

# Submission to House of Lords inquiry into childhood immunisation rates

Friends, Families and Travellers | 22 April 2026

## About us

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

## Summary

There is no national data on vaccination rates across Gypsy, Roma and Traveller communities, yet anecdotal evidence indicates there is lower vaccination uptake compared with the general population. This is driven by a combination of systemic barriers to access, gaps in communication, and longstanding mistrust. This highlights the need for more inclusive, flexible, and culturally responsive approaches to vaccination delivery.

Research highlights frequent experiences of Gypsy, Roma and Traveller people, not receiving clear, accessible information about vaccines, impacting the ability to make informed decisions. Concerns about side effects have also been highlighted and can be reinforced when experiences are dismissed by healthcare professionals. Additionally, digital exclusion, language barriers, and a lack of access to vaccination records create confusion about what vaccines have been received and can lead to fears of over-vaccination.

Vaccination access can be further limited for people without a fixed address, with evidence showing that registration is sometimes refused on this basis, even though ID or proof of address is not required. Gypsy and Traveller people who are travelling or have nowhere to stop can also experience missed vaccination invitations and disrupted care. For Roma communities, migration-related challenges and unfamiliarity with the healthcare system add additional barriers.

Mistrust of healthcare services is a significant factor in low vaccination uptake. This stems from experiences of discrimination, historical mistreatment, and coercive and judgemental practices by healthcare professionals. A lack of culturally appropriate and accessible information further increases reliance on informal sources, increasing the risk of misinformation.

The evidence in this submission comes from our ongoing health-focused work with families on vaccinations and existing published research.

## Background

Gypsy, Roma and Traveller<sup>1</sup> communities experience some of the starkest inequalities across the spectrum of health and, the social determinants of health.<sup>2</sup> Gypsies, Roma and Travellers are considered ‘inclusion health’ groups as the communities disproportionately experience multiple overlapping risk factors for poor health such as social exclusion, discrimination and poverty<sup>3</sup>.

Gypsy, Roma and Traveller people are not included in national health coding meaning there is little national data available on the health status of the communities, including vaccination uptake rates. This lack of data prevents the targeted commissioning of services to the populations most in need. However, through small scale studies, there is strong evidence to suggest that uptake of vaccines, as well as other prevention-based forms of healthcare, is lower amongst Gypsy, Roma and Traveller communities than the general population<sup>4,5,6</sup>. This exacerbates existing poor health among the communities and widening inequalities. Indeed, research indicates a marked difference in life expectancy between Gypsies and Travellers and the general population<sup>7</sup>.

## Barriers

### Knowledge

#### The importance of informed choice

During FFT’s vaccine project, Gypsy, Roma and Traveller communities reported feeling that their questions and concerns around childhood immunisations were not adequately addressed, which in turn, makes them feel they are unable to make an

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<sup>1</sup> The umbrella term ‘Gypsy and Traveller’ includes many different and distinct communities. Romany Gypsies, Scottish and Welsh Gypsy Travellers, and Irish Travellers are separate ethnic groups, and experience similar inequalities and levels of racism and discrimination. Travelling groups in the UK also include Travelling Showmen, Liveaboard Boaters and New Travellers, who are not defined ethnic groups but continue to maintain a nomadic way of life. Roma are also an ethnic group, but do not usually live on encampments or sites in the UK.

<sup>2</sup> ‘Health status of Gypsies and Travellers in England’. J Epidemiol Community Health, Parry et al (2007)

<sup>3</sup> [NHS England » Inclusion health groups](#)

<sup>4</sup> ‘Understanding uptake of Immunisations in Travelling and Gypsy communities (UNITING): protocol for an exploratory, qualitative study’, Jackson C et al. BMJ (2015)

<sup>5</sup> ‘Vaccine uptake in the Irish Travelling community: an audit of general practice records’, Dixon KC et al, Journal of Public Health (2017)

