

# GUIDANCE FOR SOCIAL PRESCRIBING LINK WORKERS ON ENGAGING WITH GYPSY, ROMA AND TRAVELLER COMMUNITIES



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*Image by Augusto Ordóñez from Pixabay*

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### Prepared by

Roma Support Group

### Contact Information

**Email:** [Info@romasupportgroup.org.uk](mailto:Info@romasupportgroup.org.uk)

**Website:** [www.romasupportgroup.org.uk](http://www.romasupportgroup.org.uk)

### Authors

Mihai Calin Bica

Simina Neagu

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# Executive Summary

This guidance represents the first ever pool of information regarding Gypsy, Roma and Traveller awareness and experiences of social prescribing services in the UK.

Responding to one of the aims of the NHS Long Term Plan to develop the existing infrastructure of social prescribing, the objective of this guidance is to enable social prescribing link workers to effectively engage with and support members of Gypsy, Roma and Traveller communities and work towards reducing health inequalities.

Through surveying social prescribing professionals on their experiences of working with Gypsy, Roma and Traveller communities and surveying Gypsy, Roma and Traveller people, we have gathered a series of key findings:

- Generally, there is little awareness among social prescribing professionals regarding Gypsy, Roma and Traveller communities and even less experience in working and engaging with these communities.
- There is a need for cultural awareness training on Gypsy, Roma and Traveller communities among social prescribing professionals.
- Among Gypsy, Roma and Traveller communities there is very little awareness of social prescribing services, and even less experience of using them.
- Several barriers were identified as preventing Gypsy, Roma and Traveller communities from accessing social prescribing services, including lack of information, low literacy, digital exclusion and lack of appropriate interpreting services.



# 1. Introduction

This guidance has been produced through work conducted by Roma Support Group and Friends, Families and Travellers as part of the HWA, which is supported by the Department of Health and Social Care.

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.

This guidance responds to the 2019 NHS Long Term Plan that committed to rolling out social prescribing in England, enabling at least 900,000 people to be referred into social prescribing by 2023/2024.<sup>1</sup>

It also supports NHS England's [Universal Personalised Care](#) Plan which identifies social prescribing as a key component supporting people to take control over their health and wellbeing.

The National Academy for Social Prescribing (NASP) evidence briefing on demographics of social prescribing service users has identified an under-representation of people from minority groups, with social prescribing services being mainly accessed by people from white backgrounds.<sup>2</sup>

A NASP Evidence review identified the need for “a far more complete picture of both awareness and use of social prescribing services by people from Black, Asian and ethnically diverse population groups, and the barriers and enablers to increase accessibility and acceptability of these services”.<sup>3,4</sup>

This guidance was developed in response to the gap of knowledge, information and experiences in relation to the Gypsy, Roma and Traveller communities within the social prescribing system.

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<sup>1</sup> NHS England (2019), [The NHS Long Term Plan](#)

<sup>2</sup> National Academy for Social Prescribing (2022), [Who is and isn't being referred to social prescribing?](#)

<sup>3</sup> National Academy for Social Prescribing (2022), [Accessibility of social prescribing schemes in England to people from Black, Asian and ethnically diverse population groups](#)

<sup>4</sup> Ibid.

## 2. Aims

The aim of this resource is to enable social prescribing link workers to effectively engage and support members of Gypsy, Roma and Traveller communities. It provides information that enables culturally appropriate engagement that considers the cultural and belief-based practices of Gypsy, Roma and Traveller communities, ensuring equitable service delivery.

This guidance was developed especially for social prescribing link workers but can be used by other professionals in social prescribing services. This includes, but is not limited to:

- Social prescribing referral agencies such as GP practices or voluntary sector organisations
- Social prescribing team leads
- Social prescribing commissioners
- Social prescribing policy leads

Through a survey of social prescribing professionals, we have identified a need for more information about Gypsy, Roma and Traveller communities, and more training and support to improve engagement with Gypsy, Roma and Traveller communities, with a specific focus on barriers and enablers. In response to this, the aims of this guidance are to:

- Improve social prescribing link workers' knowledge of Gypsy, Roma and Traveller history, culture and health inequalities.
- Provide an overview of Gypsy, Roma and Traveller awareness, barriers and enablers in relation to social prescribing services.
- Provide suggestions and recommendations to support social prescribing services to engage more effectively with Gypsy, Roma and Travellers, including in relation to diversifying workforce.
- Provide suggestions on how to ensure Gypsy, Roma and Traveller people are included in the planning and provision of social prescribing services.

It is important to note that while this guidance is aimed at improving access to social prescribing services for Gypsy, Roma and Traveller people, not all people will have the same difficulties in accessing these services and some may not necessarily experience the barriers outlined.



### 3. Methodology

This guidance was developed by Roma Support Group (RSG) with support from Friends, Families and Travellers (FFT). The two organisations have extensive engagement and experience with Gypsy, Roma and Traveller communities. Both organisations are current members of the Voluntary, Community and Social Enterprise Health and Wellbeing Alliance (HWA) programme and collaborate with other HWA members on various projects implemented through the programme.



Furthermore, the HWA has enabled us to gain the access to and support of a national NHS social prescribing policy lead who has overseen the development of this guide. All the parties mentioned have been involved in establishing the methodology and the tools used for this project.

This has enabled RSG to consistently engage with people from the Gypsy, Roma and Traveller communities, social prescribing professionals and relevant HWA member organisations.

To create the first ever pool of information regarding Gypsy, Roma and Traveller awareness and experiences of social prescribing services in the UK, we have developed a Gypsy, Roma and Traveller survey. To overcome any digital exclusion/language barriers we have worked with a network of Gypsy, Roma and Traveller advocates who provided one-to-one support to people filling in the survey. This has led to contributions from 80 members of Gypsy, Roma and Traveller communities. Furthermore, to help us gain more insights into experiences of Gypsy, Roma and Traveller people with social prescribing, we have conducted a series of focus group discussions. A total of 17 Gypsy, Roma and Traveller people have contributed to these in-depth discussions.

The term Gypsy, Roma and Traveller is an umbrella term that encompasses various communities, such as Gypsies (including English Gypsies, Scottish Gypsy Travellers, Welsh Gypsies, and other Romany people), Irish Travellers, New Travellers, Boaters, Bargees, Travelling Showpeople and Roma.<sup>5</sup> Further details are provided in the section below. Throughout this work, we have engaged with all the groups apart from people from the Scottish Gypsy/Traveller communities. While their experiences might be similar to others from the Gypsy, Roma and Traveller groups, this guidance will not reflect their specific experiences. Furthermore, we have mainly engaged with those from the Romany Gypsy (15%), Traveller (17%) and Roma (65%) communities.

To help us gain a better understanding of the needs within the social prescribing system regarding Gypsy, Roma and Traveller communities and to ensure the new guidance will be a relevant and practical tool for social prescribing link workers, we have also

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<sup>5</sup> GOV.UK (2022), [Gypsy, Roma and Irish Traveller ethnicity summary](#)

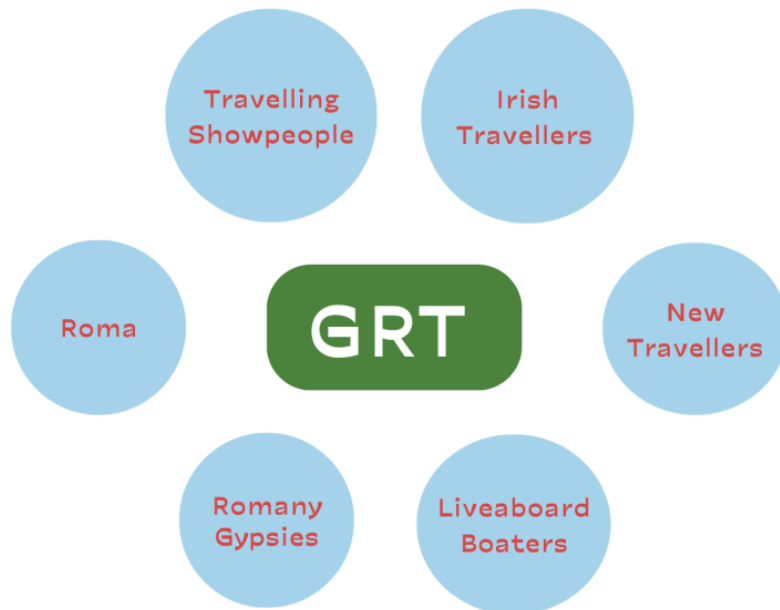
engaged with relevant professionals within the system. We have engaged with 55 social prescribing professionals, including local, regional and national leads and social prescribing link workers. Out of these, 48 were social prescribing link workers and 23 of them responded to our survey targeting social prescribing link workers.

We have also undertaken 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 social prescribing context, to identify useful resources and support us to make relevant recommendations in line with current national strategies and policies.

Finally, the initial draft of this guidance was circulated for consultation with other HWA members with relevant experience within the social prescribing area, other Gypsy, Roma and Traveller communities' representatives and the project's HWA policy lead.



## 4. Introduction to Gypsy, Roma and Traveller communities



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.

There are many rich histories and diverse cultures within Gypsy, Roma and Traveller communities. This diversity includes some groups, families or individuals being more traditional with their cultural practices and way of life, with others being less traditional. It is therefore important to note that not all issues or health inequalities discussed may be relevant or applicable to all Gypsy, Roma and Travellers. The barriers and issues identified in this guide are relevant to the most disadvantaged individuals and groups.

