# Enablers of digital inclusion in primary care for Gypsy, Roma and Traveller Communities

June 2024

# Acknowledgements

# About us

This report has been produced through work conducted by Roma Support Group and Friends, Families and Travellers as part of the VCSE Health and Wellbeing Alliance, which is supported by the Department of Health and Social Care, the UK Health Security Agency and NHS England.

Roma Support Group (RSG) is a Roma-led charity based in East London, working to improve the quality of life for Roma refugees and migrants by helping them to overcome prejudice, isolation, and vulnerability.

Friends, Families and Travellers (FFT) are based in Brighton, working to end racism and discrimination against Gypsy, Roma, and Traveller people and to protect the right to pursue a nomadic way of life.

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# Introduction to Gypsy, Roma & Traveller Communities



*Artwork by Roma artist Robert Czibi*

The term Gypsy, Roma and Traveller (GRT) encompasses various communities, including Romany Gypsies (English Gypsies, Scottish Gypsy Travellers, Welsh Gypsies, and Romany people more widely), Irish Travellers, New Travellers, Boaters, Showmen and Roma. Use of the 'GRT' acronym presents the same issues as the use of 'BAME', as it arguably fails to reflect the true diversity of the communities referenced. For the purposes of this guide we have avoided the use of the acronym, however you may find the term used in other policy documents.

Gypsy, Roma and Traveller communities have traditionally lived nomadic lives in the UK, although members of these communities have increasingly moved into bricks and mortar housing.

In the 2021 UK Census, 172,465 people from Romany Gypsy, Roma and Irish Traveller communities in England and Wales disclosed their ethnicity. However, census engagement is negatively impacted by a significant trust gap between Gypsy, Roma and Traveller communities and state institutions, or public services. It is therefore likely that the official census record is an underestimate of the true population size; other data sources estimate the UK's Gypsy, Roma and Traveller population to be in the region of 150,000 to 300,000, or as high as 500,000.

The Office for National Statistics (ONS) has made available an interactive map tool to help identify local or regional Gypsy, Roma and Traveller communities.

The ONS has recently published the "Roma Populations, England and Wales: Census 2021" a bespoke analysis regarding the Roma communities.

A similar analysis "Gypsy or Irish Traveller Population, England and Wales: Census 2021" was published to reflect findings specific to Gypsy and Irish Traveller populations.

The table below offers some basic background information on these groups, and a video produced by Travellers' Times provides a short, animated history of Britain's nomadic communities. This video, produced by European Roma Rights Centre, provides further insights specific to mainland European Roma communities.

| Background to Gypsy, Roma and Traveller communities living in the UK | | | | |
|---|---|---|---|---|
| | **Ethnicity** | **Arrival in UK** | **Language** | **Accommodation type** |
| Romany Gypsies | Historically originating in northern India, Romany Gypsies have been in the UK for many generations. | Before the 16th Century. | Romany Gypsies speak English and many also speak a Romani dialect to varying levels of fluency. | Around 75% of Romany people live in housing, and 25% live on Traveller sites, in caravans or chalets, or roadside. |
| Roma | Historically originated in Northern India and settled in Europe (including Romania, Slovakia, Czech Republic and Poland) before migrating to the UK more recently. Culturally, Roma individuals may belong to any of ~40 different groups/tribes. | Small numbers since 1945, with a number of Roma seeking asylum in the 1990s, and early 2000s, then a growth in population following EU expansion in 2004 and 2007. | The majority of Roma speak one of the many Romani dialects as a first language and their European origin country's as a second language. However the fluency in second language, as well as in English varies greatly. | The vast majority of Roma people live in housing, although there are disproportionate levels of homelessness and overcrowding. |
| Irish Travellers | Irish Travellers originated in Ireland as a distinct and separate ethnic group from the general Irish population recorded since the 12th century. | Recorded from the 18th century. | Irish Travellers speak English and some speak Gaelic/Irish. Many Irish Travellers also speak Gaelic derived Gammon or Cant. | Around ¾ live in housing and ¼ on Traveller sites in caravans or chalets. Of these, a small proportion live roadside or in public spaces. |
| Travelling Showmen | Anyone who travels to hold shows, circuses and fairs can be a Showperson. Many families have led this way of life for generations and many have Romany heritage. | According to the National Fairground Archive the first recorded charter was granted to King's Lynn in 1204. | Showmen primarily speak English. | Most Showmen live on yards in the winter months and travel during the summer months. |
| New Travellers | New Traveller' can describe people from any background who chooses to lead a nomadic way of life or their descendants. | The New Traveller movement finds its roots in the free festivals of the 1960s, but people of all backgrounds have practised nomadism throughout history. | New Travellers primarily speak English. | New Travellers lead a nomadic way of life – in vans, mobile homes, caravans and a small proportion are horse drawn. |
| Liveaboard Boaters | Anyone who lives on a boat, from all walks of life and backgrounds. This may include people who have lived on a boat for generations, as well as people who have chosen to live on a boat more recently. | People have been living and working on boats since canals were built in England in the 18th Century. | Liveaboard Boaters primarily speak English. | Boaters live on narrowboats, barges or river cruisers, whether on a home mooring, a winter mooring or continuously cruising on a canal, or in a marina. |

# Executive Summary

Digital access is a great thing but should not take the place of adequate human interaction (phone or in person). It assumes all people are equal in circumstances, needs and ability. It is taking over at a rate that isn't ethically viable when you consider that many people are unable to access health services in this way due to financial, cultural or health related reasons.' (Community member responding to survey - August-September 2023)

This report provides insights into the extent of digital exclusion experienced by Gypsy, Roma and Traveller communities, as well as key enablers to support digital inclusion. It presents an overview of the general use of primary care services and extent of access to primary care services through digital means in these communities. The recommendations presented are based on people's accounts and the factors that contribute to Gypsy, Roma and Traveller people's ability to access primary care services through digital means, and the common barriers preventing that.

In total 123 people contributed to this report by either taking part in the survey (102 respondents) or focus groups (21 participants) between August-September 2023.