<sup>6</sup> ‘What have we learnt from measles outbreaks in 3 English cities? A qualitative exploration of factors influencing vaccination uptake in Romanian and Roma Romanian communities’, Bell S et al, BMC Public Health (2020)

<sup>7</sup> For example, The [European Union Agency for Fundamental Rights](#) released a report in 2020 which includes a life expectancy estimate based on surveys conducted in 2016. The surveys were carried out with 875 ‘Romany Gypsies or Irish Travellers’ living in caravans in the UK and found that there was a 7.1-year difference at birth between ‘Irish Traveller/Romany Gypsy’ women and the general female population and a 10.3-year difference for men.

informed decision on immunisation<sup>8</sup>. This made some people perceive vaccines as something imposed on them, rather than something they are able to make an informed decision about<sup>9</sup>.

### **Concerns about the side effects of vaccinations**

Some Gypsy, Roma and Traveller people are concerned about the potential side effects of vaccinations<sup>10</sup>. This is supported by research conducted by FFT in Brighton in 2024 which found concerns among research participants around periods of illnesses after getting the Covid-19 or flu vaccine.

There were also reports of children having allergic reactions following a dose of the MMR vaccine. Parents reported that GPs did not believe that the vaccine had caused the allergic reaction, despite nothing else changing in their environment. All who reported side effects of vaccinations felt healthcare professionals had not done enough to support them to mitigate potential reactions to future vaccinations. This resulted in some research participants stopping their children from having further vaccinations.

### **Knowledge of vaccination status and access to records**

Gypsy, Roma and Traveller communities report a lack of knowledge and ownership over their own vaccination records<sup>11</sup>. This is especially difficult for those changing GPs often or those without a GP, such as Gypsies and Travellers who travel or who have no place to stop. This issue is also reported by migrant Roma communities who have previously lived in other countries and the GP may not hold their vaccine records<sup>12</sup>. This leads to confusion and anxiety around what vaccinations have or haven't been received and, can lead to concerns of over-vaccination<sup>13</sup>. As vaccine records are now moving to be stored on the NHS app, this presents barriers for those who are digitally excluded, speak a different language or low literacy<sup>14</sup>. For those who are able to access the NHS app, FFT have found that in some cases vaccine records are not automatically stored on the app<sup>15</sup>. This is dependent on which GP surgery a patient is with: some patients have to request that their GP upload the records and for some patients, this function of the app is not available at all<sup>16</sup>.

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<sup>8</sup> 'Methodology report of vaccination films for Gypsy, Roma and Traveller communities', Friends, Families and Travellers (2025)

<sup>9</sup> Ibid

<sup>10</sup> 'Needles, Jabs and Jags: a qualitative exploration of barriers and facilitators to child and adult immunisation uptake among Gypsies, Travellers and Roma', Jackson et al, BMC Public Health (2017)

<sup>11</sup> 'Methodology report of vaccination films for Gypsy, Roma and Traveller communities', Friends, Families and Travellers (2025)

<sup>12</sup> Ibid

<sup>13</sup> Ibid

<sup>14</sup> 'Gypsies and Travellers: Simple Solutions for Living Together', EHRC (2017)

<sup>15</sup> [Viewing immunisations history – NHS App - NHS](#)

<sup>16</sup> Ibid

The proposal to phase out the physical 'red book', as part of the wider NHS 10 Year Plan, will present further barriers for Gypsy, Roma and Traveller people due to high levels of digital exclusion, language barriers and low literacy<sup>17</sup>.

## Access

### Barriers to accessing primary care

There are widespread difficulties for Gypsy, Roma and Traveller communities accessing primary care, which presents a significant barrier to accessing vaccinations<sup>18</sup>. GPs are not legally or contractually required to ask for proof of address, ID or immigration status when registering a patient, therefore they should not be refusing registration on this basis<sup>19</sup>. However, despite this, this is often a significant barrier for Gypsy, Roma and Traveller communities. This is evidenced through FFT's mystery shopping research, which found that out of 50 GPs in 2019 and 100 GPs in 2021, nearly half would not accept registration without identification and proof of address<sup>20,21</sup>.