Gypsy, Roma and Traveller communities have traditionally lived nomadic lives, although members of these communities have increasingly moved into bricks and mortar housing. While some Gypsy and Traveller communities still retain a travelling lifestyle, the vast majority of Roma are settled.

There is a lack of accurate information to reflect the size of all communities under the Gypsy, Roma and Traveller umbrella. Current estimates indicate around 300,000 Gypsy/Travellers and a similar number of Roma. It is likely that the official census record is an underestimate of the true population size. Other 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.<sup>6</sup>

<sup>6</sup> GOV.UK (2022), [Gypsy, Roma and Irish Traveller ethnicity summary](#)

The 2021 Census was the first in UK's history to collect data using a new ethnic category for Roma communities alongside those from the Gypsy/Irish Traveller communities, who continue to be grouped together. There is no data collected on the other groups under the Gypsy, Roma and Traveller umbrella.

The 2021 Census results confirmed the presence of at least 103,020 Roma people living in England and Wales alongside 71,740 identified as Gypsy/Irish Traveller.<sup>7,8</sup>

At the same time, there is significant variation in how much attention local authorities across England pay to Gypsy, Roma and Traveller communities. In a study conducted in 2015, FFT found that less than half Joint Strategic Needs Assessments included a chapter on Gypsy, Roma and Traveller needs and, of those, less than a third included the needs of Roma people. While it is possible that areas that have not included Roma do not have significant Roma populations, 91% of English local authorities have Gypsy, Roma and Traveller populations of some form.<sup>9</sup>

The Office for National Statistics has published this [interactive map tool](#) to help identify local or regional Gypsy, Roma and Traveller communities.

Most Roma people have migrated to the UK. Currently, the vast majority have secured their immigration status through the EU Settlement Scheme. According to the 2021 Census, 13.8% of Roma confirmed their nationality as British.

It is important to mention that other people under the Gypsy, Roma and Traveller umbrella are British nationals.

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<sup>7</sup> Office for National Statistics (2023), [Roma populations, England and Wales: Census 2021](#)

<sup>8</sup> Office for National Statistics (2023), [Gypsy or Irish Traveller populations, England and Wales: Census 2021](#)

<sup>9</sup> UK Parliament (2019), [Tackling inequalities faced by Gypsy, Roma and Traveller communities](#)

This table was developed to help readers gain an understanding on practical differences between the communities included under the wider Gypsy, Roma and Traveller umbrella:

|                              | <b>Ethnicity</b>  | <b>Arrival in England</b>  | <b>Language</b>   | <b>Accommodation type</b>   |
|------------------------------|---|--|---|---|
| <b>Romany Gypsies</b>        | 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 Gypsies live in houses, and 25% live on Traveller sites, in caravans or chalets or roadside.                             |
| <b>Roma</b>                  | Historically, Roma originated in Northern India and settled in Europe (including Romania, Slovakia, Czech Republic, Poland, Bulgaria and other countries) before migrating to the UK more recently. | From 1945 small numbers arrived, with some 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 many Romany dialects as a first language and the language of their European country of origin as a second language. However, fluency in second languages varies greatly, as well as varying levels of fluency in English. | The vast majority of Roma people live in houses, although there are disproportionate levels of homelessness and overcrowding.                 |
| <b>Irish Travellers</b>      | Irish Travellers originated in Ireland as a distinct ethnic group, separate from the general Irish population, and have been 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 75% live in housing and 25% on Traveller sites in caravans or chalets. Of these, a small proportion live roadside or in public spaces. |
| <b>Travelling Showpeople</b> | 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.   | Showpeople primarily speak English.   | Most Showpeople live on yards in the winter months and travel during the summer months.   |

|                           |   |  |   |   |
|---------------------------|---|--|---|---|
| <b>New Travellers</b>     | 'New Traveller' can describe people from any background who choose to lead a nomadic way of life. | 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.                                     |
| <b>Liveaboard Boaters</b> | Anyone who lives on a boat, from all walks of life and backgrounds.                               | 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. |

We also recommend these resources for more information on Gypsy, Roma and Traveller communities:

- Roma communities: ['7 things to know about Roma'](#) - video developed by the European Roma Rights Centre;
- Gypsy, Roma and Traveller communities: ['Roads from the past'](#) - video developed by Travellers Times.

## 5. Gypsy, Roma and Traveller Communities health inequalities and the inclusion health context

The 2010 Marmot Review states that “health inequalities result from social inequalities”, including discrimination and stigma, poverty, and histories of persecution.<sup>10</sup> Social gradients across many of these determinants contribute to health, meaning poorer individuals experience worse health outcomes.<sup>11</sup> 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.<sup>12</sup>

Likewise, NHS England describes health inequalities as unfair and avoidable differences in health across the population, and between different groups within society.<sup>13</sup> 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.<sup>14</sup>

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.<sup>15</sup>

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. 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.<sup>16</sup> 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.<sup>17</sup>

<sup>10</sup> Marmot M. (2010) [Fair Society, Healthy Lives: Strategic Review of health Inequalities in England Post 2010](#)

<sup>11</sup> GOV UK (2017) [Chapter 6: social determinants of health](#)

<sup>12</sup> GOV UK (2017) [Chapter 6: social determinants of health](#)

<sup>13</sup> NHS England, [What are healthcare inequalities](#)

<sup>14</sup> NHS England (2021), [Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

<sup>15</sup> Ibid.

<sup>16</sup> European Public Health Alliance (2018), [Closing the life expectancy gap of Roma in Europe](#)

<sup>17</sup> Friends, Families and Travellers (2019), [Experiences of Gypsies and Travellers in primary care: GP services](#)

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 from 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 among staff 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.<sup>18</sup>

According to a 2019 report from UK Parliament, “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”.<sup>19</sup>

The NHS Long Term Plan committed to making ‘Personalised Care’ business as usual across all health and care systems, reaching over 2.5m people by 2023/24 with this number doubling by 2028/29). Part of this plan was the commitment to roll out social prescribing across all primary care networks in England, with over 900,000 people referred into social prescribing by 2023/2024.<sup>20</sup> The [Universal Personalised Care](#) plan also identified social prescribing as a key component to supporting people to take control over their health and wellbeing. It committed to working with people with lived experience and the voluntary and community sector to deliver this aim.

As evidenced in the above section, Gypsy, Roma and Traveller communities continue to have lower access to all sections of health care services impacting their overall health situation overall.

Given all of the above, social prescribing services can play a key role in reducing health inequalities in Gypsy, Roma and Traveller communities. Health care services should apply the personalised care approach established through the Personalised Care plan when working with Gypsy, Roma and Traveller people. More details from NHS England on this approach are available [here](#).

For further information on Roma health, please see the Roma Health Guide by the Office for Health Improvement and Disparities, available [here](#). Additionally, information about Roma populations from the 2021 Census can be found [here](#). Information on Gypsy and Traveller health from the ONS’ 2021 Census data analysis can also be accessed [here](#).

## **Social determinants of health influencing health outcomes for 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.<sup>21</sup> Gypsy, Roma and Traveller pupils are noted to be disadvantaged groups with some of the

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<sup>18</sup> Office for Health Improvement and Disparities (2022), [Improving Roma health: a guide for health and care professionals](#)

<sup>19</sup> UK Parliament (2019), [Tackling inequalities faced by Gypsy, Roma and Traveller communities](#).

<sup>20</sup> NHS England (2019), [The NHS Long Term Plan](#)

<sup>21</sup> GOV UK (2017) [Chapter 6: social determinants of health](#)



lowest proportions of children achieving a good level of development at school, putting them at higher risk of health problems.<sup>22,23</sup>

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.<sup>24</sup> 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.<sup>25</sup> 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 from working families.<sup>26</sup> According to the 2021 Census, 41% of Gypsies and Irish Travellers were employed or self-employed, compared to 70.9% of England and Wales's population.<sup>27</sup> 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 Roma have lower than average economic inactivity rates, the 2021 Census found that 28.5% of employed Roma work in elementary occupations, while the national average is 10.5%.<sup>28</sup> Doing low-income work is one of the main factors driving the increase of health issues among Roma.

**Accommodation issues and living standards** have also 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.<sup>29</sup> The lack of appropriate 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.<sup>30</sup> Therefore, access to culturally appropriate housing is vital for Gypsies and Travellers.<sup>31</sup>

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 breach of NHS guidelines when they refuse patient registration on this basis.<sup>32</sup>

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<sup>22</sup> Department for Education (2016) [Early years foundation stage profile results: 2015 to 2016](#)

<sup>23</sup> Friends, Families and Travellers (2023) [Education inequalities facing Gypsies, Roma and Travellers in England](#)

<sup>24</sup> EU Agency for Fundamental Rights (2022) [Roma in 10 European countries](#)

<sup>25</sup> 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

<sup>26</sup> Department for Work & Pensions (2017) [Improving Lives Helping Workless Families](#)

<sup>27</sup> Office for National Statistics (2023) [Gypsy or Irish Traveller populations, England and Wales: Census 2021](#)

<sup>28</sup> Office for National Statistics (2023) [Roma Populations England and Wales: Census 2021](#)

<sup>29</sup> GOV UK (2017) [Chapter 6: social determinants of health](#)

<sup>30</sup> Cromarty et al (2019) [Gypsies and Travellers](#)

<sup>31</sup> Coates et al (2015) [Capabilities and marginalised communities: The case of the indigenous ethnic minority traveller community and housing in Ireland](#)

<sup>32</sup> 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](#)



Gypsy and Traveller people not having a fixed address can have a negative impact on health, as it can prevent access to 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 Gypsy, Roma and Traveller 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".<sup>33</sup>

The number of Gypsies and Travellers still living nomadically has decreased from 25% in 2011 to 21.6% according to the 2021 Census.<sup>34</sup>

Those still living nomadically are facing a chronic national shortage of Traveller sites and lack of appropriate 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.<sup>35</sup> Gypsies and Travellers living on the roadside or in unauthorised encampments are commonly subject to hostility and eviction.<sup>36</sup> This chronic shortage of sites and consequences arising from it, including health issues and lack of access to health services, as well as the wish to access to education, are the driving factors contributing to the decrease of Gypsies and Travellers living nomadically.