This project aimed to identify and provide information to support the NHS, policy makers and primary care services in particular to improve digital access for the Gypsy, Roma and Traveller people, by providing information to support service design and planning. It provides information about:

- The extent of digital exclusion within Gypsy, Roma and Traveller communities;
- Common barriers to digitally accessing primary care services within these communities;
- Potential enablers to support the greater use of primary care digital and online services within these communities;
- Suggestions about how to help these communities access primary care services by traditional means (e.g. in person) as well as digitally/online.

## Key Issues

### General access to primary care services

The majority of Gypsy, Roma and Travellers who responded to the survey reported being registered with a GP (88%). 21% reported being registered with a dentist, 12% reported using pharmacies for healthcare advice and 25% accessed opticians. However, registration and use of primary care services reported by Gypsy, Roma and Travellers varied and 11% or participants reported no use of primary care services at all.

### Digital access to primary care services

Accessing and use of services digitally was reported as being problematic: 46% of Gypsy, Roma and Traveller people responding to the survey reported that they had no access to digital primary care services, mostly due to lack of confidence in using technology (reported by 35% of respondents), low knowledge of English (reported by 32% of respondents) and preference for in-person primary care

services (reported by 20% of respondents). The main services accessed digitally were reported to be GP practices by 40% of Gypsy, Roma and Traveller people, with 29% reporting using the NHS App.

**Main factors influencing digital access to primary care services**

Digital access and use of primary care services was influenced by the following main factors:
- One in five Gypsy and Traveller people had never used the internet (compared to one in ten for the general adult population);[1]
- Whilst 87% of Gypsy, Roma and Traveller people contributing to this report owned a smartphone, just 48% had mobile data available and only 38% access to their own Wi-Fi (compared to 93% for the general population);[2]
- 10% of Roma people are illiterate[3] and 40% to 60% are functionally illiterate,[4] while 45% of FFT's Gypsy and Traveller service users are illiterate;[5]
- 35% of GRT people contributing to this report mentioned lacking the confidence to use [digital] technologies in general;
- Only 27.8% of Roma reported English as their main language.[6]

# Key Recommendations

- Offer flexibility and choice – primary care services should avoid being exclusively digital; primary care must include other options and non-digital access routes to avoid digital exclusion within the Gypsy, Roma and Traveller communities.
- Prioritise accessibility when designing digital services. This should take into account:
  - Literacy;
  - Language;
  - Digital confidence;
  - Access to resources (access to IT devices, mobile data, wi-fi).
- Provide and enable accessible training locally and support for Gypsy, Roma and Travellers who need support when accessing digital services;
- Ensure staff are trained and aware of issues relating to digital exclusion in the Gypsy, Roma and Traveller communities.

Full list of recommendations are available in Annex 1 at the bottom of this report.

1 Friends, Families and Travellers (2018) Digital Exclusion in Gypsy and Traveller Communities in the UK
2 NHS England (2023) Inclusive Digital Care: a framework for NHS action on digital inclusion
3 Ballard Brief (2020) Lack of Educational Opportunities for the Roma People in Eastern Europe
4 Fatma Bajram Azemovska, European Commission (2020) Basic literacy of Roma
5 Friends, Families and Travellers (2020), How to Tackle Health Inequalities in Gypsy, Roma and Traveller Communities. A Guide for Health and Care Services
6 Office for National Statistics, (2023) - Roma Populations England and Wales: 2021 Census

# Introduction

While digitisation of health services has proved to be beneficial for many, digital exclusion has increasingly been one of the factors contributing to health inequalities experienced by the Gypsy, Roma and Traveller people, especially since the Covid-19 pandemic.

It is a statutory duty for NHS England and Integrated Care Boards to consider how to reduce health inequalities including taking steps to address the barriers to healthcare that groups such as Gypsy, Roma or Traveller people face.[7]

The new NHS framework for action on digital inclusion[8] confirms that groups at higher risk of digital exclusion also face higher risks of health inequalities. Gypsy, Roma and Traveller communities are included under the inclusion health group definition due to their social exclusion and experience of multiple risk factors that contribute to poor health outcomes.

# Methodology

This report was developed by Friends, Families and Travellers (FFT) and Roma Support Group (RSG). The two organisations have extensive experience with regards to Gypsy, Roma and Traveller communities and frequently engage with these communities around the UK. Both organisations are current members of the Voluntary Community and Social Enterprise (VCSE) Health and Wellbeing Alliance programme and collaborate with other Alliance members on various projects implemented through the programme. Furthermore, the VCSE Health and Wellbeing Alliance has enabled both organisations to gain access to and support from staff working at a national level at NHS England who have helped with the development of this project.

Funding from the VCSE has therefore enabled us to consistently engage with people from the Gypsy, Roma, Traveller people and other communities under the 'GRT' umbrella to understand the specific issues they face with regards to accessing health care services.

To support our efforts on gathering information regarding Gypsy, Roma and Traveller extent of digital exclusion as well as experiences of accessing primary care service by digital means we developed a survey and conducted a series of focus group meetings.

The survey was developed by FFT and RSG staff in consultation with our NHS Project lead and Good Things Foundation, our partner with expertise in the digital exclusion area. The survey was live for two months, between August - September 2023.

When carrying out the survey collection, to overcome any digital exclusion/language barriers and low digital confidence, we worked with a network of Gypsy, Roma and Traveller advocates who provided one to one support to people filling in the online survey. This has led to contributions from 102 members of Gypsy, Roma and Traveller communities. People responding to our survey call were from various areas such as London, Luton, Liverpool, Rotherham, Brighton, Ipswich and various backgrounds (Roma from Romania, Slovakia, Bulgaria, Poland; Romany Gypsy, Irish Travellers, Boaters, Showmen, New Travellers, Scottish Gypsies and Other Travellers).

Furthermore, to help us gain more insights into experiences of Gypsy, Roma and Traveller people in relation to primary care, we conducted a series of focus groups. A total of 21 Gypsy, Roma and Traveller people contributed to these in-depth discussions. The discussions focused on experiences, extent of use and enablers of digital access to primary care. Three focus group meetings were facilitated by RSG and FFT staff and each discussion lasted 90 minutes.

