream schools in England. At all key stages, Gypsy, Roma and Irish Traveller pupils' attainment was below the national average.

[Available online at this link](#)

17. **Marginalisation and mixed feelings: supporting students of Gypsy, Roma and traveller heritage imagining higher education in the UK.**

Emily Danvers & Tamsin Hinton-Smith. Compare, 2022

Gypsy, Roma and Travellers (GRT) are a highly marginalised UK higher education minority with patchy targeted policy interventions. Drawing on qualitative interview data with education professionals working with GRT and with GRT young people, families and

activists, the article compares attitudes, expectations, and desires around higher education. Firstly, the way in which university outreach can essentialise GRT people and the need to nuance these regulatory and normative practices is discussed. Tensions for GRT people imagining higher education and navigating complex identity transitions of ethnic invisibility are next explored alongside worries around 'coming out'. Finally, the article identifies the 'cruel optimism' in desiring education as a form of social mobility, particularly when institutions are not inclusive of GRT. From this, an urgent need is identified for contextually-sensitive GRT outreach for the academy's promises to be meaningfully inclusive.

18. **More than luck: enabling access and success in Higher Education for Gypsy, Romany and Traveller (GRT) communities.**

Graeme Atherton. Sir John Cass's Foundation report, 2020

This report helps by showing the facts of the matter in relation to educational progression by GRT young people. It makes clear recommendations, both nationally and for higher education institutions in London. Key Findings: • Access to HE for GRT communities is not increasing. • Evidence on progression to HE for those from GRT communities indicates that only very small numbers of learners from such communities progress to HE. Data from the Department of Education shows that from 2009–10 to 2017–18 for all other white groups the trend in HE participation is upwards. However, for Travellers of Irish heritage it has declined and Gypsy/Roma groups it has remained static. • Less than 30% of Access and Participation Plans (APPs) mention GRT learners. • All HE providers were required by the higher education regulator the Office for Students (OfS) to submit an Access and Participation Plan (APP) in 2019 for the period 2021–2025. Learners from GRT backgrounds are one of the groups who can be included in such plans. Analysis of the content of over 100 of these APPs shows that only a minority include any reference to GRT learners. • Less than 5% of Access and Participation Plans (APPs) include reference to any activities to support access to HE for GRT learners. • Of the 30% of APPs which mention GRT learners the majority refer to the challenges faced in terms of obtaining data on the numbers of GRT learners. • This leaves only a very small number of APPs which include any reference to actual activities.

[Available online at this link](#)

M. Crime, law and prison

1. ***A Good Practice Guide: Improving service provision for Gypsy, Roma and Traveller domestic abuse survivors.**

The Traveller Movement, 2022

This report outlines good practice in domestic abuse services in the UK and the main barriers to engagement for Gypsy, Roma and Traveller survivors of domestic abuses. The results are based on 176 survey responses and 18 in-depth interviews.

[Available online at this link](#)

[Available online at this link](#)

2. ***A Profile of prisoners in the Adult Prison Estate.**

The Traveller Movement, 2020

Due to weak ethnic monitoring across the criminal justice system, it is difficult to know the exact number of Gypsies, Roma, and Travellers (GRT) in prison or on probation. According to Her Majesty's Inspectorate of Prisons' (HMIP) prisoner survey, in 2019/20 6% of men and 7% of women of the prison population in England and Wales identified as Gypsy/Irish Traveller. Roma is not yet recorded across HMPPS, but the 2021 census will include the category and we hope it will allow us to further understand Roma experiences of the criminal justice system.

[Available online at this link](#)

[Available online at this link](#)

3. ***Gypsies' and Travellers' lived experiences, justice, England and Wales: 2022.**
Office for National Statistics (ONS), 2022

Qualitative research exploring the lived experiences of Gypsy and Traveller communities, relating to justice.