## 6. Social prescribing professionals awareness of and experience with Gypsy, Roma and Traveller communities

*"Make efforts to engage. Generally, if you make the effort to build rapport with communities they will eventually open up. These communities have been discriminated against for generations."* (social prescribing professional)

The data gathered throughout our engagement with social prescribing professionals generally suggests a low level of awareness of Gypsy, Roma and Traveller communities and even less experience working and engaging with these communities.

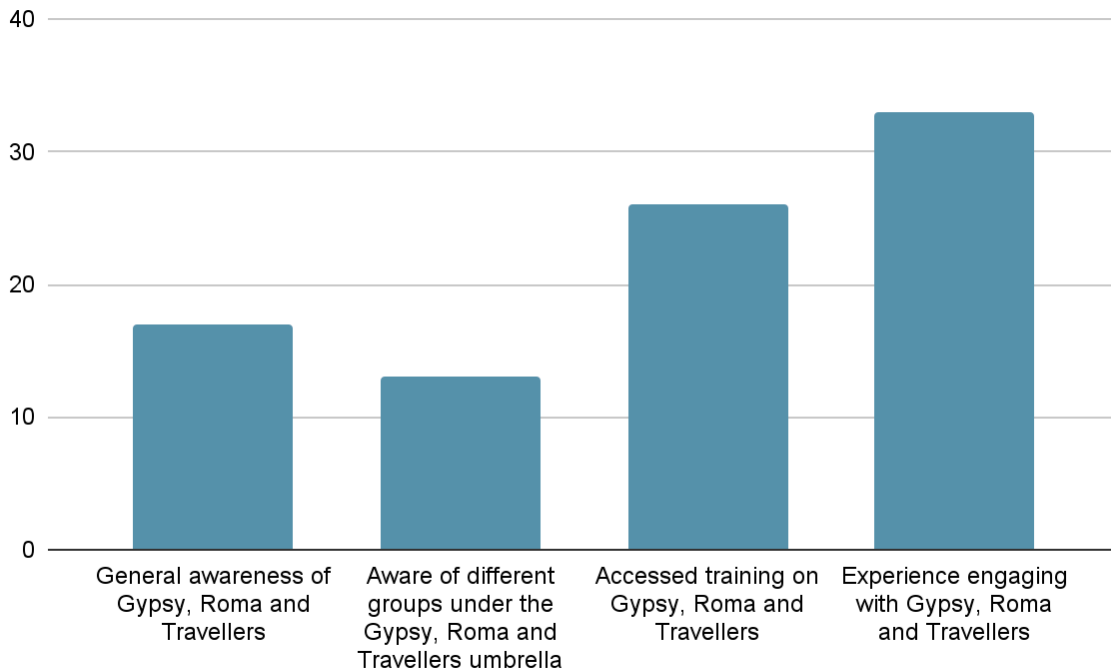
*Chart 1. Awareness of and engagement with Gypsy, Roma and Traveller communities*

<sup>33</sup> Roma Support Group (2012) [Roma Mental Health Advocacy Project Evaluation Report](#)

<sup>34</sup> Office For National Statistics (2023), [Gypsy and Traveller Population analysis 2023](#)

<sup>35</sup> Friends Families and Travellers (2019) [Last on the list: An overview of unmet need for pitches on Traveller sites in England](#)

<sup>36</sup> Richardson, J. (2006) [The Gypsy Debate: can discourse control?.](#) Exeter, Imprint Academic



## 6A Awareness of Gypsy, Roma and Traveller communities

When asked about general awareness of Gypsy, Roma and Traveller communities, 39% of professionals surveyed said they were not confident in their knowledge of Gypsy, Roma and Traveller communities. A further 17% said they had little knowledge of Gypsy, Roma and Traveller communities while 17% said they have some knowledge. 48% of social prescribing professionals that responded to our survey call said they were not aware of the different communities under the Gypsy, Roma and Traveller umbrella. 13% said they were unsure and only 13% said they were aware. When asked, none of those who said they were aware or unsure could name all the groups under the Gypsy, Roma and Traveller umbrella.

## 6B Training on Gypsy, Roma and Traveller communities

An overwhelming majority of professionals (74%), said they had no training on culturally appropriate practice while working with Gypsy, Roma and Traveller communities. Only 26% had accessed training.

This reflects the lack of confidence social prescribing professionals reported in relation to their knowledge on Gypsy, Roma and Traveller communities. Only 26% of respondents confirmed they were confident in their knowledge and 39% felt a lack of confidence.

## 6C Experience working with Gypsy, Roma and Traveller communities

*“Engagement has been challenging and it’s only afterwards when I’ve reflected and done some research that I’ve learned that there might be this concern or that concern which is a barrier to engagements” (social prescribing professional)*

When asked if they provide services to Gypsy, Roma and Traveller communities, 50% of professionals said they were not sure and 16% professionals said no. We have identified that 33% of respondents had experience of engaging with Gypsy, Roma and Traveller communities.

When asked why they do not or have not supported members of Gypsy, Roma and Traveller communities, professionals gave a number of reasons, the primary one being lack of awareness of existing Gypsy, Roma and Traveller communities and low health engagement. One professional stated “I am not aware of the practices I work in having particularly large numbers of Gypsy, Roma and Traveller people on our patient lists - or this community perhaps has low engagement with health services?”. One professional stated: “I am not aware of Gypsy, Roma and Traveller communities in Newham.” and another one added “It seems apart from boaters, no other Gypsy, Roma and Traveller are registered with our GP Surgery in Bethnal Green. Can that be correct?”.

During the Census 2021, 2.3% of London Borough of Newham residents identified as Roma, which amounts to at least 2342 residents. In the London Borough of Tower Hamlets, 2.2% of the population identified as Roma, which amounts to at least 2225 residents.

In terms of capturing equalities data, only 25% of professionals said they record data on working with Gypsy, Roma and Traveller communities.

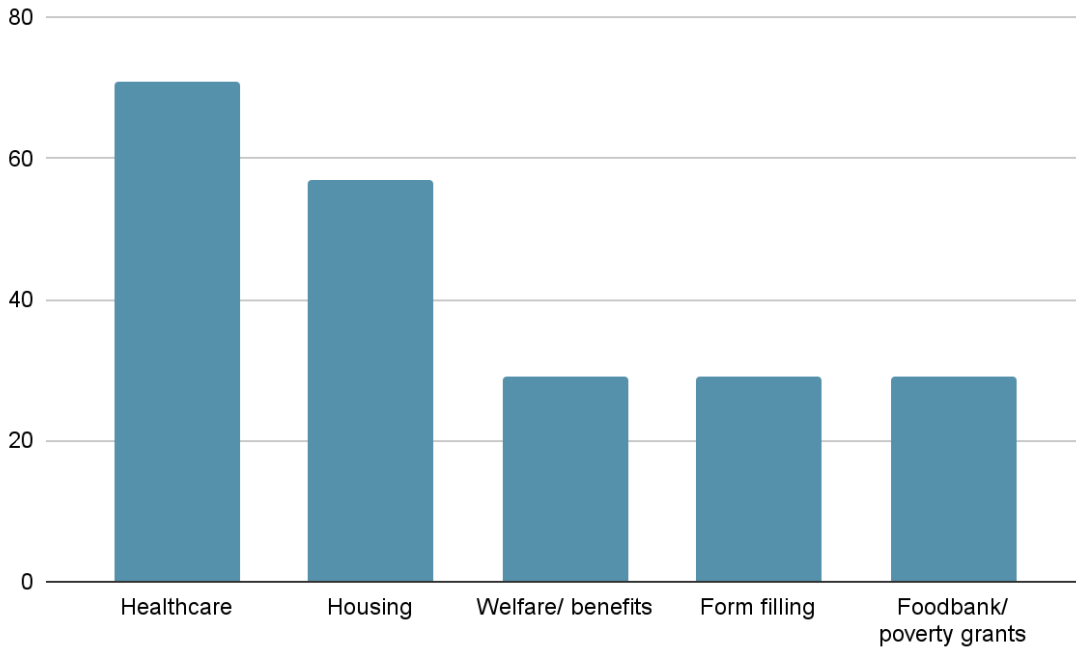
When asked how they had first contacted Gypsy, Roma and Traveller communities, 43% of professionals reported contact through a GP, followed by 29% through self-referrals. Smaller percentages were identified for charities (14%) or specific outreach (14%).