All the participants in the focus groups and online survey were outreached by trusted, local community advocates who sought their consent and provided them with one to one support to contribute to this work. Data was analysed by experienced staff at RSG and FFT.

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7 - UK Public General Acts - National Health Service Act 2006
8 - NHS England (2023) – Inclusive Digital Healthcare: a framework for NHS action on digital inclusion

| Table 1: Survey Participants Demographics, total participants: 102 | | |
|---|---|---|
| | **Characteristic** | **Percentage** |
| Cultural background | Romany Gypsy | 12% |
| | Roma | 47% |
| | Irish Traveller | 9% |
| | Other Traveller | 4% |
| | New Traveller | 19% |
| | Boater | 9% |
| | Showmen | 1% |
| | Scottish Traveller | 1% |
| Accommodation | Settled Accommodation | 78% |
| | Roadside | 6% |
| | Liveaboard boaters | 10% |
| | Local authority site | 1% |
| | Private site | 1% |
| | Other (sofa surfing, trailer on a farm, etc.) | 3% |
| Age | 18 - 24 | 7% |
| | 25 - 34 | 25% |
| | 35 - 44 | 20% |
| | 45 - 54 | 20% |
| | 55 - 64 | 17% |
| | 65+ | 7% |
| Gender | Female | 57% |
| | Male | 42% |
| | Other | 1% |

Throughout this work, we engaged with all the groups under the Gypsy, Roma and Traveller umbrella. While their experiences might be similar, this guidance will not reflect specific experiences of all communities under this umbrella. We primarily engaged with those from the Romany Gypsy (12%), Irish Traveller (9%), Roma (47%) and New Travellers (19%) communities.

We also carried out a literature review to provide context on the key issues and inequalities that Gypsy, Roma and Traveller people face relating to health; to understand the wider NHS approach to digital inclusion' to help with interpreting the findings; to identify useful resources; and to support us to make relevant recommendations in line with current national strategies and policies.

FFT and RSG staff, including those from Gypsy, Roma and Traveller communities have reviewed the report to ensure it is reflective of lived experiences.

Finally, the initial draft of this guidance was circulated for consultation with the project's HWA policy lead.

# Section 1: Background

## 1A. Gypsy, Roma & Traveller Communities health inequalities and inclusion health context

According to a study by the European Public Health Alliance, Roma life expectancy is reported to be up to 10 years lower, compared to non-Roma communities in the UK. [9] And according to a report by FFT, Gypsies and Travellers are estimated to have life expectancies of between ten and 25 years shorter than the general population and experience six less Quality Adjusted Life Years (that is, years spent in good health) before life expectancy is taken into account.[10]

The 2010 Marmot Review states that 'health inequalities result from social inequalities', including discrimination and stigma, poverty, and history of persecution, resulting in higher stress and anxiety.[11] Social gradients across many of these determinants contribute to health, meaning poorer individuals experience worse health outcomes.[12] Children that grow up in deprived areas are more exposed to disadvantaged circumstances throughout their lives, which may negatively impact both mental and physical health.[13]

Likewise, NHS England describes health inequalities as unfair and avoidable differences in health across the population, and between different groups within society.[14] These include how long people are likely to live, the health conditions they may experience and the care that is available to them. The conditions in which we are born, grow, live, work and age therefore impact our health and wellbeing. These are sometimes referred to as the wider determinants of health. Wider determinants of health are often interlinked. For example, someone who is unemployed may be more likely to live in poorer quality housing with less access to green space and less access to fresh, healthy food. This means some groups and communities are more likely to experience poorer health than the general population.[15]

In order to support the reduction of healthcare inequalities, NHS England has developed the Core20Plus5 approach. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement. PLUS population groups include: ethnic minority communities; people with a learning disability and autistic people; people with multiple long-term health conditions; other groups that share protected characteristics as defined by the Equality Act 2010; inclusion health groups.[16]

9 European Public Health Alliance (2018), Closing the life expectancy gap of Roma in Europe
10 Friends, Families and Travellers (2019), Experiences of Gypsies and Travellers in primary care: GP services
11 Marmot M. (2010) Fair Society, Healthy Lives: Strategic Review of health Inequalities in England Post 2010
12 GOV UK (2017) Chapter 6: social determinants of health
13 GOV UK (2017) Chapter 6: social determinants of health
14 NHS England, What are healthcare inequalities
15 NHS England (2021), Core20PLUS5 (adults) – an approach to reducing healthcare inequalities
16 Ibid

Inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. Gypsy, Roma and Traveller communities are considered to be an inclusion health group because they are socially excluded and have multiple overlapping risk factors for poor health.

Gypsy, Roma and Traveller communities are identified for protection under the Equality Act 2010 in England, Wales and Scotland and under the Race Relations (NI) Order 1997 in Northern Ireland. Despite this, some people in the Gypsy, Roma and Traveller communities experience barriers in accessing health services, including: GP registration refusal, discrimination, digital exclusion, language and literacy needs, lack of cultural awareness and stigma. Lack of contact with health services can mean that many Gypsy, Roma and Traveller people also have little information about disease prevention. Poor housing or environmental conditions can further contribute to physical health and mental health issues including stress, anxiety and depression.[17]

According to a 2019 report from UK Parliament, Tackling inequalities faced by Gypsy, Roma and Traveller Communities, "health outcomes for Gypsy, Roma and Traveller communities are very poor compared to other ethnic groups. Several of these issues are common to Gypsy, Traveller and Roma people, while some are more specific to each group".[18]

## 1B. Social determinants of health influencing the health outcomes for the Gypsy, Roma and Traveller communities

Education is strongly linked to health behaviours and outcomes, meaning that low attainment at school can negatively impact both physical and mental health.[19] GRT pupils are noted to be disadvantaged groups with some of the lowest proportions of children achieving a good level of development at school,[20] putting them at higher risk of health problems.[21]

Roma people across the EU continue to have poor educational outcomes. A 2022 report by the EU Fundamental Rights Agency identified that only 27% of Roma in 10 EU countries have completed at least the mandatory school by the age of 18.[22] The same research mentions that 71% of all 18 to 24 years old Roma have left school before the age of 15.