[Available online at this link](#)

4. ***Gypsy, Roma and Traveller Women in Prison.**
The Traveller Movement, 2021

The discrimination and marginalisation Roma, Gypsy and Traveller women face in broader society only become accentuated when they enter the Criminal Justice System. Gypsy/Traveller women are overrepresented in the Criminal Justice system, forming approximately 6% of the prison population, and 0.1% of the general population. The population of Roma women is again on top of this number. Gypsy, Roma and Traveller people are over-policed, contributing to this overrepresentation. Yet, their distinct needs are poorly understood and overlooked. Many experience the severe pain of family separation, and they are often homeless on release, due to poor exit planning and a lack of appropriate housing assessment on release. Over 50% of women in prison are survivors of domestic abuse. This will be no different for Gypsy Roma and Traveller women, who will have differing needs when it comes to accessing support for domestic abuse. To support survivors in prison, there needs to be targeted support, specialist intervention and emphasis on placed release planning to aid rehabilitation. Gypsy Roma and Traveller Women's poor experiences of custody are in keeping with system wide critiques of a Criminal Justice System that disproportionately impacts minority women through over-policing and disproportionate rates of custodial sentencing. As opposed to this system, which is largely made up of short-term custodial sentences for non-violent crime, The Traveller Movement promotes, the use of out of court disposals, community sentences, better sentence planning and trauma informed rehabilitation. If these reforms take an intersectional approach and actively include Gypsy, Roma and Traveller Women, a system wide move away from custody will benefit the GRT women in prison.

[Available online at this link](#)

5. **Available but not Accessible: Romany Gypsies and Irish Travellers: barriers in accessing purposeful activities in prison.**
The Traveller Movement, 2023

Although the findings of this report really have no place in a modern prison system with any intention of rehabilitation, the report writers and The Traveller Movement are to be commended for their rigorous methodology and meaningful analysis. This report is a rich account of the experience of Romany Gypsy and Irish Traveller people in the criminal justice system and staff who directly support them.

[Available online at this link](#)

[Available online at this link](#)

6. **Crime, justice and the law.**
Home Office, 2023

Includes data on policing, crimes, sentencing and prisons. contents include: Policing: • Stop and search; • Arrests; • Confidence in the local police; • Youth cautions. Crime and reoffending: • Victims of crime; • Fear of crime; • Reoffending; • Domestic abuse. Courts,

sentencing and tribunals: • Employment tribunal claims; • Prosecutions and convictions; • Remand status at Crown Court; • Sentences and custody; • Average length of custodial sentences; • Young people in custody. Prison and custody incidents: • Violence involving prisoners; • Self-harm by young people in custody; • Assaults by young people in custody; • Self-inflicted deaths and harm in prison custody; • Incidents involving young people in custody.

[Available online at this link](#)

7. **Gypsy, Roma and Traveller Mental Health in Prisons.**
The Traveller Movement, 2020

The 2017 Lammy review into the treatment and outcomes for Black, Asian and Minority Ethnic people in the Criminal Justice System, highlighted the disproportionality and experiences of imprisoned Gypsy, Roma and Traveller people. It also brought Gypsy, Roma and Traveller people into the broader discussions of the treatment and outcomes Black Minority and Ethnic experiences of prison and the Criminal Justice System.

[Available online at this link](#)

[Available online at this link](#)

8. **Gypsy, Roma and Traveller experiences of Education in Prison.**
The Traveller Movement, 2021

Gypsy Roma and Travellers are overrepresented in the Criminal Justice System. Due to weak ethnic monitoring across the criminal justice system, it is difficult to know the exact number of Gypsies, Roma, and Travellers (GRT) in prison, or on probation. According to Her Majesty's Inspectorate of Prisons' (HMIP) prisoner survey, in 2018/19 5% of men and 6% of women of the prison population in England and Wales identified as Gypsy, or Irish Traveller. Of course, this is higher in some locations. 10% of women at HMP Peterborough self-identified as Gypsy/Irish Traveller, and GRT boys making up 17% of some Young Offender Institutions

[Available online at this link](#)

9. **Pre-Sentencing Report Toolkit: Fair Sentencing for Romani (Gypsy), Roma and Irish Traveller People.**
The Traveller Movement, 2023

Romani (Gypsy) Roma and Traveller people are consistently faced with discrimination throughout the justice system, this discrimination is only compounded by the current structure of Pre-Sentence Reports (PSRs). The overfocus on Fast Delivery and Oral reports and away from Standard Delivery reports means that unconscious biases are being compounded rather than mitigated by PSRs. A justice system that is entrenched with systemic prejudice is a broken justice system. This report provides the building blocks to restructure the justice system.