## **6D Types of support offered to Gypsy, Roma and Traveller communities**

71% professionals who had supported community members had helped with access to healthcare. This was followed by support with housing/accommodation (57%), advice on welfare/benefits (29%), form-filling/administrative support (29%), foodbank/poverty grants (29%) and third-party appointment support (29%). A smaller percentage was identified for access to counselling (14%).

When asked about any trends in service use among Gypsy, Roma and Traveller communities, professionals commented the following: *“Trust issues, they are reluctant to engage with new people from statutory services unless they are familiar, and discrimination from GP staff.”* Another professional commented: *“The trend definitely highlighted the lack of site provision and lack of consistency as families were treated differently in different areas in the UK.”* And another one observed: *“no engagement regarding health issues”*. While another one noted some positive aspects: *“There is a growing belief in the importance of education and integration for all.”*

*Chart 2. Support offered to people from Gypsy, Roma and Traveller communities*



### 6E Barriers in working with Gypsy, Roma and Traveller communities

Several professionals identified engagement to be a major challenge. Discrimination was also mentioned and the fact that building trust takes time. One professional commented:

*“A lack of support from Local Authority and always tensions with local communities. Also, a lack of understanding regarding the Equality Act (2010) and raising awareness was always met by the spurious narrative of negative stereotypes of Gypsies and Travellers.”*

When asked if they knew about cultural sensitivities around specific topics (e.g. gendered health issues, cancer, mental health), the majority of professionals (62%), said they were not sure. 25% answered yes and described the following:

*“Reluctance to be open about mental health and women’s health” and “There was a lack of support and it was extremely difficult to engage as it was not possible to refer onto groups that did not exist.”*

### 6F Gypsy, Roma and Traveller workforce within the social prescribing services

When asked if they know any social prescribing professionals who are from Gypsy, Roma and Traveller communities, the majority of respondents (67%) answered no and another 25% said they were not sure. Only a small percentage (8%) said yes, which suggests a low level of representation in the social prescribing workforce.

## 6G Gaps identified by social prescribing professionals

In terms of gaps identified by social prescribing professionals, there were several suggestions.

- The need for cultural awareness training.

One professional commented:

*“Definitely practitioners need training on cultural awareness foremost. Understanding cultural norms prevents misunderstandings or missed appointments.”*

Another professional echoed the same sentiments around training and information:

*“It would be helpful to have an understanding of the type of support which frequently occurs. Also, the best means of enabling action, which forms of communication is more suited, and knowledge of cultural barriers/traditions.”*

Similarly, another professional suggested:

*“Social media campaign for Gypsy, Roma and Traveller History Month. Also training for local authority staff on raising awareness on Gypsy, Roma and Traveller families.”*

When asked what would improve their ability to work with Gypsy, Roma and Traveller communities, respondents highlighted the importance of training, knowledge and awareness of what barriers Gypsy, Roma and Traveller communities face when accessing health/community services.

One professional added:

*“Understanding cultural barriers is one. A better sense of appropriate referral and signposting is another. And lastly the numbers of potential patients/clients in the community that are being missed so I can make a persuasive case to senior managers for more resources.”*

- The need for more Gypsy, Roma and Traveller trusted people working in the social prescribing services.

A professional added:

*“More trusted people working to engage and support mainstream staff in delivering a service.”* Another suggested: involving *“more Gypsy Travellers at a local, regional and national level in all consultations rather than assume [what is needed].”*

- Increased awareness of social prescribing services among GP practitioners.

Another gap mentioned by several social prescribing professionals we engaged with, was GPs’ potential lack of awareness regarding social prescribing services. Not being aware of the value of social prescribing services and the role of social prescribing link workers could lead GPs’ to miss out on making necessary referrals when the situation would require so. This gap was echoed by Gypsy, Roma and Traveller community members who mentioned in the focus groups we conducted:

*“So many people can’t go to the GP anymore but then even when you do, the doctor doesn’t seem to know about it [social prescribing service].”*

Finally, when asked if there is anything else they would like to share on this topic, one professional concluded:

*“The lack of support for Gypsy Traveller communities is disgraceful.”*

## 7. Experience, knowledge and use of social prescribing services among Gypsy, Roma and Traveller communities

*“I have heard of the term [social prescribing] but never really understand what it is”*  
(Gypsy, Roma and Traveller community member)

Overall, there is very low awareness and even less experience of social prescribing services among Gypsy, Roma and Traveller communities.

### 7A Awareness of social prescribing services

The NHS describes social prescribing as a service connecting people to community activities, groups and services in order to meet practical, social and emotional needs that impact their health and wellbeing. This involves agencies such as charities, social care or health services, referring people to a social prescribing link worker who will provide support to people in order to take control over their health and wellbeing.<sup>37</sup>

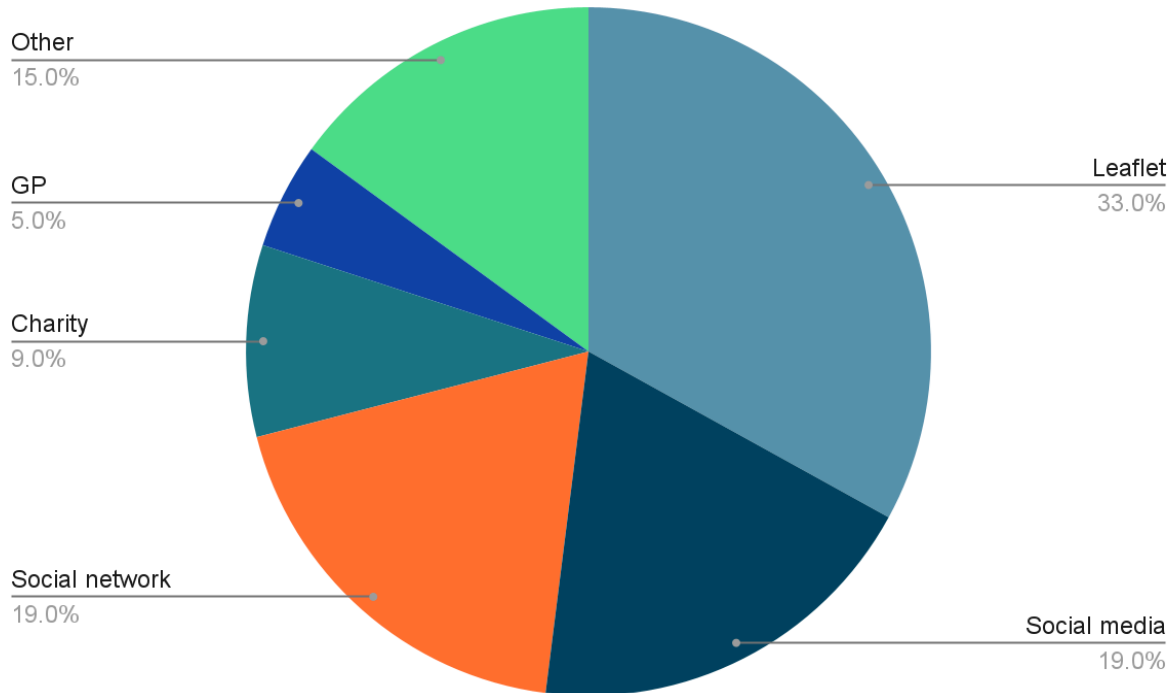
When surveyed, 74% of Gypsy, Roma and Traveller community members did not know what social prescribing was and had not heard of it before being engaged in the survey. 10% were not sure what social prescribing was.

Of the 16% who had heard of social prescribing service, the most significant source of information was a leaflet (33%), followed by social media or friends (19% each). The least mentioned source of information was GP (5%) which was lower than voluntary organisations or the internet.

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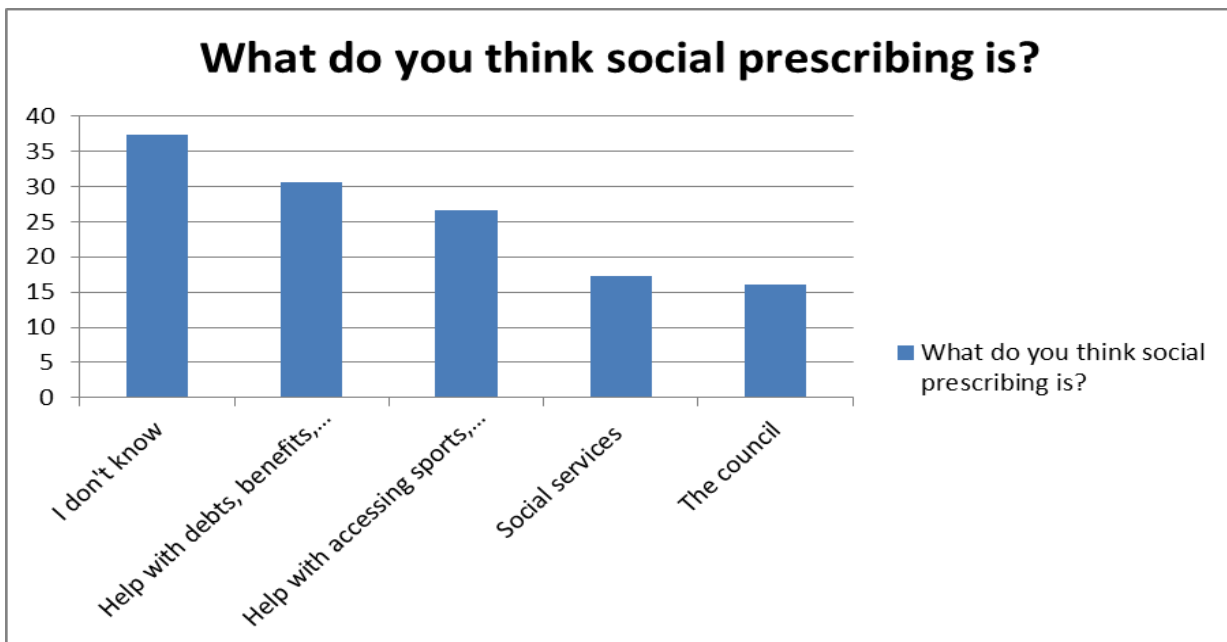
<sup>37</sup> NHS England, [What is social prescribing?](#)

Chart 3. How do Gypsy, Roma and Travellers find out about Social Prescribing?





