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Policy Report

Invisible Lives: Newly Arrived Roma Communities in a Post-COVID-19 UK

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Summary

This policy report summarises key findings and implications from research on the effects of the COVID-19 pandemic on newly arrived Roma communities in the UK. Drawing on ethnographic and qualitative fieldwork conducted in Leicester and London, the research forms part of a broader study into the impact of stigmatisation on the health of Roma communities. By complementing the limited existing statistical data with qualitative insights, this study sheds light on how long-standing health inequities, occupational disadvantages and intersecting forms of stigma have exacerbated the vulnerabilities of Roma communities, particularly during and in the aftermath of the pandemic. This report is relevant for policymakers, practitioners, healthcare providers, local authority housing officers, education authorities, ombudsman bodies, voluntary organisations and advice services. It also outlines areas for further research to address these pressing issues.

Key Findings

The COVID-19 pandemic has revealed and intensified intersecting challenges of health inequalities, precarious employment, poor housing conditions and educational disparities among Roma communities in the UK. The following findings, drawn from ethnographic and participatory research, outline the systemic barriers Roma populations face:

- **Health Disparities and Data Gaps:** A lack of robust health data on Roma communities prevents understanding long-term health trajectories and hinders targeted interventions including vaccination, chronic illness management and maternal and child health initiatives like prenatal care and early childhood support. It also limits access to nutrition and health literacy programmes and early intervention efforts. Language barriers and logistical challenges further undermine public health strategies perpetuating health inequalities.
- **Precarious Employment and Exploitation:** Roma communities frequently face precarious employment characterised by low wages, lack of job security and exploitative labour practices, exacerbating socio-economic vulnerabilities. Many are pushed into informal or unregulated sectors with minimal legal protections and limited access to employment rights. This employment precarity often intertwines with the social stigma that Roma communities experience, including perceptions about their immigration status. Despite being legally entitled to reside and work in the UK, some Roma internalise societal narratives of exclusion and illegitimacy, which deters them from asserting employment rights or reporting exploitation, reinforcing poverty cycles and limiting access to housing, healthcare and education.
- **Housing Insecurity and Overcrowding:** Overcrowded and substandard rented housing conditions, worsened during the pandemic, and often tied to exploitative employment arrangements, restrict Roma families' ability to escape exploitative work situations and elevate health risks. These living conditions often lack basic amenities such as proper heating and sanitation and increase exposure to illnesses. Discrimination and limited access to affordable housing further trap Roma families in precarious arrangements, perpetuating cycles of poverty, exclusion and vulnerability to exploitation.
- **Educational Inequities:** Roma children have significantly lower educational attainment and elevated school dropout rates, aspects worsened by the pandemic. Limited access to digital resources during school closures further widened the educational gap, while everyday stigma discourages school attendance. These challenges are further exacerbated by overcrowded housing and parents' precarious employment, which significantly reduce the support children receive for their learning.
- **Lack of Roma Representation in Policy Development:** Public policies often lack sufficient cultural considerations and meaningful engagement with Roma voices, which can affect their effectiveness and the trust they foster. Although civil society working with Roma, Gypsy and Traveller communities is active, they may face challenges in accessibility or capacity, making it difficult to connect with and support all Roma communities. This limits opportunities for inclusive representation in policy-making processes.

Call to Action

This report emphasises the urgency of collaborative and inclusive strategies and calls for:

- **Addressing Health Disparities and Data Gaps** by implementing disaggregated data on newly-arrived Roma communities, collected in partnership with Roma community members to track health outcomes, vaccination rates, chronic illnesses and maternal and child health data. One example is the success of Community Champions during the COVID-19 pandemic (Bear et al, 2020), who worked within local networks to encourage vaccine uptake and promote targeted health initiatives. Similarly, training Roma health advocates as community champions could foster trust, improve data collection and ensure that health interventions are culturally sensitive and community driven. Prioritising anonymised data is essential to protect confidentiality and reduce fears of discrimination. Additionally, addressing barriers such as language, mobility and awareness can help ensure relevant health interventions to Roma communities by partnering with Roma representatives and community leaders to deliver health information through trusted in-person channels, such as community gatherings, local events or one-on-one discussions.
- **Enhancing Employment Support** by co-designing initiatives with Roma organisations and community advisors to address precarious employment conditions. Involving Roma representatives in planning and implementing initiatives led by employment agencies, job centres and social services can help ensure more inclusive and tailored support., i.e. raising awareness, increasing access to services, providing clear information on employment rights and ensuring that outreach efforts are effectively disseminated within Roma communities. Providing accessible legal resources and community-led outreach can combat exploitation and promote fair employment practices while addressing barriers such as discrimination, lack of qualifications or limited access to information.
- **Tackling Housing Insecurity and Overcrowding** by implementing rent control measures to prevent exploitation and conducting regular inspections to ensure properties meet basic standards, including heating, ventilation, secure structures, adequate plumbing, clean water access and pest control. There is critical overlap between employment and housing which requires introducing regulations that prohibit employers from tying housing to work contracts, such as using it to justify paying below minimum wage or restricting worker mobility. Collaborating with Roma community organisations to co-develop housing initiatives can address overcrowding and improve access to affordable, safe living conditions while ensuring community-driven solutions.
- **Improving Educational Access** by working with Roma families to develop solutions that support students and reduce school dropout rates. Initiatives might include expanding digital access, offering tailored tutoring programmes and implementing anti-stigma campaigns to tackle discrimination in schools. Creating mentorship opportunities, led by community role models, can further encourage Roma engagement in education.