[Available online at this link](#)

[Available online at this link](#)

10. **Unauthorised encampments: Police, Crime, Sentencing and Courts Act 2022 factsheet.**
Home Office, 2022

We recognise the misery that some unauthorised encampments cause to local communities and businesses. The Police, Crime, Sentencing and Courts ("PCSC") Act delivers on the Government's commitment to strengthen the police's powers to tackle those

unauthorised encampments which cause damage, disruption or distress. This includes a new power of arrest and the power for police to seize the vehicles of those committing it. The Act creates a new criminal offence of residing with a vehicle on land without permission. The new offence will be committed when someone causes significant damage, disruption or distress in the conditions described, but has been framed in such a way as to ensure that the rights of those wishing to enjoy the countryside are not impacted. In addition, we have strengthened existing powers under the Criminal Justice and Public Order Act 1994 (“the 1994 Act”).

[Available online at this link](#)

11. Understanding eviction powers: the Police, Crime, Sentencing and Courts Act 2022 and the impact on nomadism.

Chris Johnson. Friends, Families and Travellers (FFT), 2022

This information pack is intended to assist those who are advising Gypsies and Travellers who have to resort to unauthorised encampments. The pack will give an understanding of the new offence that has been created and amendments to the current police powers of eviction.

[Available online at this link](#)

12. Working with Gypsy, Roma and Traveller children and young people: Effective Practice for Youth Offending Teams.

The Traveller Movement, 2021

In 2018-2019 the Youth Custody Service delivery plan aimed to improve outcomes for GRT children in custody. An area of focus was to improve data recording and resulted in an additional ethnicity option (W3- Irish Traveller) being added to the Youth Justice Application Framework (YJAF). There was a need to better understand why GRT children felt less safe within custody. Children identified they felt less safe because people/staff didn't understand them. As a result, the YCS in partnership with the Traveller Movement created a GRT Effective Practice Briefing (EPB) which was cascaded to establishments. Since the creation of the EPB, the CiC 2021 report has reported improved experiences for GRT children. A conclusion cannot be drawn that there is a direct correlation between the two, however, the evidence would indicate the EPB was a contributory factor and the feedback from staff about the content has been positive. REF: HMPPS Race Action Plan

[Available online at this link](#)

[Available online at this link](#)

13. 'Prison Is the Worst Place a Traveller Could Be': The Experiences of Irish Travellers in Prison in England and Wales.

Paul Gavin. Irish Probation Journal, 2019

Summary: Irish prisoners are the second most represented foreign national group in the prison system in England and Wales, and while no precise statistics are available, it is estimated that Irish Travellers make up a considerable percentage of the prisoners who identify as Irish. It has been said that Irish Travellers suffer from unequal hardship in prison and this has been linked with racism and discrimination from prison staff and other prisoners. This paper draws on a series of semi structured interviews undertaken with ex-prisoners from Traveller and non-Traveller backgrounds (n = 37) as part of the author's doctoral research. It considers more specifically the experiences of those who identified as being Irish Travellers (n = 8), with participants regularly reporting name calling, bullying and racism by both prisoners and prison staff. The paper also reflects on a perceived lack of Traveller engagement with education in the prison system and argues that a lack of literacy has resulted in Irish Travellers being in a prison within a prison. Keywords: Irish Traveller, prison, racism, bullying, Irish prisoners abroad.

[Available online at this link](#)

N. Financial exclusion

1. *Economic and financial exclusion experienced by Gypsies and Travellers in England.

Friends, Families and Travellers (FFT), 2023

The briefing examines the structural issues and barriers that inhibit some Gypsy and Traveller people from financial and economic inclusion, such as: • Financial institutions, such as banks and insurance brokers, restricting access to goods and services to Gypsies and Travellers living in caravans or mobile homes on sites and roadside camps; • Prejudicial views limiting access to services and employment opportunities; • Stark health and educational inequalities experienced by Gypsies and Travellers, which reduce employment opportunities; • Gypsies and Travellers facing difficulties when trying to access welfare benefits and some grant schemes available to the wider public; • Increased digitisation of services creating barriers for Gypsies and Travellers with low digital literacy. With the cost-of-living crisis and rising energy costs, the pre-existing inequalities that Gypsies and Travellers face are made worse. Particularly as the Government's energy grants have not been extended to Gypsies and Travellers living on roadside camps. The briefing provides a snapshot view of the issues outlined above, as well as a series of key recommendations for financial institutions and regulators, and local and national government.