**7B What Gypsy, Roma and Traveller people think social prescribing is?**



The most significant cohort of respondents, 38%, could not make any association with the term “social prescribing”. This was followed by 30% who understood social prescribing as a service that helps you improve your health by helping with problems like debts, benefits, accessing accommodation, residence in the UK.

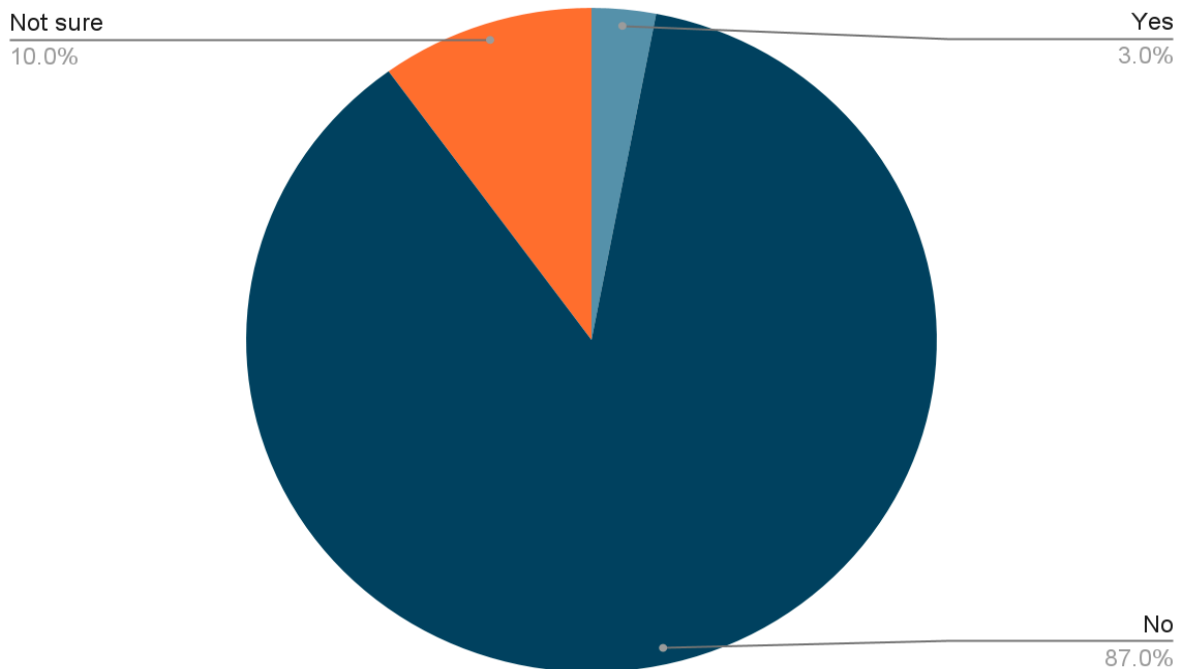
A smaller percentage (27%), believed social prescribing to be a service that helps you do activities to improve your health (like sports, meeting other people, gardening, visits to museums, doing crafts).

These categories were followed by associations with social services, the council or as services that help you access other health services like getting prescriptions, seeing physiotherapists, psychologists, or counselling.

## 7C Gypsy, Roma and Traveller Experience of using social prescribing Services

The overwhelming majority of people surveyed (87%), have never been involved in social prescribing services. Only a small proportion (3%) of respondents have been involved. 10% of respondents were not sure if they had been involved.

Chart 5. Have you been involved or accessed social prescribing?



Of the small minority of people who had accessed social prescribing services, 50% had accessed them through their GP, while the other 50% through a charity. For the people who had accessed social prescribing, there were no immediate barriers to accessing services. The respondents benefitted from gardening activities and *“getting more involved into the communities, linking into other groups and getting more involved with physical health”*. 100% of those accessed social prescribing services said it was helpful. The only problem with social prescribing services that was mentioned was that the follow up didn’t meet their expectations and as one community member mentioned, the service *“might have lost its funding”*.

Most people who had never been involved in social prescribing did not know about it or were never offered the service. A few people mentioned the reason they were never offered this service could be a lack of confidence in themselves or that their knowledge of English wasn’t good enough.

During the focus groups, community members stated that no one is *“overall helping with different issues, no holistic view”*.

Another community member complained about how they felt their care was disconnected, but they could see the potential value of social prescribing especially for mental health.

A community member suggested:

*“It would be very good if doctors would be more involved in helping poor people and homeless people.”*

Many focus group participants praised the idea of social prescribing as “a good service, it’s helping people” and referred to wider determinants of health:

*“[Roma] people have left their home country because of poverty. If you’re in poverty, stress hits you. What should you do?”*

## 8. Barriers to social prescribing services

The most significant challenges to accessing health related services, including social prescribing, are lack of access to information, poor communication by health services, limited access to referral agencies, limited abilities to navigate the system due to low literacy, low levels of English, experience of stigma or discrimination, lack of confidence or distrust in the system.

### 8A Barriers: Awareness and access to information

*“When people have multiple issues, people need information.”*  
(Gypsy, Roma and Traveller community member)

Given the levels of social exclusion experienced by Gypsy, Roma and Traveller people, access to information is generally limited. The main factors influencing this are: low levels of literacy (and/or English language for Roma), high levels of digital exclusion and lack of culturally appropriate outreach/communication strategies by external services.

As mentioned in the section above, 84% of Gypsy, Roma and Traveller people are not aware or are not sure what social prescribing is. When surveyed 68% of respondents said they have not been involved with or supported by social prescribing services because they were not aware of its existence. Furthermore, 62% mentioned they have never been offered the service. Apart from three people, none of the focus group participants had heard of social prescribing before.

A Roma focus group participant talked about the importance of having access to information: *“I know because I come to the peer support meetings, that for instance, if I have debt problems I know that I can call the company and get a payment plan. But most people [in the community] don’t know that. And a lack of awareness can impact both physical and mental health.”*

### 8B Barriers: Communication with GPs during appointments

*“There’s no time to speak about social prescribing services.”*  
(Gypsy, Roma and Traveller community member)

Several community members mentioned that one of the main barriers to accessing social prescribing services was lack of time during GP appointments and having to focus on a single problem during an appointment, which is not conducive to a holistic view of their care needs. One focus group participant stated: *“I had a GP appointment two weeks ago and I had two health problems. I kept thinking which one I should mention. So, I only spoke about one problem and only mentioned the second at the end. The doctor asked me why I didn’t mention the more urgent one before. I didn’t know which one was the more urgent one. I was told to book a separate appointment anyway.”* Another participant said they were never offered social prescribing services *“because of a lack of time. When I mention one problem, if I try to mention another one, they tell me to book a different appointment. GP appointments are very short.”* Another participant remarked: *“Roma people have many health problems. I would like more time to talk to the GP. I have the feeling they don’t listen to us.”*

Gypsy, Roma and Traveller people also reflected on GP awareness of social prescribing: *“following a stroke, it wasn’t offered...I knew from friends and local cafes [about social prescribing] ... the doctor seemed to know about it when it was brought up...GP’s don’t seem clued up about it.”*

### 8C Barriers: language/ literacy

*“In most cases, when we get sick and we have to go to the hospital or GP, we are rejected because we don’t understand what they’re saying.”*

(Gypsy, Roma and Traveller community member)

Another barrier identified was literacy and low levels of English language. Data to reflect an accurate picture of the extent of this issue is needed.

As reported by Friends, Families and Travellers, 45% of their Gypsy, Roma and Traveller services users have low or no literacy skills.<sup>38</sup> Across Europe 10% of Roma are completely illiterate and between 40%-60% of adult Roma in the EU are functionally illiterate (able to read but unable to understand content of written text).<sup>39,40</sup> Current experiences of young Gypsy, Roma and Traveller children reflect a similar experience: in the 2018 to 2019 school year, 19% of White Gypsy or Roma pupils, and 26% of Irish Traveller pupils met the expected standard in key stage 2 reading, writing and maths.<sup>41</sup> 2021 Census data indicates that 27.5% of Roma in England have English as their main language. Further details on languages spoken by Roma in England and English proficiency are available [here](#).<sup>42</sup> The majority of others from communities under the Gypsy, Roma and Traveller umbrella are native English speakers. Due to low literacy rates, many respondents suggested raising awareness of social prescribing services through non-written information, using media such as video and radio. Many also suggested using social media, churches, local cafes and schools to disseminate information.