Research has shown that Gypsy, Roma and Traveller people have higher usage of A&E, out-of-hours doctors or walk in clinics because they are more easily accessible<sup>22</sup>. Those who only access health care via A&E are not offered vaccinations.

GPs that do register patients without proof of ID, address or immigration status sometimes register them as temporary patients. In these scenarios, GPs are not obligated to offer preventative forms of healthcare, therefore, temporary patients may not receive offers of vaccinations or cancer screening from their GP<sup>23</sup>.

Some Roma people, if they have recently migrated from another country, report being told they cannot register with a GP because their medical records (and therefore vaccine records) are held abroad<sup>24</sup>.

### Impacts of immigration status on access

In research conducted prior to the co-creation of FFT's vaccine resources, Roma people reported not knowing what vaccinations they are eligible for<sup>25</sup>. This is due to a

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<sup>17</sup> 'Methodology report of vaccination films for Gypsy, Roma and Traveller communities', Friends, Families and Travellers (2025)

<sup>18</sup> Ibid

<sup>19</sup> [Guidance on patient registration for GP practices](#)

<sup>20</sup> 'Locked out: A snapshot of access to General Practice for nomadic communities during the COVID-19 pandemic', Friends, Families and Travellers (2021)

<sup>21</sup> 'No room at the Inn: How easy is it for nomadic Gypsies and Travellers to access primary care?' Friends, Families and Travellers (2019)

<sup>22</sup> 'Needles, Jabs and Jags: a qualitative exploration of barriers and facilitators to child and adult immunisation uptake among Gypsies, Travellers and Roma' Jackson et al, BMC Public Health (2017)

<sup>23</sup> 'Inequalities experienced by Gypsy and Traveller communities: A review' Cemlyn et al, EHRC (2009)

<sup>24</sup> 'Methodology report of vaccination films for Gypsy, Roma and Traveller communities', Friends, Families and Travellers (2025)

<sup>25</sup> Ibid

low awareness of the healthcare systems and how they function and, not knowing how their immigration status will affect their eligibility for healthcare<sup>26</sup>. This is further compounded by language barriers and the exclusion from healthcare this causes<sup>27</sup>.

### **Barriers to accessing antenatal/postnatal vaccinations**

Research has found that Roma people are less likely to engage with antenatal/postnatal care because pregnancy is perceived as a normal and central part of life with less desire for medical intervention<sup>28</sup>. This leads to a lower uptake and awareness of midwife checkups, scans and vaccinations. The lower engagement with ante/postnatal care means that Roma people have less opportunities to be informed about, and receive the childhood and maternal vaccinations.

There are also barriers to ante/postnatal care for Gypsies and Travellers who are travelling or have no place to stop, due to services not typically being set up to accommodate nomadic lifestyles<sup>29</sup>. Because of this, moving around during the pre/postnatal period can lead to difficulties accessing care and maintaining continuity of care. For people who live roadside, evictions from roadside camps can compound the difficulties of accessing pre or postnatal care whilst travelling, resulting in missed appointments and disjointed care<sup>30</sup> and therefore, less opportunities to learn about or receive vaccinations.

### **The impact of travelling on access**

Gypsy and Traveller people who travel, or have no place to stop, report difficulties accessing vaccinations. This can be due to not having a fixed address, and therefore not able to receive vaccination invites<sup>31</sup>.

## **Trust**

### **Lack of trust towards healthcare services due to discrimination, racism and mistreatment**

Previous or current experiences of discrimination, marginalisation, racism or neglect by healthcare staff and institutions have fostered feelings of mistrust among people across Gypsy, Roma and Traveller communities. This has affected levels of health literacy and can create feelings of fatalism and stoicism<sup>32</sup>.