[Available online at this link](#)

[Available online at this link](#)

2. *Fighting financial exclusion in the Gypsy and Traveller community.

Financial Times, 2022

A 20-minute video about the problems Gypsies and Travellers face accessing banking and insurance has been produced by the Financial Times newspaper. London Gypsies and Travellers assisted with the making of the film, which includes interviews with LGT Board member Marian Mahoney and Accommodation Advice Support Worker Warren Lee. The video presents testimony from Gypsies and Travellers and financial experts to show how the community is being financially excluded – with many people being refused car or home insurance because they live on sites rather than addresses that are deemed “permanent”. For others, premiums are so inflated that they are unaffordable. Marian Mahoney tells how she has found it impossible to get insurance for the contents of her chalet and fixed caravan at a site in Bow, East London. “Some Travellers even find it difficult to get insurance for the cost of funerals,” she says. “It’s also very difficult to get hire purchase or a loan.” Warren Lee calls for tighter regulation of the financial industry to alleviate the problem. “There also needs to be internal pressure from within these organisations to say: it’s not right what we’re doing.” Robert Wright, the Financial Times journalist who narrates and produced the film, concludes that there is little dispute that the UK’s Gypsies and Travellers face a hard time obtaining a range of financial services. “The community is organising to curb abuses, but the financial services industry continues to insist there is no fundamental problem.”

[Available online at this link](#)

3. Gypsy/Travellers and Financial Exclusion: An examination of Best Practice in the development of financial capability.

Shelter Scotland, 2015

Context The Gypsy/Traveller community in Scotland is one of the most excluded groups and has worse life outcomes. They are likely to be particularly affected by the continuing

process of welfare reform and the introduction of Universal Credit. Shelter Scotland work with Gypsy/Traveller communities through the 'Making Advice Work' project, with a strong focus on supporting people to navigate the benefits system, promoting financial inclusion and addressing poverty. The study was intended to build knowledge in this area, from the perspective of both Gypsy/Traveller people and Shelter Scotland's own experience. The study The study aimed to record the experiences and views of Gypsy/Traveller people and Scotland Shelter staff who support them in order to highlight financial capability and inclusion needs and how best to address them. The study involved semi-structured interviews with eight Gypsy/Traveller individuals or groups who lived in or were associated with two council sites in Edinburgh and Lothian. They had used the Shelter Scotland project; the study also involved three interviews with three professionals who work with the community. The interviews were supplemented with case file analysis of 118 Gypsy/Traveller families who had used the project (which operates in Edinburgh, Lothian and Borders), as well as brief literature and policy reviews. Key findings The study reports that Gypsy/Traveller communities face many challenges to independent financial management, including: poverty, debt problems, difficulty accessing benefits and high living costs. Key findings are: The case file analysis reveals 83% of service users were unemployed and receiving benefits, while 52% were recorded as having some form of disability (primarily mental health problems). Gypsy/Traveller communities financial capability is limited without support. Low general and financial literacy makes it hard to be confident with financial products, and the cohort tends to resist using banks. Low pay and savings levels, as well as resistance to borrowing outside the community, limits the financial resilience of Gypsies /Travellers, leaving people exposed to unexpected events. 74% of service users had incomes of less than £14,500 and that only 3% had any savings (compared with 67% of the general population). Financial capability amongst Gypsies/Travellers is especially threatened by digital exclusion, disengagement from education and limited use of banking. 20% of service users did not have a bank account, and many who did have only basic accounts for receiving benefits. Welfare reforms and the introduction of Universal Credit are likely to be hard for the community to manage.

[Available online at this link](#)

4. **Roma Support Group Financial Inclusion Project: Summary of the Self-Evaluation of the project 2019-2022.**

Nick Scott-Flynn. Roma Support Group, 2022

This report captures the main points that came out of the self-evaluation activities held by the staff and volunteers of RSG over the lifetime of the Financial Inclusion Project (hereafter referred to as the project), a period covering August 2019 to July 2022. As well as capturing the learning from the project's self-evaluation, this report is a testament to and celebration of the great work of the RSG and the positive impact that the project has had on the lives of the beneficiaries and the communities in which they are based.

