

Improving Diabetes Care for Gypsies, Roma and Travellers

Identifying the Need

Gypsies, Roma and Travellers experience significantly worse health outcomes than the general population. For example, 14% of Gypsy or Irish Traveller people reported “bad” or “very bad” health in the 2021 Census – more than double the rate of White British respondents. Chronic conditions like diabetes often go under-managed in these communities, contributing to higher rates of complications. Life expectancy for Roma groups in Europe is up to 10 years shorter than for non-Roma populations. Multiple social determinants underpin these inequalities: ongoing discrimination, low educational opportunities, high unemployment, and insecure accommodation all impact health.

A lack of permanent sites or a fixed address can limit access to healthcare (despite NHS policy that a fixed address is not required for GP registration). These factors create a pressing need to improve chronic disease care – particularly diabetes – in a culturally sensitive way.

Traditional diabetes services and information have often failed to reach Gypsies, Roma and Travellers effectively. Much of the available patient education has not been **culturally appropriate or accessible** – often being too text-heavy, in the wrong language, or lacking practical relevance.

Community engagement revealed specific issues: many individuals have **low health expectations**, viewing diabetes as an inevitable part of ageing and prioritising family needs over their own health.

Health literacy is low in some cases – there is widespread confusion about diabetes management, compounded by information that is hard to understand for those with limited literacy or English.

Focus group participants expressed that they want clearer, more practical advice (for instance, how to recognise early symptoms and the difference between type 1 and type 2 diabetes) that respects their culture. Daily management of diabetes is also challenging guidance on medication can be hard to follow for those with reading difficulties, and standard dietary advice often doesn't align with the traditional or

affordable foods available to travelling families. The **nomadic way of life** itself poses unique hurdles – from keeping insulin at the correct temperature in a caravan to finding healthy food and accessing a GP while on the road. All of this is further exacerbated by social isolation, stress, and financial pressures.

Many Gypsies, Roma and Travellers face **financial barriers** to a healthy diet and to accessing support services, especially those living in roadside or temporary settings. Even when interested in new diabetes technologies like continuous glucose monitors, community members often find cost and lack of tailored support to be insurmountable barriers.

These insights underscored the clear **need for an intervention** that addresses cultural acceptability, mobility, low literacy, digital exclusion, and trust – a tailored approach to diabetes care for these communities.

Developing a Solution

To meet this need, the charity **Friends, Families and Travellers (FFT)** led an innovative project to co-design solutions *with* Gypsies, Roma and Travellers rather than impose them *on* the communities. The initiative began by actively involving the communities at every stage.

FFT convened a steering group made up of both FFT staff and Gypsy, Roma and Traveller community members to guide the project's direction. A literature review was conducted, confirming that existing diabetes resources left critical gaps – especially around cultural appropriateness, practical guidance, and coverage of topics like living a nomadic life with diabetes.

The project team then held three focus group discussions (facilitated by trusted community advocates) to hear first-hand about everyday challenges in diabetes care. Additional informal interviews at drop-in centres and fairs helped reach voices that might not engage with formal health services. Throughout, FFT also engaged health professionals (GPs, diabetes specialists, pharmacists), diabetes charities (such as Breakthrough T1, formerly JDRF) and other experts to ensure any proposed solutions were clinically sound and feasible.

This collaborative, **community co-design** approach ensured that the emerging solutions were grounded in real-life experiences and needs.

Armed with these insights, the project team developed a suite of **culturally appropriate and accessible resources** to improve diabetes care. Key outputs of this co-designed solution include:

- **Digital guides to navigate healthcare:** A short video tutorial shows how to change a nominated pharmacy using the NHS app, so that people who move frequently can maintain access to medications. Related guidance on registering with a GP **without a fixed address** is integrated into these videos, addressing a common barrier to care. The FFT website also points users to free SIM cards and data packages (through the Good Things Foundation) to help improve digital access for those who rely on mobile phones.
- **Practical diabetes tips via social media:** The project shares “**diabetes management tips on the road**” through short videos on TikTok. These bite-sized clips offer practical advice for blood sugar control, medication storage, and healthy living in a travelling way of life. By using popular social media, the information meets people where they already are, in an accessible, engaging format.
- **Culturally tailored cookery resources:** Recognising the importance of diet, FFT co-created recipe resources that resonate with Gypsy and Traveller culinary traditions. This includes easy-to-read recipe books and laminated **cookery cards** featuring familiar, affordable ingredients. Each card has a QR code linking to a video of the recipe being prepared, providing a visual, step-by-step guide. These resources make healthy eating more achievable without abandoning cultural food preferences.
- **Technology education videos:** To build confidence in modern diabetes tools, the project curated simple explainer videos about using continuous glucose monitors and other tech (for example, how to use devices like FreeStyle Libre or Dexcom sensors). Alongside the technical “how-to”, they included testimonials from Gypsies and Travellers who have successfully used these devices. Hearing peers discuss using insulin pumps or glucose sensors helps demystify technology and address fears, encouraging uptake of innovations that can improve glucose control.
- **Financial support guidance:** Managing diabetes can strain finances, so FFT developed resources to help people claim relevant benefits. They created easy-to-use information for support workers and community members on accessing Disability Living Allowance (DLA) and Personal Independence Payment (PIP) related to diabetes. By improving awareness of these entitlements, the project helps families obtain financial support for medical diets, travel to appointments, or necessary equipment.

Working in Partnership

A cornerstone of this initiative was **working in partnership** with people from communities and across sectors. From the outset, Gypsies, Roma and Travellers were active collaborators. The FFT steering group (with community members on board) met regularly, ensuring the project remained responsive to community feedback and emerging needs. **Trusted relationships** were essential – focus groups were facilitated by community advocates known to participants, creating a safe space for honest discussion. This co-production model built trust and ownership; community members saw lived experiences directly shape the solutions.