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<sup>26</sup> Ibid

<sup>27</sup> Ibid

<sup>28</sup> Roma Health Guide', Roma Support Group, [Maternity services - ROMA SUPPORT GROUP](#)

<sup>29</sup> 'Guidance: Tackling Maternal Health Inequalities in Gypsy, Roma and Traveller communities', Friends, Families and Travellers (2023)

<sup>30</sup> Ibid

<sup>31</sup> Needles, Jabs and Jags: a qualitative exploration of barriers and facilitators to child and adult immunisation uptake among Gypsies, Travellers and Roma' Jackson et al, BMC Public Health (2017)

<sup>32</sup> Ibid

Gypsy, Roma and Traveller communities report experiences of discrimination and racism in healthcare. This drives fear of further discrimination and affects the regularity that community members engage with healthcare, ultimately affecting engagement with preventative forms of healthcare such as vaccinations<sup>33</sup>.

There is a collective historical memory of mistreatment by healthcare systems and healthcare professionals. For example, Roma communities experienced forced sterilisation in countries like Slovakia and the Czech Republic up until the 2000s. This understandably, still drives mistrust and fear today<sup>34,35</sup>.

### **Lack of trust towards vaccinations**

Mistrust towards vaccines stems partly from the lack of information around why vaccines are important and how vaccines work, in accessible formats for Gypsy, Roma and Traveller communities. Many report that due to language, literacy and digital barriers, they struggle to access trusted information on vaccinations<sup>36</sup>. This leads to people seeking out their own information and risks exposure to misinformation.

### **Coercive practices and judgemental attitudes**

Some Gypsy, Roma and Traveller people report feeling coerced into receiving vaccinations which significantly affected their trust towards vaccinations, especially the Covid-19 vaccination<sup>37</sup>. In Brighton-based focus groups conducted in 2024, there were several reports of people feeling pressured or coerced into getting immunised, especially if they expressed reluctance or concerns about the vaccinations. One focus group member reported that she was told her baby could die if she did not consent to receiving the maternal Covid-19 vaccine: *Both my doctor and midwife tried to force me into having the Covid vaccine when I was pregnant, they said: ‘your baby could die if you don’t have it’, This made me feel so guilty, but still I wouldn’t have it done. When I got a different midwife, she was so lovely, when I explained why I didn’t want the Covid needle, she said ‘that’s okay it’s your choice’*

### **Threats of Children’s Services involvement: a case study**

Through our immunisation work, we were recently informed by a community member that she had received a letter from her GP warning that she could be referred to the Children’s Safeguarding team because she had opted out of the childhood immunisation schedule. She explained that her decision had been taken on the

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<sup>33</sup> ‘COVID-19 vaccination decisions among Gypsy, Roma, and Traveller communities: A qualitative study moving beyond “vaccine hesitancy”’, Kuhlbrandt et al, Vaccine (2023)

<sup>34</sup> ‘The Critical Role of Research in Advancing Romani’s Right to Health’, Bhaba et al, Health and Human Rights Journal (2017)

<sup>35</sup> ‘Roma Health Guide’, Roma Support Group [Immunisation - ROMA SUPPORT GROUP](#)

<sup>36</sup> ‘Methodology report of vaccination films for Gypsy, Roma and Traveller communities’, Friends, Families and Travellers (2025)

<sup>37</sup> ‘COVID-19 vaccination decisions among Gypsy, Roma, and Traveller communities: A qualitative study moving beyond “vaccine hesitancy”’, Kuhlbrandt et al, Vaccine (2023)

advice of her previous GP after her child experienced adverse reactions to vaccinations, and that they were in the process of spacing out vaccine doses.

She reported that other residents on her site had received similar letters from GPs where they had opted out of the immunisation schedule, or from school immunisation teams where consent had not been given for school-age vaccinations. She also shared that residents from other sites had contacted her after receiving similar correspondence.

On one site in the South-West, all residents with vaccination-age children received a blanket letter from the NHS West Commissioning Support Unit warning that they could be referred to the Children's Safeguarding Team if their children were not vaccinated. Unlike the other examples, this letter was not addressed to individuals but sent to all residents on the site. One particular resident received a text from the immunisation team reminding her to book an appointment for her child, stating they were 'keeping an eye on this' and that her health visitor would be informed if she did not do so.