- **Expanding Targeted Funding** to provide sustainable financial support for Roma-led initiatives and community organisations that delivered essential services during the pandemic and continue to do so. Funding allocation processes, including local and national government as well as charitable organisations, should prioritise grassroots efforts, such as churches, volunteering initiatives and other informal networks, while also supporting the formalisation and growth of community-led projects, ensuring that Roma-led initiatives receive sustainable financial backing to continue their work and expand their impact.
- **Prioritising Participatory Research** by integrating ethnographic and participatory approaches in consultation with Roma community organisations and leaders. For example, mapping informal and formal care practices can inform locally-specific health and social care strategies. Roma involvement in research design and implementation would ensure relevant inclusive approaches.
- **Promoting Cross-Sector Collaboration** by including Roma representatives as decision-makers and active participants in task forces and working groups that bring together stakeholders from local employment, housing, education and health sectors. This is vital to building trust and addressing policies that support Roma populations' long-term well-being and social inclusion in the UK.

Introduction: COVID-19 Impacts on Roma Communities in the UK

The COVID-19 pandemic exposed the structural inequalities in the United Kingdom, significantly affecting minoritised populations, including Roma communities. Ethnic minority groups were at higher risk of mortality throughout the pandemic for numerous reasons, including precarious employment, inadequate access to healthcare, and heightened exposure to the virus, as well as long-standing health inequities (SAGE 2021). These disparities were further compounded by discriminatory narratives and the stigmatisation of minoritised groups, which intensified during the pandemic (Bear et al. 2020).

A study in 2023 illustrated the pervasive racial discrimination faced by Roma communities in the UK (Taylor et al. 2023). The findings revealed that Roma community members were significantly more likely to experience barriers in accessing health and social care services, to live in overcrowded housing, and to suffer from co-morbidities at higher rates than the majority population in the UK (Harrison et al. 2023). The pandemic also coincided with the impacts of Brexit, exacerbating the precariousness of Roma migrants, particularly those engaged in low-wage, informal employment (Barnard et al. 2022; Sumption and Fernández-Reino 2020). Across Europe, Roma were perceived as vaccine 'hesitant,' as spreading the virus and as impeding the return to normalcy (Sarafian 2022; Storer et al. 2022).

The pandemic's impact on Roma communities, Europe's largest ethnic minority, cannot be fully understood without acknowledging pre-existing disparities. Roma communities have historically been subject to widespread discrimination and exclusion, a reality often perpetuated by negative media coverage and societal representations (Fox et al. 2012). Since the collapse of the Soviet Union in 1991, Roma migration to the UK has increased, initially driven by asylum-seeking due to discrimination and violence in their countries of origin, and later by economic opportunities and safety following the EU accession of A8 and A2 countries (Brown 2018; Cook et al. 2011).

In the UK, the umbrella term 'Gypsy, Roma and Travellers' encompasses diverse subgroups, with different names, histories, and languages, as well as differences in religion, geographic location, and preference for self-identification. Until the 2021 UK Census, there was no distinct category for Roma, and the aggregation of heterogeneous groups and identities into one broad category has often obscured the experiences and needs of newly arrived Roma migrants (James 2021). Researchers and NGOs have previously estimated that approximately 200,000 migrant Roma reside in the UK, with the largest groups originating from Romania, Slovakia, the Czech Republic, and Poland (Brown et al. 2013). However, accurately estimating the population size of migrant Roma in the UK is challenging due to long-standing exclusion and discrimination.