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<sup>38</sup> Friends, Families and Travellers (2020), [How to Tackle Health Inequalities in Gypsy, Roma and Traveller Communities. A Guide for Health and Care Services](#)

<sup>39</sup> Morgan Selander and Emily Walter (2020), [Lack of Educational Opportunities for the Roma People in Eastern Europe](#)

<sup>40</sup> Fatma Bajram Azemovska (2020), [Basic literacy of Roma - challenges of adult education](#)

<sup>41</sup> Ethnicity, Facts and Figures (2022), [Gypsy, Roma and Irish Traveller ethnicity summary](#)

<sup>42</sup> Office for National Statistics (2023), [Roma populations. England and Wales: Census 2021](#)

## 8D Barriers: Interpreting services

*“When I go to the GP, I don’t have an interpreter so I can’t even say ‘social prescribing’. How could I access this?”*  
(Gypsy, Roma and Traveller community member)

The 2021 Census Roma analysis confirms that 72.5% of Roma have a language other than English as their main language.

A focus group participant stated: *“The language barrier is very important. They can refer people to services, but if they need interpreters, what happens next? Do they need to provide their own interpreters?”* The participant explained that because the services often don’t have interpreters, patients rely on their children to interpret, which is inappropriate.

Another focus group participant recounted an incident:

*“I spent the whole night in hospital because of pain. They didn’t let my daughter in the hospital and she speaks English. The doctor said that if you don’t speak English, go home.”*

For more details regarding the main language spoken by Roma people in England and Wales please check the 2021 Census Roma analysis [here](#).<sup>43</sup>

## 8E Barriers: Limited community services available

*“We should have a link person to represent our community.”*  
(Gypsy, Roma and Traveller community member)

Throughout our discussions and engagement with social prescribing professionals, we have identified only one Gypsy, Roma and Traveller dedicated social prescribing service.

Discussing the need for more such services to exist, community members have suggested employing more people from the community. Another element that was mentioned was around attitude: *“the attitude that they want to help us is very important.”*

Another participant mentioned that it’s important for Gypsy, Roma and Traveller people to be included in decision-making: *“measures should be taken from our conversations.”*

## 8F Barriers: digital exclusion

Gypsies and Travellers experience high levels of digital exclusion, with over half feeling unconfident using the internet.<sup>44</sup> Many Gypsies and Travellers indicate that low literacy levels are the main barriers preventing access to the internet, in addition to cost, running out of data and signal.<sup>45</sup>

<sup>43</sup> Office for National Statistics (2023), [Roma populations, England and Wales: Census 2021](#)

<sup>44</sup> Friends, Families and Travellers (2018), [New report reveals significant digital exclusion in Gypsy and Traveller communities in the UK](#)

<sup>45</sup> Ibid.

Roma people experience digital poverty, and lack adequate technology and equipment such as smartphones and laptops.<sup>46</sup> A lack of digital skills to engage with the internet and other digitised platforms also prevents Roma from engaging in a meaningful way.<sup>47</sup> As with literacy or functional literacy levels, digital exclusion needs to be considered when engaging with Gypsy, Roma and Traveller people. This impacts people's abilities to book appointments online, follow up on referrals, respond to emails etc.

## 9. Engaging/working with Gypsy, Roma and Traveller communities in a social prescribing context

### 9A Support needs/areas of interventions identified

According to the community survey, several types of support were preferred (please note survey respondents could select several options). The majority (65%) of respondents said they would like to get help accessing healthcare, including registering with a GP or dentist. Fewer said they would want help with housing/accommodation (57%), filling out forms or making calls (55%), money/finances (48%), accessing counselling or mental health support (29%), accessing digital services and getting online (27%). Lower numbers of respondents wanted support to access arts or hobbies, such as classes and crafting, visits to museums (21%), and to access/enjoy the outdoors, such as joining walking groups (19%).

In focus groups, participants mentioned accessing healthcare, managing finances, help with debt and referrals to different services as the main types of services they would need.

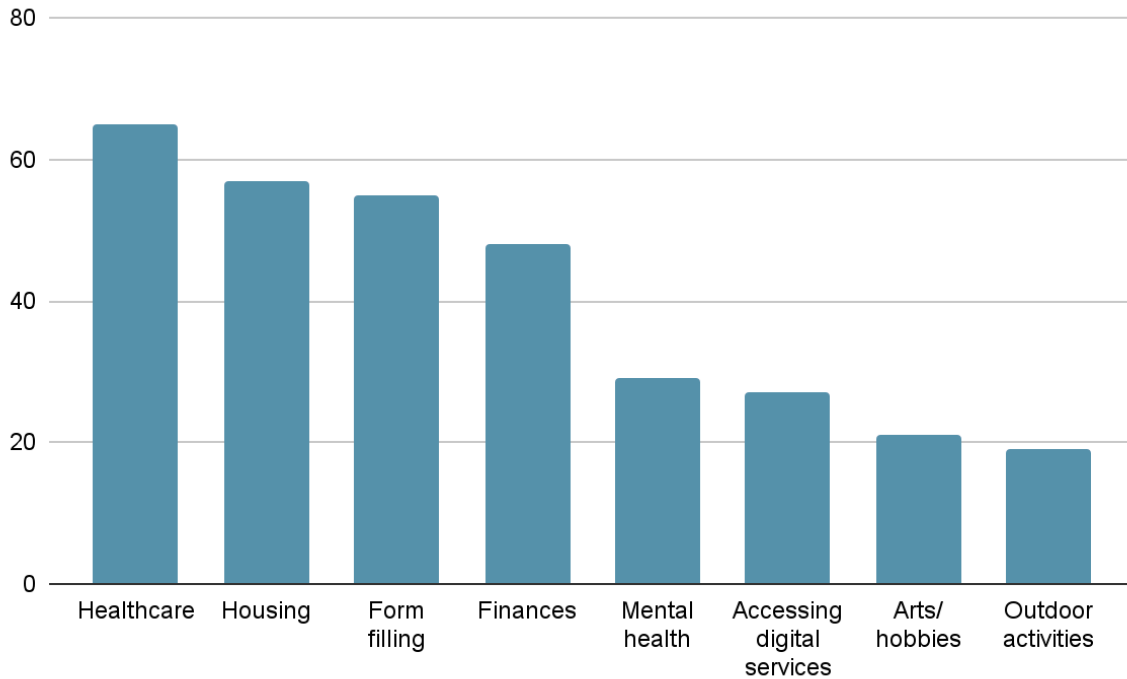
Focus groups participants also mentioned other services and activities they would like to access such as: physical exercises (gym, swimming, walking groups), community lunches/tea groups, "a basic information point or services that help with tech and getting online". Participants also mentioned they would prefer a service where they can go in person once a month, where they have a regular point of contact.

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<sup>46</sup> Law for Life, [Digital exclusion and Roma communities in the context of child protection](#)

<sup>47</sup> Ibid.

Chart 6. Support needs and areas of interventions identified



## 9B Social Prescribing - Gypsy, Roma and Traveller outreach, communication and awareness raising

According to our survey, the best ways to tell Gypsy, Roma and Traveller communities about social prescribing services would be through social media (50%), through their GP (47%) and through community organisations (41%). A smaller percentage of people would like to hear about it through leaflets (40%), schools (40%), local councils (32%) or churches (13%). Other suggestions included face-to-face meetings, posters and notice boards at, for instance, service points on canals, and via trusted support and advocacy charities.

Community members reiterated the importance of face-to-face communication, as not all have phones or constant access to phones and emails.

During the focus groups, some community members also mentioned a lack of awareness and communication: *“a lot of GPs don’t seem clued up about it”* and that *“it’s something the GP needs to actively promote when talking to patients.”* They also suggested promoting services outside of health contexts, as *“many people will avoid them”*.

Participants identified methods to successfully communicate information to Gypsy, Roma and Travellers. Many suggested social media videos in the relevant community language or dialect, and then for older generations, TV advertisements, bus stops/public transport, local radio, local papers, churches, community groups, and through cafes/pubs/restaurants, beauty salons and public toilets. Written materials, such as posters or leaflets, should not be considered the main or only method of



communication, as literacy could be a barrier to understanding. Participants also mentioned the importance of translating any written information or leaflets at GP surgeries. Community members also made some suggestions around language: *“The NHS should explain it in really simple terms.”*

Community members also identified collaborating with VCSE organisations as an effective engagement strategy: *“Organisations such as Roma Support Group should explain to their clients and make them aware of the service.”* Another participant added: *“We want to have more meetings to promote this service to the rest of the community.”* And another suggestion was by engaging schools: *“Schools should also be aware of this service. People take their children to school.”*

## 9C Cultural background

As suggested in the sections above, the Gypsy, Roma and Traveller term is a catch-all umbrella term referring to several communities as described in the table in section 2. It is important to know that these communities have different and diverse cultural practices, different lifestyles, speak different languages and have different nationalities. It is also very important to note that some people under each Gypsy, Roma and Traveller community may be more or less traditional. At the same time they might have higher or lower levels of education.

It is possible professionals might come across a very traditional Gypsy, Roma and Traveller person or a less traditional Gypsy, Roma and Traveller person, or over a highly educated individual or family as well as a more vulnerable member of Gypsy, Roma and Traveller communities.