Employment is deemed to be one of the most important social determinants of health, as long-term unemployment has been linked to lower life expectancy and worse health outcomes than those in work.[23] Unemployment has been found to affect more than the individual, with children growing up in workless households being twice as likely to fail at all stages of education and development compared to their peers with working families.[24] According to the 2021 Census, 41% of Gypsies and Irish Travellers were employed or self-employed, compared to 70.9% average for the England and Wales population.[25] These statistics show that Gypsy, Roma and Traveller people are likely to be at higher risk of poor health due to the prevalence of unemployment.

While the Roma have lower than average economic inactivity rates, the 2021 Census has identified that 28.5% of employed Roma work in elementary occupations,[26] while the national average is 10.5%. Doing low income work is one of the main factors driving the increase of health conditions for Roma.

17 Office for Health Improvement and Disparities (2022), Improving Roma health: a guide for health and care professionals
18 UK Parliament (2019), Tackling inequalities faced by Gypsy, Roma and Traveller communities
19 GOV UK (2017) Chapter 6: social determinants of health
20 Department for Education (2016) Early years foundation stage profile results: 2015 to 2016
21 Friends, Families and Travellers (2023) Education inequalities facing Gypsies, Roma and Travellers in England
22 EU Agency for Fundamental Rights (2022) Roma in 10 European countries
23 Bartley M, Ferrie J, Montgomery SM. (2005) 'Chapter 5: Health and labour market disadvantage: unemployment, non-employment and job insecurity'. Social Determinants of Health 2nd Edition. Oxford University Press
24 Department for Work & Pensions (2017) Improving Lives Helping Workless Families
25 Office for National Statistics (2023) Gypsy or Irish Traveller populations, England and Wales: Census 2021
26 Office for National Statistics (2023) Roma Populations England and Wales: Census 2021

**Accommodation issues and living standards** have been identified as a social determinant for both physical and mental health, and poor housing conditions have been associated with respiratory infections, asthma, and poor mental health.[27]

> 'I continually am on the move and am registered back home so if needed, I have to visit a local surgery to see if I can get an appointment on a temporary basis. Many surgeries say no.' (Community member participating in focus groups - August-September 2023)

The lack of pertinent accommodation available for Gypsies and Travellers exacerbates inequalities in health and standards of living, driven by a national shortage in both permanent and transit Traveller sites across England.[28] Therefore, access to culturally appropriate housing is vital for Gypsies and Travellers.[29]

Roma people often sublet properties where the rent includes bill payments, which can result in being unable to provide proof of address with letters, due to bill payments being in the name of the landlord. This can prevent people from accessing NHS services due to struggling to register with GP practices when asked for proof of address. It's important to note that GP practices are in contractual breach when they refuse patient registration on this basis.[30]

Gypsy and Traveller people not having a fixed address can have a negative impact on health, as it can prevent attendance of health services. Gypsies and Travellers with no fixed address may use a care of address, such as Friends, Families and Travellers', to access post. However, many GP surgeries require patients to be situated within their boundary to register. This means that, even though Gypsies and Travellers may physically be local, registration could still be refused.

Another issue that has impacted the health of GRT people is the standard of accommodation: 48% of service users accessing Roma Support Groups' health advocacy projects stated they have concerns and problems related to 'poor housing conditions and other housing problems'.[31]

The number of Gypsies and Travellers still living nomadically has decreased from 25% in 2011 to 21.6% according to the 2021 Census.[32]

Those still living nomadically are facing a chronic national shortage of Traveller sites and lack of pertinent accommodation for Gypsies and Travellers. This can exacerbate health problems among the communities, as roadside camps are often insecure places that may have no facilities.[33] Gypsies and Travellers living on the roadside or in unauthorised encampments are commonly subject to hostility and eviction.[34] This chronic shortage of sites and consequences arising from it, including health issues and lack of access to health services, as well as wish to access to education, are the driving factors contributing to the decrease of Gypsy and Traveller living nomadically.

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27 GOV UK (2017) Chapter 6: social determinants of health
28 Cromarty et al (2019) Gypsies and Travellers
29 Coates et al (2015) Capabilities and marginalised communities: The case of the indigenous ethnic minority traveller community and housing in Ireland
30 Friends Families and Travellers (2019) Friends Families and Travellers calls on government to address issues for Travellers registering at GP practices once and for all
31 Roma Support Group (2012) Roma Mental Health Advocacy Project Evaluation Report
32 Office For National Statistics (2023), Gypsy and Traveller Population analysis 2023
33 Friends Families and Travellers (2019) Last on the list: An overview of unmet need for pitches on Traveller sites in England
34 Richardson, J. (2006) The Gypsy Debate: can discourse control?, Exeter, Imprint Academic

# Section 2: Digital Exclusion in Gypsy, Roma & Traveller Communities

According to the Good Things Foundation, 10.2 million people in the UK are digitally excluded and lack the most basic digital skills. Compared to extensive digital users, non-users are two times more likely to have a disability or health condition and limited users are five times more likely from low income households. And 27% of low-income adults only go online by smartphone.[35]

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## Findings

The findings presented below are based on the survey completed by 102 participants and focus groups. For a full breakdown of demographics of the survey respondents, please see Table 1 above. Below we provide details of the survey results, alongside extracts from the focus group discussions and free text comments by participants, submitted via the survey.

When investigating the overall extent of digital exclusion amongst Gypsy, Roma and Traveller people, we identified low levels of use of digital platforms or services, low skills and confidence in using digital platforms and services, lower than average access to and use of the internet and lower levels of access to IT equipment.

### 2A Levels of digital exclusion

In order to ascertain the level of digital exclusion, survey respondents had the option of selecting multiple devices they owned or had access to. 87% of survey respondents said that they own a smartphone, compared to 92% UK wide.[36] A smaller percentage of respondents, 25%, had their own laptop, compared to 72% UK wide.[37] And 17% of survey respondents had own their own tablet, compared to 63% UK wide.[38]

In terms of internet access, 38% of respondents have their own wi-fi, compared to 94% UK wide.[39] And 48% of respondents have mobile internet, compared to 92% UK wide.[40] Finally, 4% of respondents use public wi-fi, such as in a public library.