### **Additional barriers to receiving the HPV vaccine**

#### **Data sharing between schools and GPs**

FFT has spoken with immunisation teams, as well as UK Health Security Agency, whereby they describe primary care service's difficulties knowing who has and hasn't had the HPV vaccine at school. This would be a compounding barrier if families were travelling when the invite letters were sent out or if people were unable to give consent through the digital consent platform, for example. If this data sharing was improved, then GPs could see who hadn't answered the school's invitations and could reach out to those families.

#### **Awareness, knowledge and cultural associations**

Research has found that HPV awareness and knowledge is low across Gypsy, Roma and Traveller communities<sup>38,39</sup>. Awareness is particularly low amongst parents who home school their children and many report not receiving any information from Home Education teams or GPs about it<sup>40</sup>. See FFT's video case study on this: [Accessing the HPV Vaccine: Vanessa and Destiny's experience](#). The vaccine is also generally misunderstood to be only for girls<sup>41</sup>.

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<sup>38</sup> 'HPV Vaccination in Gypsy and Traveller Communities: Guidance for Professionals', Friends, Families and Travellers (2026)

<sup>39</sup> 'Vaccine uptake in the Irish Travelling community: an audit of general practice records', Dixon KC et al, *Journal of Public Health* (2017)

<sup>40</sup> 'HPV Vaccination in Gypsy and Traveller Communities: Guidance for Professionals', Friends, Families and Travellers (2026)

<sup>41</sup> Ibid

FFT have found that some Gypsies and Travellers associate the HPV vaccine with sexual activity rather than cancer prevention<sup>42</sup>. This is also reflected in wider studies of vaccine uptake for Gypsy, Roma and Traveller communities<sup>43</sup>. This association in turn creates a perception that discussions of the HPV vaccine may be culturally unacceptable due to the sensitive nature of sexual health<sup>44</sup>.

Where there is an understanding of the HPV vaccine's role in protection from cancer, there can also be cultural stigma attached to the topic of cancer. This shows up in some people's aversion to even saying the word 'cancer' and feelings of fatalism around the disease<sup>45,46</sup>.

### **Digital, language and literacy barriers to giving consent**

Schools use a digital consent model to secure parent's consent for the HPV vaccine which can be a significant barrier for Gypsy, Roma and Traveller people who are digitally excluded or who have low literacy or language barriers<sup>47</sup>.

### **School as a site of exclusion**

The school-based model of delivery can also be a barrier for Gypsies, Roma and Travellers due to disproportionate rates of exclusions, drop-off and home schooling of Gypsy, Roma and Traveller children, many miss out on receiving the vaccine in school<sup>48,49</sup>.

## **Recommendations**

### **Data, strategy and accountability**

- DHSC and NHS England should mandate the inclusion of Gypsy, Roma and Traveller ethnicity coding across NHS datasets, including vaccination records, to enable monitoring of uptake and inequalities.
- Gypsy, Roma and Traveller communities should be explicitly recognised within national immunisation and health inequalities strategies, with named accountability at national and Integrated Care Board (ICB) level.

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<sup>42</sup> Ibid

<sup>43</sup> '*Needles, Jabs and Jags*: a qualitative exploration of barriers and facilitators to child and adult immunisation uptake among Gypsies, Travellers and Roma', Jackson et al, BMC Public Health (2017).