## 9D Cultural background: accommodation

It is generally believed that all Gypsy, Roma and Traveller communities have a travelling lifestyle and live on caravan sites. However, there are very significant differences in accommodation types and needs across Gypsy, Roma and Traveller communities (see table in chapter 2).

When engaging with people from Gypsy, Roma and Traveller communities, social prescribing professionals should make sure they are fully aware of which community under the Gypsy, Roma and Traveller umbrella they are working with and what type of accommodation they live in. For example, 75% of Gypsy people live in bricks and mortar and the vast majority of Roma people in the UK are settled.

Also, some of those living on sites or roadside do not have full access to electricity or the internet, and may not have documents to confirm their address. Some Gypsy, Roma and Traveller people living nomadically do not have access to a registered site and are living on the roadside or at unauthorised sites. In some cases, sites are far from public transport.

Some of the most vulnerable Roma people may live in overcrowded accommodation and may not have access to documents proving their address.

## 9E Cultural background: language

There is a huge diversity of languages spoken by people from the Gypsy, Roma and Traveller communities.

Most Gypsy and Traveller people speak English as their main language. Many Roma people speak Romanes as their main language. Romanes is the native language of Roma across the world. Over 40 dialects are spoken by different groups or tribes of Roma. Roma also speak, to varying extent, the language of their countries of origin (Romanian, Czech, Spanish, Polish, etc.). But younger generations of Roma, educated in the UK, have a limited fluency in the language of their country of origin and they will mainly speak Romanes and/or English.

Some people from Romany Gypsy or Gypsy communities also speak some Romanes. More details on languages spoken by all communities under the Gypsy, Roma and Traveller umbrella are available above at chapter 2.

When working with the most vulnerable Gypsy, Roma and Traveller people it is best practice to pass on messages through videos or voice notes in the relevant language/dialect. When having to work with interpreters it is best practice to work with bi-lingual community advocates who speak relevant community languages. It is important to use plain English, avoid professional jargon and ask them to confirm they understand information. This may involve asking them to repeat what has been communicated to them.

## **9F Cultural background: sensitive approach - terminology, gender, age**

### **Appropriate terminology: appropriate ways to refer to Gypsy, Roma and Traveller communities**

Building trust is crucial to establishing positive and efficient engagement with people from Gypsy, Roma and Traveller communities. This can be achieved by generally aiming for positive dialogue when working with Gypsy, Roma and Traveller people but also by being aware of more sensitive cultural aspects such as knowing how to refer to Gypsy, Roma and Traveller communities. For Roma communities this is more complex. Roma people use “Roma” to refer to themselves as the word comes from Romanes. However, non-Roma people also use the word “Gypsy” to refer to Roma people. Historically and culturally, this is an offensive word for Roma people. But as some Roma are not aware of its negative connotations, they might use it themselves. For Britain’s native Gypsy communities, also known culturally as Romani Gypsies or Romanichal, the word Gypsy is not a slur and it is generally accepted. Information on the different ways professionals can refer to the different Gypsy, Roma and Traveller communities is available in the table at chapter 2.

### **Terminology: sensitive topics/words**

Some of the more traditional Gypsy, Roma and Traveller people might find it difficult to engage in conversations which require use of words for intimate parts of the body, or intimate activities. In such cases, usually an apology for having to use the words before saying them is culturally appropriate and an accepted way of speaking about sensitive topics.

### **Terminology: mental health**

Another area where terminology plays an important role is mental health. Although a high proportion of Gypsy, Roma and Traveller people experience mental health issues, general awareness of them is low. For this reason, they might lack the relevant mental health vocabulary. Use of words such as “bad nerves”, “pain in my heart” or stress might indicate experiences of mental health concerns.

## Gender

Generally, Gypsy, Roma and Traveller people still have a conservative approach to gender related issues. But social prescribing professionals should be aware of culturally specific gender approaches when planning activities, making referrals, etc. For more traditional Gypsy, Roma and Traveller people it may be considered inappropriate for a man to be present during a pregnancy or female specific health related appointment. This includes partners. The same might apply to group activities involving sensitive topics such as pregnancy, sexual health or health related to the lower part of the body. Men and women might find it inappropriate to be in the same room while those topics are discussed.

## Age

Intergenerational interactions within the Gypsy, Roma and Traveller communities are strongly based on rules of respect, mutually established and followed by community members. These rules also apply when Gypsy, Roma and Traveller people are expected to join group activities that would involve sensitive topics as mentioned in the section above. Some of the more traditional Gypsy, Roma and Traveller community members might feel it is disrespectful to speak about sensitive topics in front of elderly people even if they are of the same gender.

## 9G Making referrals/signposting

When making referrals involving members from the Gypsy, Roma and Traveller communities it is very important for social prescribing professionals to:

- Ensure the Gypsy, Roma and Traveller person has all the details needed for the referral: name of the agency, address, contact person, and the date and time of the appointment. If the person is in a more vulnerable situation, efforts should be made to ensure the person has a reminder system in place so they don't miss the appointment.
- Ensure that any communication needs are met (literacy, interpreting, etc).
- Ensure that the agency receiving the referral is aware of Gypsy, Roma and Traveller communities and if not provide relevant information (such as information included in section 11 below).

## 9H Working with Gypsy, Roma and Traveller community groups

Gypsy, Roma and Traveller community groups are underrepresented across the UK. There are few established Gypsy, Roma and Traveller charities providing support to their communities. Details of such community groups or charities are available in section 12 below. As mentioned above we have identified only one of these organisations specifically commissioned to provide social prescribing services to those from the Gypsy, Roma and Traveller communities.

In general, Gypsy, Roma and Traveller community groups and charities have very little resources available and sometimes lack the knowledge and skills to efficiently respond to external queries from other charities or public services.

For this reason when engaging or making referrals to Gypsy, Roma and Traveller community groups social prescribing services should:

- Make efforts to engage with the groups before making referrals and aim to build trust and assess the resources and skills the group has.

- Whenever possible provide resources, including financial support, to ensure the community group can follow up on the referral or engage in further activities planned.
- Wherever possible support the community group by providing relevant training or facilitating access to it.
- Use a community development approach aiming to support the group's development.

## 9i Providing support to migrant Roma communities

The Office for Health Improvement and Disparities (OHID) has developed the [Social Prescribing: Migrant Health Guide](#), a guidance to support healthcare practitioners providing services to migrant communities. The guidance includes a specific set of recommendations for social prescribing link workers working with migrant communities. As the majority of Roma living in the UK are EU migrants the following information, as set out by OHID, should be considered when working with members of the Roma communities:

- [Migrants' entitlements to healthcare](#) and other public services.
- How to [support migrants to access mainstream healthcare services](#) and preventative care.
- How to [identify the health needs of migrants](#) and when they require referral to specialist health services.
- [Wider determinants of migrant health](#).
- [Trauma-informed approaches](#) to service provision.
- How risk of [communicable diseases](#) and [non-communicable diseases](#) in migrants' [country of origin](#) affect their health and wellbeing.

Further information to support work with Roma communities is available in OHID's [Roma Health Guide](#).

## 10. Positive interventions in Social Prescribing to improve health outcomes in Gypsy, Roma and Traveller communities

There is, across the board, limited engagement of social prescribing services with people from Gypsy, Roma and Traveller communities. Social prescribing professionals responding to our survey calls reported low levels of engagement with Gypsy, Roma and Traveller people. 17% of respondents mentioned they had no previous engagement with Gypsy, Roma and Traveller people, while 50% were unsure if they had. Those who had engaged with Gypsy, Roma and Traveller people most often did so with members of the Gypsy community (25%) and Irish Travellers (25%). Roma, Boaters and New Travellers (17%) and Showmen (8%) were engaged less. Furthermore, only 3% of Gypsy, Roma and Traveller people we engaged with confirmed being supported through social prescribing services.

The positive interventions we identified through this work included two scenarios:

- A social prescribing service commissioning a Gypsy, Roma and Traveller VCSE to provide social prescribing services to people from the communities they serve;

- A social prescribing service provider employing a social prescribing link worker from Gypsy, Roma and Traveller communities.

A case study exemplifying the first scenario comes from Brighton. [Together Co](#), a loneliness charity that “creates connections to change lives”, has been commissioned by the NHS to lead a citywide social prescribing provision.<sup>48</sup> To deliver this Together Co has established a partnership involving 5 other organisations each with expertise in supporting people from the LGBTQ communities, ethnically diverse communities, people with language needs, including no English, asylum seekers, refugees and Gypsy, Roma and Traveller communities. By working with partners with expertise in their fields and their communities the partnership has enabled social prescribing service delivery tailored to the needs of each group. Furthermore, this also enabled the partnership to build trust with each community and deliver support in a culturally appropriate way.

Cases where people from the Gypsy, Roma and Traveller communities have been recruited as a social prescribing link worker are rare. The identified cases mostly involved people from the Gypsy or Traveller communities. We have not identified any case involving someone from the Roma community.

FFT is one of the partners of the Together Co partnership in Brighton delivering social prescribing services to Gypsy, Roma and Traveller communities in the Brighton area. FFT has Gypsy and/or Traveller staff working to deliver its social prescribing provision.