There are large variations in access depending on the community within the Gypsy, Roma and Traveller umbrella. Across the range of all communities, there is a significant variation of ownership of smartphones ranging from 25% for Other Travellers to 100% for Irish Travellers and Boaters. A similar situation is observed in regards to ownership of laptops with values ranging from 0% for Roma to 89% for those from the Boaters community. The same case was reported in relation to tablet ownership, wit 0% for the Roma and 44% for the Boaters.

There are also significant differences in terms of internet access with 77% of Irish Travellers responding to our survey reporting access to their own Wi-Fi compared to 9% for those from the Roma communities.

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35 Good Things Foundation (2023) Digital Nation UK 2023
36 Ofcom (2023) Ofcom Technology Tracker
37 Ibid
38 Ibid
39 Ibid
40 Ibid

| Table 2. Access to digital devices and internet for the Gypsy, Roma and Traveller communities (Survey conducted with 102 Gypsy, Roma and Traveller people in August-September 2023) | | | | | |
|---|---|---|---|---|---|
| | Smartphone | Laptop | Tablet | Wi-fi | Mobile Internet |
| Romany Gypsy (12% of respondents; n=12) | 92% | 25% | 25% | 75% | 67% |
| Roma (47%; n=47) | 86% | 0% | 0% | 9% | 20% |
| Irish Travellers (9%; n=9) | 100% | 67% | 44% | 77% | 89% |
| Other Travellers (4%; n=4) | 25% | 0% | 25% | 50% | 75% |
| New Travellers (19%; n=19) | 95% | 44% | 25% | 44% | 56% |
| Boaters (9%; n=9) | 100% | 89% | 44% | 56% | 100% |
| GRT average | 87% | 25% | 17% | 38% | 48% |
| UK wide stats [41] | 92% | 72% | 63% | 94% | 92% |

## 2B. Usage and access trends

'Even registering with a GP, I couldn't do it online. I have never managed to do anything online since I came to England.' (Community member participating in focus groups - August-September 2023)

## General digital usage in the Gypsy, Roma and Traveller communities

Majority of Gypsy, Roma and Traveller people (71%) use digital means to access social media on a daily basis. And 51% report checking their email accounts with the same frequency. Further details to indicate the variation in usage across the different communities surveyed are available in the table below.

| Table 3: General digital use for the Gypsy, Roma and Traveller communities (Survey conducted with 102 Gypsy, Roma and Traveller people in August-September 2023) | | | |
|---|---|---|---|
| | Daily use of social media | Daily use of email | Daily use of internet |
| Romany Gypsy (12% of respondents; n=12) | 92% | 75% | 58% |
| Roma (47%; n=47) | 51% | 21% | 2% |
| Irish Travellers (9%; n=9) | 100% | 100% | 89% |
| Other Travellers (4%; n=4) | 75% | 50% | 75% |
| New Travellers (19%; n=19) | 80% | 69% | 87.5% |
| Boaters (9%; n=9) | 100% | 89% | 89% |
| GRT average | 71% | 51% | 43% |
| General population[42] | 96.7% | _ | 99% |

41 Ofcom (2023) Ofcom Technology Tracker
42 Ofcom (2023) Ofcom Technology Tracker

**Use of digital NHS and primary care services for Gypsy, Roma and Traveller communities**

In relation to digital primary care services, 29% of Gypsy, Roma and Traveller people contributing to this work reported using the NHS App, compared to 75% of the England adult population being registered users of the NHS App.[43] 40% reported accessing GP services online and 12% or less mentioned accessing pharmacy services, opticians or dentists through online means. Furthermore, 47% of Gypsy, Roma and Traveller respondents reported never using the internet to make health appointments. There are significant differences of usage of digital primary care services between the groups under the Gypsy, Roma and Traveller umbrella as evidenced in Table 4 below.

| Table 4: Usage of digital primary care services for the Gypsy, Roma and Traveller communities (Survey conducted with 102 Gypsy, Roma and Traveller people in August–September 2023) | | | | | |
|---|---|---|---|---|---|
| | GP | Pharmacy | Dentist | Opticians | NHS App |
| Romany Gypsy (12% of respondents; n=12) | 50% | 8% | 33% | 16% | 50% |
| Roma (47%; n=47) | 25% | 7% | 0% | 0% | 2% |
| Irish Travellers (9%; n=9) | 33% | 22% | 44% | 11% | 78% |
| Other Travellers (4%; n=4) | 75% | 25% | 0% | 0% | 50% |
| New Travellers (19%; n=19) | 44% | 6% | 6% | 19% | 25% |
| Boaters (9%; n=9) | 67% | 22% | 0% | 44% | 67% |
| GRT average | 40% | 13% | 9% | 13% | 29% |

## 2C. Barriers to general digital access

In terms of barriers to general digital access, 34% Gypsy, Roma and Traveller people we surveyed said they struggle with English and 33% said they are not confident with technology in general. 15% said they struggle with reading and/or writing. Additionally, 6% said that the cost of mobile internet is a problem and 6% said the cost of wi-fi is a problem. However, a percentage of 40% said they don't find it hard to use apps or webpages.

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43 NHS England (2023), NHS App reaches record users on fifth anniversary

| Table 5: General barriers to digital access for the Gypsy, Roma and Traveller communities (Survey conducted with 102 Gypsy, Roma and Traveller people in August-September 2023, multiple option question) | | | | | |
|---|---|---|---|---|---|
| | No Barriers | Barriers | | | |
| | | Struggle with English | Struggle with Reading and Writing | Cost of Accessing Internet | Struggle With Confidence |
| Romany Gypsy (12% of respondents; n=12) | 58% | 0% | 50% | 25% | 16% |
| Roma (47%; n=47) | 13% | 73% | 11% | 2% | 50% |
| Irish Travellers (9%; n=9) | 78% | 0% | 11% | 11% | 0% |
| Other Travellers (4%; n=4) | 25% | 0% | 25% | 0% | 25% |
| New Travellers (19%; n=19) | 62.5% | 0% | 6% | 6% | 31% |
| Boaters (9%; n=9) | 67% | 0% | 0% | 0% | 11% |
| GRT average | 40% | 34% | 18% | 6% | 34% |