While the COVID-19 emergency has ended, lessons can be translated from the COVID-19 pandemic to more effective global, regional and local public health emergency preparedness, to ensure equitable access to resources and services for minoritised groups (Holt 2021). This report summarises the findings and implications of the research project entitled 'Stigma in a post-COVID-19 world: Ethnographies of Health among Roma Communities in the United Kingdom'. The research built on earlier studies on vaccine 'hesitancy' amongst minoritised groups, including Roma communities in Italy (Storer et al. 2022). The aim was to explore communal views of and responses to the COVID-19 crisis amongst Roma communities in the UK and to contextualise and communicate their relationship with the healthcare system in the UK. Fieldwork took place in Leicester and London's borough of Haringey. In total 92 participants aged between 19 and 62 took part in semi-structured interviews, focus groups and dialogic workshops. Ethnographic methodologies, including participant observation and mapping, offered insights into how policies interact with the local socio-cultural, economic, and political contexts. Research themes were identified by asking the participants for direct input into the data analysis. The research team employed a community-based participatory research approach previously developed by the COVID and Care Research Group, led by Professor Laura Bear at LSE (Bear et al. 2021).

Health Inequalities and Access to Care

Ethnic minorities faced a higher risk of mortality during the COVID-19 pandemic due to precarious employment, limited healthcare access, and increased virus exposure in high-risk jobs, amongst other factors (SAGE, 2021). Roma communities were particularly affected, with research suggesting that they were over twice as likely to have been unable to access health and social care services during the pandemic than White British respondents (Taylor et al., 2023). Our research revealed that respondents suffered from multiple chronic conditions, including asthma, diabetes, hypertension, heart disease and depression. Over a third of participants reported health issues they believed were caused by their working conditions, such as long hours of standing, job insecurity, stress, overwork, and fear of discrimination. In the words of one Roma woman from Leicester:

"I got sick from stress and worry; I have a bad back ache from the long hours of sewing non-stop. But I don't go to the doctor here, I bring medicines from Bulgaria." (Roma woman, Leicester, sewing factory worker)

Language difficulties were significant barriers to healthcare access. This prevented some from registering with a GP and discouraged those who were registered from making appointments. Lack of time off work and the inability to attend appointments exacerbated healthcare access. Consequently, many sought healthcare while visiting their countries of origin and brought back medicines to the UK.

A major theme was the lack of trust in medical professionals, rooted in long histories of discrimination outside the UK, which also affected vaccine uptake among our respondents. Fears of severe health repercussions from the COVID-19 vaccine led some to avoid vaccination due to perceiving vaccine policies as extensions of exclusionary state interventions in the past. Those who were vaccinated often did so for employment reasons. We also noted regional health disparities. In London, almost all interviewees were registered with a GP. Fewer interviewees in London described themselves as being in poor health compared to those in Leicester.

As confirmed by our research and supported by other studies, there is a significant gap in the collection and analysis of health data specific to Roma communities in the UK. While statistical data has highlighted health disparities, longitudinal qualitative data is essential to understanding long-term health trajectories. These disparities can be addressed by improving access to healthcare services through targeted outreach programmes that tackle language barriers and mistrust in healthcare systems. Engaging Roma mediators, community champions and health advocates in the design and implementation of vaccination campaigns and public health initiatives can bridge these data gaps, foster trust and ensure targeted delivery of services.

Our research aims to make public health professionals aware of the health, structural and social barriers faced by Roma communities, particularly in terms of pandemic preparedness and considering the new vulnerabilities created by health emergencies. For example, mass quarantines and 'stay at home' messages exacerbated economic precarity for Roma families and limited access to education and healthcare for Roma children, making such strategies unsuitable without tailored alternatives. Communication strategies that integrate Roma voices can help reduce resistance to vaccination and improve overall health outcomes as exemplified by our research in other contexts (Storer et al, 2022). Ensuring confidentiality is vital in gaining the trust of Roma patients, reducing fears of ethnicity-based discrimination, eviction and impacts on settlement or citizenship status. Importantly, collaboration with Roma mediators and champions can ensure community-driven solutions.

Precarious Employment

The EU Settlement Scheme (EUSS), intended to secure residence rights for EU citizens and their families, presented substantial barriers for Roma workers due to language difficulties, lack of access to technology and challenges in providing proof of residence (Barnard et al. 2022). The majority of our respondents received pre-settled status, which imposes travel limitations and necessitates re-application for settled status after five years (Sumption & Fernández-Reino, 2020). In London, most interviewees had either settled or pre-settled status and were in the process of applying for citizenship. In Leicester, respondents encountered greater difficulties with the digital application process and relied solely on their children for support.