A second case study was identified through our survey call. MECOPP is a Scotland based charity supporting carers from minority ethnic groups. MECOPP coordinates a Gypsy/ Traveller Health Workers Service. Through this service they have recruited a team of Gypsy and Traveller health workers who are from the community themselves and work directly with members of the Gypsy and Traveller communities in the area. Although the health workers at MECOPP do not have a designated social prescribing role, this function falls under their wider remit and they connect members of Gypsy and Traveller communities with social prescribing services where needed.

### Example of impact

In 2020, during the pandemic, a nomadic Traveller person needed an emergency health intervention for his heart condition. For this reason, he had to travel to a London hospital urgently. The London ambulance service and hospital requested him to do a Covid-19 test following very specific instructions prior to being transported to the hospital in London. The Traveller patient was not able to drive, was living roadside with limited access to public transport and had no relatives to provide support.



*Image by Pete from Pixabay*

He had requested support through FFT, his local Gypsy, Roma and Traveller charity. FFT’s Gypsy, Roma and Traveller social prescribing link worker was able to engage

<sup>48</sup> <https://togetherco.org.uk/>



with the Traveller person and establish a trustful relationship. This enabled the professional to link the patient directly with a local hospital who then agreed to transport the Traveller person to their facilities and have him tested for Covid-19. The social prescriber was then able to link the patient, and the local hospital with the London hospital and the London Ambulance Service who facilitated his transport to London and conducted the required medical intervention. The Gypsy, Roma and Traveller social prescribing link worker connected the Traveller patient with relevant services, enabling a successful recovery.

## 11. The need for increasing Gypsy, Roma and Traveller representation within the healthcare workforce and the role of Social Prescribing services

People from Gypsy, Roma and Traveller communities mentioned that having someone from their own community to support them accessing public services makes a huge difference. In a health context this is even more important given cultural sensitivities, language and trust barriers and a history of negative engagement or discrimination. The [NHS Long Term Workforce Plan](#) envisages that up to 230,000 more staff are needed in the next 15 years out of which up to 56,500 should be healthcare support workers.<sup>49</sup> The plan also includes changing NHS recruitment practices, “*so they do not disadvantage any protected groups and encourage people with lived experience of services to apply*”. Given its design and purpose the social prescribing system can contribute significantly to reaching NHS workforce aims especially by supporting recruitment of people with lived experience from protected groups, including Gypsy, Roma and Traveller communities.

### Case study 1

Friends, Families and Travellers social prescribing service, Brighton:

FFT is one of Brighton’s local social prescribing service providers and one of the very few, if not the only one providing such services especially to those from the Gypsy, Roma and Traveller community. FFT is also a registered Royal Society for Public Health training centre providing Level 1 and 2 health awareness training opportunities.

Through its social prescribing service, FFT has provided volunteering opportunities for those who needed it. Several of their Gypsy, Roma and Traveller social prescribing beneficiaries engaged with FFT beyond the support received through these volunteering opportunities. Some have also accessed the health-related training opportunities available. This led to members of Gypsy, Roma and Traveller communities engaging in health-related professional activities. One of these people became FFT’s social prescribing link worker. Another one accessed a similar role for another social prescribing service provider. Others are bringing their expertise in

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<sup>49</sup> NHS England (2023), [NHS Long Term Workforce Plan](#)

steering group/committee roles for organisations such as Race Health Observatory or working in dental practices.

### Case study 2

A Roma person was employed as a Roma community support worker by a local charity in Liverpool. During the Covid-19 pandemic, the local public health service engaged the Roma community worker in its efforts to save lives and end the pandemic. Furthermore, the Roma worker supported efforts of other local health related services. Through these collaborations both the Roma worker and the services involved gained knowledge and experience in the health system and in the Roma communities in Liverpool. This later led to a full-time employment opportunity for the Roma worker who now works for the Mersey Care NHS Foundation Trust Community Inclusion Team.

## 12. Recommendations

Speaking about what makes a good social prescribing link worker, Gypsy, Roma and Traveller people said that social prescribing link workers should:

- Be able to understand their lifestyle (without discriminatory views).
- Be able to understand and respect their culture, so we do not have to explain ourselves every time.
- Be trained in the basics (i.e. difference between the communities under the GRT umbrella, cultural aspects around family events like funerals, weddings, etc.) so professionals don't ask "silly things", they need certain knowledge.
- Have a good overview of all the different support service options.

We have developed and are suggesting the following recommendations based on gaps identified through our engagement with social prescribing professionals.

### 1. Providing social prescribing services to Gypsy, Roma and Traveller people

- 67% social prescribing professionals said they do not provide or are not sure if they provide services to Gypsy, Roma and Travellers.

Working with Gypsy, Roma and Traveller communities has to include mapping the local Gypsy, Roma and Traveller communities. Social prescribing services have to be aware of their local communities' makeup, especially in regard to communities with protected characteristics and inclusion health groups. Each local social prescribing service should develop a local "inclusion health map" and proactively engage with each of the groups under the Gypsy, Roma and Traveller umbrella identified locally, respecting their cultural differences as described in this guidance.

### 2. Training

- 61% said they are not aware or not sure of the Gypsy, Roma and Traveller umbrella.
- 74% said they did not have training.



More information and training is needed. Training for social prescribing professionals, especially social prescribing link workers, should be commissioned especially in areas with known/identified Gypsy, Roma and Traveller populations. The training should be provided by services with relevant experience and expertise working with each group to reflect local Gypsy, Roma and Traveller communities' makeup.

### 3. Equalities monitoring

- Only 25% of social prescribing professionals responding to our survey mentioned monitoring Gypsy Roma and Traveller communities in their equalities data.

Social prescribing services should align with national strategies and plans regarding inclusion health groups. To support these national aims social prescribing services should include Gypsy, Roma and Traveller communities in their equalities monitoring systems. This should be done by disaggregating collected data by each group under the Gypsy, Roma and Traveller umbrella separately.

## 13. Useful resources



Throughout this guidance we have provided a number of useful resources. We have gathered them all in this section for easier reference. Most of the resources included respond to the needs identified by social prescribing professionals we engaged with.

### General information about Gypsy, Roma and Traveller communities

- For more information about Roma communities, the European Roma Rights Centre has developed a video, '[7 things to know about Roma](#)'.
- For more information about Gypsy, Roma and Traveller communities, Travellers Times has developed a video, '[Roads from the past](#)'.

### Organisations supporting Gypsy, Roma and Traveller communities

- [Directory of local organisations supporting Gypsies, Roma and Travellers](#) from Friends, Families & Travellers.
- A Map of organisations supporting the Roma community can be found [here](#).

### Health information

- General health related information about Roma communities from the Office for Health Improvement and Disparities is available [here](#).
- For more information about Roma health, RSG has developed this information leaflet for health care professionals and NHS personnel, found [here](#).
- For more information about tackling health inequalities in Gypsy, Roma and Traveller communities, FFT have developed this [guide](#).

- For more information about health inequalities in Gypsy, Roma and Traveller communities, the UK Parliament has published this [report](#).
- For information on social exclusion, see [Council of Europe: Human rights of Roma and Travellers in Europe](#).
- You can find a range of resources on Roma health from across Europe on the [European Public Health Alliance website](#).
- The Office for Health Improvement and Disparities has developed a [Social Prescribing: Migrant Health Guide](#).

### Training

- Roma Support Group offers [training sessions for health and care professionals on cultural awareness](#).
- For more training on cultural awareness, you can access the [Cultural Awareness Hub](#).
- NHS England e-learning for healthcare training module: [Culturally responsive practice](#).
- NHS England e-learning for healthcare training module: [Social Prescribing - Learning for Link Workers](#).

### GP registration

- NHS England has produced a [patient information leaflet on registering with a GP](#) for Gypsy, Roma and Traveller communities.
- GP practices can sign up to Doctors of the World's [Safe Surgeries initiative](#) to ensure that lack of ID or proof of address, immigration status or language are not barriers to patient registration.
- The charity Groundswell has produced ['My right to healthcare' cards](#) to make it easier for people to register with their GP.

### Healthcare for inclusion health groups

- [Inclusion Health: applying All Our Health](#) provides guidance on preventing ill health and promoting wellbeing of people in inclusion health groups.
- For guidance on improving engagement with inclusion health groups, see the [inclusion health self-assessment tool for primary care networks](#).
- The Faculty for Inclusion Health's [Homeless and Inclusion Health standards for commissioners and service providers](#) includes principles for clinical standards in inclusion healthcare.
- NHS England's [A National Framework for NHS - Action on Inclusion Health](#) supports regions and integrated care systems plan, develop and improve health services to meet the needs of people in inclusion health groups.

### Language and translation services

- NHS England's [guidance for commissioners on interpreting and translation services in primary care](#).
- The University of Manchester has produced a [Romani language resource](#), which includes learning materials and a dictionary.

### Policy and entitlements

- The FFT website has provided a section on [policy, publications and information on issues affecting Gypsies and Travellers](#).
- For EU citizens' entitlements to healthcare, see the [Migrant health guide](#).

- For more information about accessibility of social prescribing schemes to people from Black, Asian and ethnically diverse population groups, the National Academy for Social Prescribing has published a [briefing](#).

### Statistical information

- To find out locations and percentages of Gypsy, Roma and Traveller communities across England and Wales the Office for National Statistics has developed this [map](#).
- The Office for National Statistics has produced bespoke analysis covering [Gypsy and Traveller](#) communities, and [Roma](#) communities.
- The UK government has also published data on 'Gypsy, Roma and Irish Traveller ethnicity summary' [here](#).