*22% of Boaters reported "other" as barriers influencing general digital access

## 2D. Barriers to digital primary care services

'I can't even read the text messages when they send me. I give it to my husband or children. But to make my online appointments, I can't. I can't even read, making appointments is another level. If my husband or children are not at home, I try to find a Romanian person in the street. I literally stay in the street until I find a Romanian person who can help. […] I can understand some English. But if I can't understand what they're saying, I ask for a translator.' (Community member participating in focus groups - August-September 2023)

When asked about barriers to accessing digital primary health services, 35% said they're not confident with technology in general and 32% of survey respondents said they struggle with English. 12% said they struggle with reading and/or writing. 6% said they struggle with the cost of mobile phone internet and 4% said the cost of wi-fi is a problem. As evidenced above, there are clear differences between the groups, as detailed in Table 6 below.
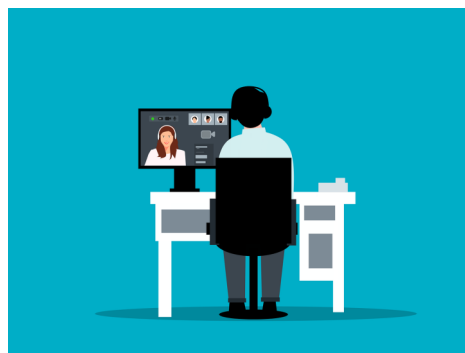


*Image by Mohamed Hassan from Pixabay*

| | No Barriers | Barriers | | | | | |
|---|---|---|---|---|---|---|---|
| | | Struggle with English | Struggle with reading and/or writing | Costs | Prefer to speak with professionals in person or on a phone call | Not confident with technology generally | No barriers, but prefer to speak with health providers in person or over the phone |
| Romany Gypsy | 33% | 0% | 33% | 25% | 50% | 25% | 25% |
| Roma | 14% | 68% | 11% | 5% | 9% | 50% | 11% |
| Irish Travellers | 33% | 0% | 11% | 0% | 22% | 11% | 33% |
| Other Travellers | 50% | 0% | 0% | 0% | 25% | 50% | 25% |
| New Travellers | 56% | 0% | 6% | 0% | 25% | 31% | 19% |
| Boaters | 44% | 0% | 0% | 0% | 22% | 0% | 33% |

**Table 6: Barriers to digital primary care services for the Gypsy, Roma and Traveller communities (Survey conducted with 102 Gypsy, Roma and Traveller people in August-September 2023, multiple option question)**

Another barrier that emerged from the community surveys and focus groups was the lack of culturally appropriate education and learning around digital skills. Community members mentioned it would be helpful to have one-on-one support to learn how to use GP websites, the NHS App and other services. Respondents mentioned that once someone explains or practically shows how to do something, they are then able to do it independently, whether it's a family member or library or health service staff. As evidenced by the frontline work undertaken by RSG and FFT, information is then typically cascaded within communities and families, training provided often going further than expected. When asked what practical support would make access to online primary care services easier, 36% of Gypsy, Roma and Traveller participants mentioned that training on how to use IT devices, websites or apps would be most beneficial. This support should be facilitated through local Gypsy, Roma and Traveller organisations or other local groups with experience of supporting Gypsy, Roma and Traveller communities. For example, resourcing such organisations to be included in the national Digital Inclusion Network could support achieving that aim.

Other quotes from community members who attended the focus groups and free text from the community survey included:
- 'My children helped me to register with a GP. My daughter sent an email and registered me.'
- 'I can't manage online and I know how to read and write. It's very difficult.'
- 'For people who haven't been to school, it's extremely difficult. For people who know how to read and write, it's easier.'
- 'I get easily stressed out using computers unless it's simple. Often with health matters, webpages rather than speaking to a person can be challenging and exacerbate mental health issues and feelings of isolation.' (survey)

## 2E. Need for non-digital access to care

Our survey responses indicated the importance of maintaining non-digital access to care as an option for people with limited digital skills and people who might prefer face-to-face or telephone contact. 39% of all survey respondents stated their preference for non-digital access to care, particularly when discussing sensitive health issues.

Other quotes from community members participating in the focus groups and survey included:
- 'This is not how healthcare should go as in order to feel cared for requires an interpersonal relationship'
- 'I move about and often find mobile data signal is poor, I don't want to rely on internet access for access to healthcare'
- 'Lots of places Boaters live have really poor or non-existent phone or internet signal so having purely online digital services is not a good idea. We can't always access email to check responses etc.'

'I like that my surgery doesn't push me to use technology. They are very under-standing and helpful and realize that talking to a real person is sometimes the best way especially for those with mental health issues brought about by solitude or loneliness.'
(Community member participating in survey - August-September 2023)

# Section 3: Discussion - Key enablers for digital access and recommendations

Prior work by National Voices has highlighted that a particular challenge for digitally-excluded people or people who prefer not to use digital services is "a lack of choice around online versus telephone or in-person appointments" and "online only appointment systems" in primary care.[44] National Voices proposed "that national and local support to implement 'Modern General Practice Access' through better digital telephony, simpler online requests, improvement support and investment in care navigation should have a specific focus on better meeting diverse communication needs".[45] In addition, according to the Good Things Foundation, it's important to offer a choice and support to patients for using digital tools; "when patients make it clear that they do not want to consider using digital tools, reassure them that they can continue to use their preferred access route, and record and follow their preferences."[46]

## 3A. Building awareness

**Awareness of Gypsy, Roma and Traveller communities in services of issues around digital exclusion**

We suggest that greater awareness within primary care services and the NHS of the specific issues affecting the Gypsy, Roma and Traveller communities would support development of digital solutions that could easily benefit the wider population as well, in particular, those most at risk of digital exclusion and disadvantage. This includes greater awareness of differences between groups who live nomadically or come under the wider label of 'GRT' – such as understanding the language barriers facing the Roma community.