[Available online at this link](#)

O. Search History

PubMed search strategy:

Search	Query	Results
#36	Search: (((((gypsy[Title/Abstract]) OR (gypsies[Title/Abstract])) OR (("roma"[MeSH Terms]) OR (roma[Title/Abstract]))) AND ((housing[Title/Abstract]) OR (homeless*[Title/Abstract]))) AND (((((((england[Title/Abstract]) OR (wales[Title/Abstract])) OR (scotland[Title/Abstract])) OR (uk[Title/Abstract])) OR (kingdom[Title/Abstract]))	11

Search	Query	Results
	OR (britain[Title/Abstract]) OR (british[Title/Abstract]) OR (nhs[Title/Abstract]) Sort by: Most Recent	
#35	Search: (((gypsy[Title/Abstract]) OR (gypsies[Title/Abstract]) OR ("roma"[MeSH Terms] OR roma[Title/Abstract]))) AND (("mental health"[Title/Abstract] OR (suicid*[Title/Abstract]) OR (self harm*[Title/Abstract]))) AND (((((((england[Title/Abstract] OR (wales[Title/Abstract]) OR (scotland[Title/Abstract]) OR (uk[Title/Abstract]) OR (kingdom[Title/Abstract]) OR (britain[Title/Abstract]) OR (british[Title/Abstract]) OR (nhs[Title/Abstract]) Sort by: Most Recent	9
#34	Search: (((gypsy[Title/Abstract]) OR (gypsies[Title/Abstract]) OR ("roma"[MeSH Terms] OR roma[Title/Abstract]))) AND ((care home*[Title/Abstract] OR (nursing home*[Title/Abstract]))) AND (((((((england[Title/Abstract] OR (wales[Title/Abstract]) OR (scotland[Title/Abstract]) OR (uk[Title/Abstract]) OR (kingdom[Title/Abstract]) OR (britain[Title/Abstract]) OR (british[Title/Abstract]) OR (nhs[Title/Abstract]) Sort by: Most Recent	0
#33	Search: (((gypsy[Title/Abstract]) OR (gypsies[Title/Abstract]) OR ("roma"[MeSH Terms] OR roma[Title/Abstract]))) AND ((care home*[Title/Abstract] OR (nursing home*[Title/Abstract]))) AND (((((((england[Title/Abstract] OR (wales[Title/Abstract]) OR (scotland[Title/Abstract]) OR (uk[Title/Abstract]) OR (kingdom[Title/Abstract]) OR (britain[Title/Abstract]) OR (british[Title/Abstract]) OR (nhs[Title/Abstract]) - Schema: all Sort by: Most Recent	0
#32	Search: (((gypsy[Title/Abstract]) OR (gypsies[Title/Abstract]) OR ("roma"[MeSH Terms] OR roma[Title/Abstract])) ("end of life"[Title/Abstract])) AND (((((((england[Title/Abstract]) OR (wales[Title/Abstract]) OR (scotland[Title/Abstract]) OR (uk[Title/Abstract]) OR (kingdom[Title/Abstract]) OR (britain[Title/Abstract]) OR (british[Title/Abstract]) OR (nhs[Title/Abstract]) Sort by: Most Recent	1
#31	Search: (((gypsy[Title/Abstract]) OR (gypsies[Title/Abstract]) OR ("roma"[MeSH Terms] OR roma[Title/Abstract]))) AND (((dementia[Title/Abstract] OR (cognitive decline[Title/Abstract]) OR (alzheimers[Title/Abstract]))) AND (((((((england[Title/Abstract] OR (wales[Title/Abstract]) OR (scotland[Title/Abstract]) OR (uk[Title/Abstract]) OR (kingdom[Title/Abstract]) OR (britain[Title/Abstract]) OR (british[Title/Abstract]) OR (nhs[Title/Abstract]) Sort by: Most Recent	1
#30	Search: (((gypsy[Title/Abstract]) OR (gypsies[Title/Abstract]) OR ("roma"[MeSH Terms] OR roma[Title/Abstract]))) AND (("older people"[Title/Abstract] OR (older people[MeSH Terms]))) AND (((((((england[Title/Abstract]) OR	5