<sup>44</sup> 'Towards Zero: Gypsy and Traveller insights on sexual health and HIV prevention in West Sussex' Friends, Families and Travellers (2024)

<sup>45</sup> 'A community approach to engaging Gypsy and Travellers' in cancer services', Smith et al, Health Promotion International (2020)

<sup>46</sup> Barriers to cervical cancer screening in West Sussex: views of the Gypsy and Traveller communities' Friends, Families and Travellers (2023) <https://www.gypsy-traveller.org/wp-content/uploads/2026/04/Cancer-Screening-Feedback-and-Findings-0...>

<sup>47</sup> 'HPV Vaccination in Gypsy and Traveller Communities: Guidance for Professionals', Friends, Families and Travellers (2026)

<sup>48</sup> [Permanent exclusions - GOV.UK Ethnicity facts and figures](#)

<sup>49</sup> 'Education inequalities facing Gypsies, Roma and Travellers in England', Friends, Families and Travellers (2023)

### **Access to primary care**

- DHSC and NHS England should strengthen enforcement of GP registration guidance, including clear sanctions where practices unlawfully require ID, proof of address or immigration status.
- ICBs should ensure Gypsy, Roma and Traveller patients are registered as permanent patients wherever possible, rather than temporary patients, to guarantee access to preventative care including vaccinations.
- ICBs should commission registration support services, including advocacy and interpretation, for Roma migrants and mobile families unfamiliar with the NHS system.
- DHSC and NHS England should develop clear guidance and standards for providing accessible communications and appropriate supports to people who experience literacy barriers in healthcare settings.

### **Flexible and inclusive vaccination delivery**

- NHS England and ICBs should expand outreach, walk-in vaccination and wider health services, including provision at community locations like supermarkets and community venues.
- Urgent care, walk-in centres and A&E services should be supported to identify under-immunised children and refer them proactively for vaccination follow-up.

### **Vaccination records and continuity of care**

- DHSC and NHSE should ensure physical vaccination records (including the Red Book) are retained and strengthened alongside digital systems, recognising high levels of digital exclusion.
- DHSC and NHSE digital teams should ensure vaccination records are consistently uploaded to the NHS App, with accessible non-digital alternatives.
- Clear guidance must be issued to GP practices on accepting overseas vaccination records and avoiding unnecessary repeat vaccinations (or fear of).

### **Addressing digital exclusion**

- DHSC and NHSE should assess the impacts of removal or reducing paper-based vaccination systems with clear methods of mitigation for those who are digitally excluded.
- All vaccination programmes should provide multiple routes for information and consent, including paper, telephone and face-to-face options.

### **Trust, discrimination and informed choice**

- Mandatory training should be introduced for frontline healthcare staff on:

- Racism and discrimination against Gypsy, Roma and Traveller communities
- Trauma-informed and culturally safe care
- Informed consent and non-coercive practice
- Healthcare providers must adopt clear safeguards against coercive or fear-based vaccination practices, including inappropriate use of safeguarding or mortality messaging.

### **Accessible, culturally appropriate vaccine information**

- UKHSA, Local Authorities and ICBs should co-produce trusted, culturally appropriate vaccine information with Gypsy, Roma and Traveller communities, with specific reference to concerns raised such as over-vaccination.
- Healthcare professionals should be supported to take reported side effects seriously, offering reassurance, follow-up and mitigation plans to rebuild trust.

### **Antenatal and postnatal vaccination access**

- Midwives and Health Visitors should be resourced and trained to deliver culturally sensitive information on maternal and childhood vaccinations.
- Systems should be in place to ensure families who move during pregnancy or postnatally do not fall out of vaccination pathways.

### **HPV vaccination: access, awareness and consent**

- NHS England should resolve data-sharing failures between schools, immunisation teams and GPs to enable follow-up of unvaccinated children.
- Primary-care and community-based HPV vaccination options should be available for:
  - Home-educated children
  - Those absent or excluded from school
- HPV information should:
  - Clearly emphasise cancer prevention
  - Be inclusive of boys and girls
  - Be delivered in culturally appropriate formats
- Schools must offer non-digital consent options, recognising digital, language and literacy barriers.

### **Community-led engagement and funding**

- Government and the NHS should provide sustained funding for specialist voluntary and community organisations with trusted relationships in Gypsy, Roma and Traveller communities.

### **Oversight and reporting**

- An annual public report should be produced on vaccination access and inequalities for inclusion health groups, including Gypsy, Roma and Traveller communities.
- Evaluation of immunisation programmes should measure experience, trust and access, not vaccination uptake alone.