**Awareness among the Gypsy, Roma and Traveller population of digital service availability**

As identified through this report, there was low awareness and low usage of digital primary care services with the Gypsy, Roma and Traveller population overall. The NHS Long Term Plan reached its March 2024 target to have 75% of England's adult population registered to use the NHS App. However, our findings found that amongst those we engaged with, only 29% of Gypsy, Roma and Traveller people were using the NHS App. Usage also varied when looking at the different groups under the GRT umbrella, with only 2% of Roma people using the app – the group that experiences particular barriers around digital confidence and English literacy. It is essential that primary care services and NHS England make necessary efforts to raise awareness of their primary care digital offer to avoid a continuation of the gap in access for Gypsy, Roma and Traveller people.

## 3B. Design prioritising accessibility, simplicity & consistency

Organisations such as UNICEF are proposing a "human-centred approach" when designing digital interventions.[47] This should involve engaging with the most disadvantaged of the people the service is designed for to identify solutions for such designs. Majority of Gypsy, Roma and Traveller people contributing to this report (73%) mentioned the simple design as a main factor favouring use of healthcare related apps or websites.

44 National Voices (2023) Accessible and inclusive communication within primary care: What matters to people with diverse communication needs
45 National Voices (2023) Accessible and inclusive communication within primary care: What matters to people with diverse communication needs, p 19
46 Good Things Foundation (2022) Top tips: Supporting digital inclusion in general practice
47 UNICEF, Designing Digital Interventions for Lasting Impact: A Human-Centred Guide to Digital Health Deployments

**2.A Design with low-literacy in mind**

As evidenced throughout the report, there are higher than average low-literacy and/or illiteracy levels reported by Gypsy, Roma and Traveller populations. Having this in mind should be a priority when designing digital primary care services.

**2.B Design with language barriers in mind**

> 'Most phones have settings in English. My daughter in law helps me. They don't always give me a translator. I don't go alone [to medical appointments] because I don't understand what they're saying. Even then I had problems with an induction that should have lasted 20 minutes and lasted a lot longer. I kept going on Google Translate.' (Community member participating in focus groups - August-September 2023)

Language barriers are more prevalent in Roma communities than other people under the Gypsy, Roma and Traveller umbrella, as they are not generally native English speakers. A majority of 75% of Roma participants contributing to this report mentioned no usage of digital primary care services. In total, 68% of Roma reported struggling with English being the main factor impacting access to digital primary care services. Roma community members mentioned functions that allow automatic translation in digital primary care services as key enablers.

**2.C Design for ease of GP registration**

As identified through this report, it's important to ensure that the initial set-up or registration to primary care services is as simple as possible to enable Gypsy, Roma and Traveller people to access primary care.

Another point that survey respondents raised was around registration requirements. As mentioned before, some Gypsy, Roma and Traveller people might not have a fixed address or might struggle to provide a proof of address due to subletting property and not being named on any utility bills. It's important that primary care services take this into account and simplify the registration process as much as possible, especially in terms of documents required.

## 3C. Access to necessary resources

It has been evidenced through this research that while the majority of Gypsy, Roma and Traveller people have smartphones, access to equipment and especially to the internet remains problematic. Facilitating access to relevant resources is an important factor enabling access to digital primary care services. And planning and implementing such actions should take in consideration the local demographics as needs of the different communities under the Gypsy, Roma and Traveller umbrella may differ (e.g. nomadic Gypsy people may need more or specialist support, like signal antenna, to access internet compared to settled Gypsy people, or Roma people might benefit from more training to be able to access digital services, etc.).

## 3D. Access to culturally pertinent support, training and resources

There is a huge diversity under the GRT umbrella. This includes diversity in accommodation, lifestyle, languages, cultural approaches to health, understanding of their entitlements in relation to the UK health system.

As mentioned before, many community members highlighted the importance of someone from the community offering support and training in accessing digital primary care services. This suggests that working directly with people from Gypsy, Roma and Traveller communities to improve digital skills can be one of the main enablers to increasing access to digital primary care services.

At the same time, developing culturally pertinent tutorials and training materials is an essential factor to increase and enable access to digital primary care services. These resources should include information on how to access/use online services or apps or raise awareness of them (e.g. FFT video "What can the NHS App do for Gypsies and Travellers"[48] or RSG videos Covid Booster Campaign).[49]

## 3E. Conclusions and good practice

Our findings suggest that there are clear differences between the various groups included in wider 'GRT' label. It is therefore important that primary care services ensure their accessibility according to the specific needs of the relevant community they are engaging with or seeking to engage with. Additionally, we found that the majority of Gypsy, Roma and Traveller people prefer face-to-face interactions with primary care services. We also found that Gypsy, Roma and Traveller people do engage with digital primary care services to some extent and enabling them to do so could be achieved adopting the following good practice principles. Furthermore, we have also included good practice examples and further resources to support such work.

## Good practice principles & examples

- **Ensure services are flexible and offer choice.** It's important to provide non-digital options as well as digital routes to accessing services and this is especially important in the healthcare context.
- **Develop tailored, culturally pertinent and accessible resources.**
- **Provide local, in-person support.**
- **Design services that recognise literacy and language barriers.**
- **Encourage partnerships** between the NHS & VCSE sector to support digital inclusion for people with low literacy and language needs.
- **Provide information that is accessible and understandable** for people with lower literacy or low confidence in their literacy, to help them to proactively engage with healthcare services.

A few good practice examples include:

- For PCNs, follow the tips in Supporting digital inclusion in general practice: 10 top tips, including by adopting the tips on Creating a highly usable and accessible GP website for patients;

- Provide accessible, short videos for communities, such as that produced by FFT and NHS Sussex on how the NHS App can benefit Gypsy, Roma and Traveller people;

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48 Friends, Families and Travellers (2023) What can the NHS App do for Gypsies and Travellers
49 Roma Support Group (2022) Covid Booster Campaign

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- Engaging with the growing number of community organisations and local partners that offer help to digitally excluded people by providing free devices and free mobile data; for example, the National Device Bank and a National Data Bank run by the Good Things Foundation.