Search	Query	Results
	(wales[Title/Abstract]) OR (scotland[Title/Abstract]) OR (uk[Title/Abstract]) OR (kingdom[Title/Abstract]) OR (britain[Title/Abstract]) OR (british[Title/Abstract]) OR (nhs[Title/Abstract]) Sort by: Most Recent	
#29	Search: (((gypsy[Title/Abstract]) OR (gypsies[Title/Abstract]) OR ("roma"[MeSH Terms] OR roma[Title/Abstract]))) AND (((child*[Title/Abstract]) OR ("young people"[Title/Abstract]) OR (adolescen*[Title/Abstract]) OR (teen*[Title/Abstract]))) AND (((((((england[Title/Abstract]) OR (wales[Title/Abstract]) OR (scotland[Title/Abstract]) OR (uk[Title/Abstract]) OR (kingdom[Title/Abstract]) OR (britain[Title/Abstract]) OR (british[Title/Abstract]) OR (nhs[Title/Abstract])) Sort by: Most Recent	31
#28	Search: (((gypsy[Title/Abstract]) OR (gypsies[Title/Abstract]) OR ("roma"[MeSH Terms] OR roma[Title/Abstract]))) AND (((matern*[Title/Abstract]) OR (pregnancy[Title/Abstract]) OR (breast feed*[Title/Abstract]) OR (infant*[Title/Abstract]))) AND (((((((england[Title/Abstract]) OR (wales[Title/Abstract]) OR (scotland[Title/Abstract]) OR (uk[Title/Abstract]) OR (kingdom[Title/Abstract]) OR (britain[Title/Abstract]) OR (british[Title/Abstract]) OR (nhs[Title/Abstract])) Sort by: Most Recent	18
#27	Search: (((gypsy[Title/Abstract]) OR (gypsies[Title/Abstract]) OR ("roma"[MeSH Terms] OR roma[Title/Abstract]))) AND ((sexuality[Title/Abstract] OR (lgbt*[Title/Abstract]))) AND (((((((england[Title/Abstract]) OR (wales[Title/Abstract]) OR (scotland[Title/Abstract]) OR (uk[Title/Abstract]) OR (kingdom[Title/Abstract]) OR (britain[Title/Abstract]) OR (british[Title/Abstract]) OR (nhs[Title/Abstract])) Sort by: Most Recent	1
#26	Search: (((gypsy[Title/Abstract]) OR (gypsies[Title/Abstract]) OR ("roma"[MeSH Terms] OR roma[Title/Abstract]))) AND ((sexual health[Title/Abstract] OR (contraception[Title/Abstract]))) AND (((((((england[Title/Abstract]) OR (wales[Title/Abstract]) OR (scotland[Title/Abstract]) OR (uk[Title/Abstract]) OR (kingdom[Title/Abstract]) OR (britain[Title/Abstract]) OR (british[Title/Abstract]) OR (nhs[Title/Abstract])) Sort by: Most Recent	1
#25	Search: (((gypsy[Title/Abstract]) OR (gypsies[Title/Abstract]) OR ("roma"[MeSH Terms] OR roma[Title/Abstract]))) AND (("long term condition*[Title/Abstract] OR (cancer*[Title/Abstract]) OR (disabilit*[Title/Abstract]))) AND (((((((england[Title/Abstract]) OR (wales[Title/Abstract]) OR (scotland[Title/Abstract]) OR (uk[Title/Abstract]) OR (kingdom[Title/Abstract]) OR (britain[Title/Abstract]) OR (british[Title/Abstract]) OR (nhs[Title/Abstract])) Sort by: Most Recent	17
#24	Search: (((gypsy[Title/Abstract]) OR (gypsies[Title/Abstract]) OR ("roma"[MeSH Terms] OR roma[Title/Abstract]))) AND	27