The project also exemplified partnership between different organisations and professionals. FFT engaged local healthcare providers and specialists, whose clinical expertise informed the accuracy and safety of the content. For instance, GPs and diabetes nurses provided input on the medical information in guides, ensuring it aligned with NHS advice. Charitable partners like Breakthrough T1 (a diabetes charity) and academic experts contributed advice on best practices and evidence. Collaboration with the **Good Things Foundation** enabled signposting to digital inclusion resources (free mobile data SIMs) to tackle connectivity barriers. Industry and tech partners were involved in creating technology explainer videos, bridging the gap between device manufacturers and end-users in the community. By bringing together community members, healthcare professionals, charities and tech experts, the project formed a **holistic partnership**. Each partner's insights – whether cultural, clinical or technical – were integrated. This collective approach ensured that the interventions were practical in the field, culturally acceptable, and in line with medical guidance. It also lays the groundwork for sustained cooperation: local NHS services and community organizations have forged stronger relationships that will benefit Gypsy, Roma and Traveller health care beyond this project alone.

Benefits and Impact

This community-driven approach to diabetes care is already demonstrating important benefits. By addressing previously unmet needs, the new resources are helping to **bridge the gap** between Gypsy, Roma and Traveller communities and diabetes services. Information that was once delivered in dense pamphlets is now available through visuals and voice – making it far more accessible to those with limited literacy or differing languages. Community members have reported that the video guides and recipe cards are **easier to understand** and **more relevant** to their daily

lives (e.g. showing how to do something step-by-step, or featuring ingredients they know). This improves people's confidence in managing their own health. For example, a Traveller person with diabetes can follow a cooking video to prepare a healthier version of a traditional meal, learning by watching rather than reading. The TikTok "tips on the road" deliver quick, actionable advice that individuals can immediately put into practice, such as how to safely store insulin in a caravan or what snacks to keep on hand for preventing low blood sugar. Such practical knowledge helps individuals feel more in control of their condition, even in unpredictable living conditions. Crucially, these interventions validate their ways of living – the tools adapt healthcare advice to fit *their* way of living.

The project is also fostering greater **engagement and trust**. Gypsies, Roma and Travellers who contributed to or use these resources can see their culture and needs reflected in the materials, which enhances trust in the information. Instead of feeling that "health advice" comes from an outside authority that doesn't understand them, community members helped create that advice. This sense of ownership encourages more people to come forward, ask questions, and seek help earlier. Practical outcomes are starting to emerge: for instance, more individuals are aware that they can change their pharmacy or see a GP even if they move, which helps prevent interruptions in medication supply or lapses in care when travelling. Likewise, by learning about DLA/PIP support, families dealing with diabetes are accessing financial aid they might not have pursued before – easing some of the monetary strain of the condition. Health practitioners in areas with Traveller populations are noticing that having these tailored resources on hand makes consultations more effective. A nurse can show a patient the FFT pharmacy video on a tablet during a clinic visit, instantly clarifying a process that might have been confusing if explained only in writing. Such interactions not only improve understanding but also build rapport. Although formal evaluation of health outcomes is ongoing, the initiative is expected to lead to better blood sugar control and fewer diabetes-related complications in the long term, as patients become more informed and consistent in managing their condition. Importantly, the project has **raised awareness** among local health commissioners about the necessity of culturally sensitive approaches, potentially influencing wider service design to reduce health inequalities. The benefits thus extend beyond the individual – they are informing broader system improvements in how care for Gypsies, Roma and Travellers is delivered.

Next Steps

The success of this project has charted a path for further innovation in inclusive diabetes care. **Next steps** will focus on expanding reach and sustaining the momentum of these improvements. Key planned actions include:

- **Taking services on the road:** Setting up *pop-up drop-in clinics* and health stalls at Gypsy and Traveller gatherings, fairs, and roadside encampments. These pop-up events will offer on-the-spot diabetes checks, education, and support in the heart of the community, overcoming barriers of distance and trust by bringing care to people's own environments.
- **New technology partnerships:** Working with diabetes technology developers to create **practical tools tailored to a nomadic lifestyle**. This could involve developing simplified apps that work offline and portable refrigeration units for insulin, – all designed with input from Gypsies, Roma and Travellers to ensure usefulness. By collaborating from the design stage, future tech solutions will better meet the community's needs (and potentially be adopted more widely for other hard-to-reach groups).
- **Continued community co-design:** Remaining committed to partnership with Gypsies, Roma and Traveller communities in all future work. FFT and local health teams plan to keep working hand-in-hand with community members and leaders to co-develop new resources or services. This might include training community health champions from within Traveller communities or running workshops to gather ongoing feedback. Ensuring the community stays at the center will preserve the cultural relevance and trust that have been key to the project's success.

Beyond these specific steps, the project team will share their **learning and best practices** with a wider audience. Health professionals, commissioners and policy leads can take inspiration from this case study to implement similar approaches in their own regions. The emphasis on cultural tailoring, trust-building, and flexible service delivery addresses gaps that standard healthcare models often miss. Going forward, integrating these principles – for example, providing outreach clinics or developing health materials in collaboration with target communities – could significantly improve health outcomes for Gypsies, Roma and Travellers in other areas and for other conditions. In summary, this in-depth initiative shows that by **working in partnership with the community**, it is possible to develop diabetes care that is accessible, acceptable and effective. The next steps will build on this foundation, ensuring that the innovations continue to grow and that the voices of Gypsies, Roma and Travellers remain at the heart of improving their health.