- Liverpool 5G Health and Social Care Testbed built a publicly owned 5G network to provide connectivity in a disadvantaged and digitally deprived area of Liverpool. Evaluation of this project found a 30% reduction in the number of people who felt they needed to visit their GP and a 16% drop in the average number of their required visits per user

- The 100% Digital Leeds team delivered a pilot with Children's Centres whereby Family Outreach Workers were able to gift a small number of smartphones and SIMs with free 4G data, calls, and texts to families living in data poverty.  The pilot was delivered via Hubbub's Community Calling project and in partnership with Good Things Foundation's National Databank;[50]

- Vodafone UK offers support to charities for digital inclusion programmes. They provide free Vodafone SIMs, each loaded with 40GB data a month for six months, plus unlimited calls and texts. At the date of publication of this report, we were not aware of another network provider a offering similar service.

Further resources:

- Vodafone UK offers support to charities for digital inclusion programmes. They provide free Vodafone SIMs, each loaded with 40GB data a month for six months, plus unlimited calls and texts. At the date of publication of this report, we were not aware of another network provider a offering similar service.

- For further information on Roma health, please check the Roma Health Guide by the Office for Health Improvement and Disparities available here. Additional 2021 Census information has also been made available by the ONS and it is available here;

- Additional information regarding Gypsy and Traveller health was made available by the ONS through the 2021 Census data analysis here;

- This ONS interactive map can support identifying local Gypsy/Traveller or Roma communities;

- This Friends, Families and Travellers Service Directory could support identifying local Gypsy, Roma and Traveller support services;

- The Roma Support Group Alternative Service Providers list provides details of local services supporting Roma communities

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# Recommendations (Annex A)

| | Services awareness of issues around digital exclusion for Gypsy, Roma and Traveller communities | Gypsy, Roma and Traveller people awareness of primary care digital services | Design with accessibility in mind (with low-literacy, language barriers and for ease of registration) | Access to necessary resources | Access to culturally pertinent support, coaching and resources |
|---|---|---|---|---|---|
| **Local primary care services** | • Training on Gypsy, Roma and Traveller barriers to primary care services.<br>• Engaging with Gypsy, Roma and Traveller patients to identify preferred methods of communication in primary care.<br>• Engaging with Gypsy, Roma and Traveller patients to identify preferences in regards to digital or non-digital access in primary care. | • Use tailored, culturally pertinent promotion materials.<br>• Run awareness raising activities with Gypsy, Roma and Traveller patients on primary care services available. | Ensure that designing new or existing digital features for your services includes the following:<br>• Using a 'one stop shop' per service where possible, not requiring patients to download multiple apps or navigate multiple different processes/websites;<br>• Using simple, plain language and pictures or illustrations;<br>• Providing explanations when addressing questions through online forms.<br>• Designing smartphone friendly versions of digital services.<br>• Functions enabling options such as "text to speech", "browsealoud", larger text or clear imagery.<br>• Functions enabling usage of voice/video messaging, such as using WhatsApp.<br>• Translation functions.<br>Work with Roma patients to establish accurate interpreting needs and source this accordingly (e.g. many Roma people have Romanes/Romany as their main language, a distinct language with many dialects). | • Provision of free, secure wi-fi (e.g. provided in GP practice or in community spaces, in spaces with options for privacy).<br>• Facilitating access to good/stable internet connection for nomadic people. | • Employ specialists from within the communities, such as health advocates to facilitate support.<br>• Ensure information is shared through relevant and accessible channels. |
| **PCN** | • Engage with Gypsy Roma and Traveller organisations/groups/advocates or people to identify barriers to accessing digital services in primary care.<br>• Ensure the identified barriers are considered for the development of local strategy on expanding digital primary care services.<br>• Engaging with Gypsy, Roma and Traveller patients to identify their abilities to access digital resources more generally.<br>• Enabling support and/or training for Gypsy, Roma and Traveller patients on using the online tools developed for use in primary care and the NHS App. | • Use tailored, culturally pertinent promotion materials.<br>• Develop local awareness raising strategies targeting Gypsy, Roma and Traveller populations. | | | • Employ specialists from within the communities, such as health advocates to facilitate support.<br>• Ensure information is shared through relevant and accessible channels. |

| | | | | | |
|---|---|---|---|---|---|
| **ICB** | • Include Gypsy Roma and Traveller organisations/groups/advocates or people in regional strategy development on expanding digital primary care services. | • Use tailored, culturally pertinent promotion materials.<br>• Develop regional strategy aiming to raise the level of awareness of digital primary care services within Gypsy, Roma and Traveller communities. This strategy should include resourcing and working with people from the Gypsy, Roma and Traveller communities. | • Ensure that contracts of primary care services with digital service design companies include engaging with people with low-literacy and low knowledge of English during the service design process. | | • Co-design resources and tools for Gypsy, Roma and Traveller people.<br>• Resource and support members of the specific community to be able to contribute to the design process.<br>• Address specific language and accessibility needs in designing resources.<br>• Employ specialists from within the communities, such as health advocates to facilitate support.<br>• Ensure information is shared through relevant and accessible channels. |
| **NHS England** | • Include Gypsy Roma and Traveller organisations/groups/advocates or people in policy and strategy developments on expanding digital primary care services. | • Develop a national awareness raising campaign targeting Gypsy, Roma and Traveller communities in regards to digital/primary care services. | • Ensure that the NHS App follows the recommendations set out above at local primary care service level. | • Facilitating access to adequate equipment for nomadic people or those living in remote areas.<br>• Enabling access to funding for equipment and/or internet for Gypsy, Roma and Traveller people.<br>• Raising awareness of support available should follow guidance provided at the "Awareness among the Gypsy, Roma and Traveller population of primary care digital service availability". | • Co-design resources and tools for Gypsy, Roma and Traveller people.<br>• Resource and support members of the specific community to be able to contribute to the design process.<br>• Address specific language and accessibility needs in designing resources.<br>• Provide funding for Gypsy, Roma and Traveller organisations to deliver training to communities on accessing digital primary care services.<br>• Ensure information is shared through relevant and accessible channels. |
| **VCSE sector** | • Include Gypsy, Roma and Traveller communities in policy work targeting primary care services. | • Support Gypsy, Roma and Traveller organisations in their efforts to raise awareness of digital/primary care services among Gypsy, Roma and Traveller communities. | | • Enabling access to funding for equipment and/or internet for Gypsy, Roma and Traveller people. | • Provide face to face training on how to access digital primary care services. |