Search	Query	Results
	(((culture[Title/Abstract] OR (ethnicity[Title/Abstract]) OR (prejudic*[Title/Abstract]) OR ("hate crime*[Title/Abstract]))) AND (((((((england[Title/Abstract] OR (wales[Title/Abstract]) OR (scotland[Title/Abstract]) OR (uk[Title/Abstract]) OR (kingdom[Title/Abstract]) OR (britain[Title/Abstract]) OR (british[Title/Abstract]) OR (nhs[Title/Abstract])) Sort by: Most Recent	
#23	Search: (((gypsy[Title/Abstract] OR (gypsies[Title/Abstract]) OR ("roma"[MeSH Terms] OR (roma[Title/Abstract]))) AND (community engagement[Title/Abstract]) AND (((((((england[Title/Abstract] OR (wales[Title/Abstract]) OR (scotland[Title/Abstract]) OR (uk[Title/Abstract]) OR (kingdom[Title/Abstract]) OR (britain[Title/Abstract]) OR (british[Title/Abstract]) OR (nhs[Title/Abstract])) Sort by: Most Recent	2
#22	Search: (((gypsy[Title/Abstract] OR (gypsies[Title/Abstract]) OR ("roma"[MeSH Terms] OR (roma[Title/Abstract]))) AND ((exclude*[Title/Abstract] OR (exclusion[Title/Abstract])) AND (((((((england[Title/Abstract] OR (wales[Title/Abstract]) OR (scotland[Title/Abstract]) OR (uk[Title/Abstract]) OR (kingdom[Title/Abstract]) OR (britain[Title/Abstract]) OR (british[Title/Abstract]) OR (nhs[Title/Abstract])) Sort by: Most Recent	6
#21	Search: (((gypsy[Title/Abstract] OR (gypsies[Title/Abstract]) OR ("roma"[MeSH Terms] OR (roma[Title/Abstract]))) AND ((inequalit*[Title/Abstract] OR (equalit*[Title/Abstract]))) AND (((((((england[Title/Abstract] OR (wales[Title/Abstract]) OR (scotland[Title/Abstract]) OR (uk[Title/Abstract]) OR (kingdom[Title/Abstract]) OR (britain[Title/Abstract]) OR (british[Title/Abstract]) OR (nhs[Title/Abstract])) Sort by: Most Recent	29
#20	Search: (((((((england[Title/Abstract] OR (wales[Title/Abstract]) OR (scotland[Title/Abstract]) OR (uk[Title/Abstract]) OR (kingdom[Title/Abstract]) OR (britain[Title/Abstract]) OR (british[Title/Abstract]) OR (nhs[Title/Abstract]) Sort by: Most Recent	369,214
#3	Search: ((gypsy[Title/Abstract] OR (gypsies[Title/Abstract]) OR ("roma"[MeSH Terms] OR (roma[Title/Abstract])) Sort by: Most Recent	4,488

Opening Internet Links

The links to internet sites in this document are 'live' and can be opened by holding down the CTRL key on your keyboard while clicking on the web address with your mouse

Full text papers

Links are given to full text resources where available. For some of the papers, you will need an **NHS OpenAthens Account**. If you do not have an account you can [register online](#).

You can then access the papers by simply entering your username and password. If you do not have easy access to the internet to gain access, please let us know and we can download the papers for you.

Guidance on searching within online documents

Links are provided to the full text of each document. Relevant extracts have been copied and pasted into these results. Rather than browse through lengthy documents, you can search for specific words as follows:

Portable Document Format / pdf / Adobe

Click on the Search button (illustrated with binoculars). This will open up a search window. Type in the term you need to find and links to all of the references to that term within the document will be displayed in the window. You can jump to each reference by clicking it.

Word documents

Select Edit from the menu, the Find and type in your term in the search box which is presented. The search function will locate the first use of the term in the document. By pressing 'next' you will jump to further references.

Disclaimer

We hope that you find the evidence search service useful. Whilst care has been taken in the selection of the materials included in this evidence search, the Library and Knowledge Service is not responsible for the content or the accuracy of the enclosed research information. Accordingly, whilst every endeavour has been undertaken to execute a comprehensive search of the literature, the Library and Knowledge Service is not and will not be held responsible or liable for any omissions to pertinent research information not included as part of the results of the enclosed evidence search. Users are welcome to discuss the evidence search findings with the librarian responsible for executing the search. We welcome suggestions on additional search strategies / use of other information resources for further exploration. You must not use the results of this search for commercial purposes. Any usage or reproduction of the search output should acknowledge the Library and Knowledge Service that produced it.