Our interlocutors faced economic insecurity, exacerbated by fear of deportation and increased scrutiny at borders, as supported by other research (Brown, 2022). Notably, despite the significant impact of Brexit, daily survival and health were the most immediate concerns for our interviewees. All of our respondents were engaged in low-paid employment, with many working in informal labour. In Leicester, the majority of interviewees worked in sewing factories, warehouses or farms, enduring long hours, minimal breaks, and poor working conditions. The average reported pay was approximately £7.30 per hour, with some earning as little as £5 per hour. In London, our respondents worked as cleaners, in construction, in restaurants or as delivery drivers, and some were self-employed, with an average hourly wage of £10.75. One Roma woman told us:

"I work in a vegetable packing plant. I work 12 hours standing straight on the assembly line. ... [The supervisor] doesn't pay us on time, and he pays us below the minimum daily wage, but I don't know the language and I can't claim my rights." (Roma woman, Leicester, fruit-picker)

The latest UK census confirms the high proportion of Roma working in low-wage jobs, where 28% of those who identified as Roma were employed in 'elementary occupations'—jobs requiring fewer formal qualifications and associated with lower wages—the highest of any group (ONS 2023). Our findings confirm that Roma are frequently involved in precarious employment and informal labour, illustrating the vulnerability and economic challenges they face.

The predominance of precarious and casual employment amongst Roma workers posed challenges during the COVID-19 pandemic, with interviewees often struggling to access government support and the benefits of furlough schemes and, as a result, often feeling considerable pressure to continue working despite the risks this posed (Sarafian et al., 2024). This resonates with a wider body of research: occupational disadvantage was a clear driver of differential health outcomes during the pandemic, with those engaged in precarious work facing greater difficulties in reducing the risk of exposure (SAGE, 2021), and precariously employed and low-income migrants particularly exposed (Hayward et al., 2021).

Our research indicates that migrant Roma communities often face precarious employment conditions, marked by low wages, unsafe working environments and a high risk of exploitation. This is further exacerbated by limited access to stable employment and legal rights protection. One way of addressing these employment challenges is through tailored support programmes that include skills training and legal assistance, potentially improving employment and economic status. Ensuring that Roma workers have access to legal resources and support would help mitigate the intersecting, including health risks associated with precarious employment. Working with and through trusted community figures and organisations to provide this support is crucial.

The long-term impacts of precarious employment on the well-being and economic outcomes of Roma communities require further attention. Research to explore how precarious work conditions affect mental and physical health, access to social services and overall quality of life is necessary. An inclusive approach from policymakers is needed, targeting multiple determinants of health and addressing structural issues that perpetuate precarious employment, such as discrimination, limited access to education, and exploitation in the labour market.

“We are 9 people in 3 rooms. We have to get up at 5am to use the only bathroom we have to be ready for work. We pay the rent regularly and if we leave the accommodation the landlady will tell the boss of the company where we work, and he will fire us. We do not know the language.” (Roma man, Leicester, sewing factory worker)

Our research calls for addressing the housing issues in Roma communities through policy interventions that increase access to safe, affordable and adequate housing. The findings suggest the urgent need for regulating the private rental sector to prevent exploitation by landlords and ensure proper maintenance of rental properties. Collaborative efforts with Roma community organisations can help the development of housing programmes that address the specific needs of minoritised populations such as Roma and build trust with local authorities.

Education, Stigma and Discrimination

Roma, Gypsy, and Traveller children in the UK are the group most likely to drop out of school (Brassington 2022). They face significant educational disparities, including high rates of bullying, discrimination, and poor educational outcomes (Anti-Bullying Alliance and Friends 2020). The COVID-19 pandemic exacerbated these challenges, with many Roma children lacking digital access, which hindered their ability to engage in remote learning and deepened existing educational inequalities. The majority of the Roma parents we interviewed could not support their children's education at home due to language barriers and the necessity to work long hours.

Schools played a crucial role in helping Roma children to learn English, enabling them also to support their families and communities with translation responsibilities. This aspect of children and young people looking after and supporting adults was evident across multiple interviews. Children and young people interpreted for their parents during job interviews, shopping, filling in documents, immigration status applications, opening bank accounts and at parent-teacher meetings at school. During the COVID-19 pandemic, parents experienced income loss, and young people expressed concerns as government restrictions and lockdowns created new financial strains on their families. This in turn had an impact on their education and many did not attend online classes.

Our research found that while many Roma children took on caregiving and translation roles for their families, they lacked a support system at home to assist with their educational progress. Discrimination and bullying in schools contributed to a hostile learning environment, leading to higher dropout rates and lower academic achievement. Increasing digital access, implementing tailored tutoring and mentoring programmes, and supporting family and community relationships are crucial first steps to alleviating these challenges.

Engaging trusted medical personnel, including Roma champions and role models, to advocate for their health and educational needs and providing support services, including psychological and academic counselling, are vital for bridging the educational gap and promoting the well-being and success of Roma children. The impact of stigma and discrimination on health and social outcomes is well-documented, yet research and strategies to combat this within Roma communities remain under-researched. Anti-stigma campaigns and educational programmes involving Roma community members can provide valuable insights and foster greater trust and participation in education.

Community Engagement and Participatory Approaches

Locally and nationally, there is a need to involve Roma representatives in decision-making processes to ensure both the support and relevance of policies. Engaging trusted community members—such as Roma community champions, health mediators, elders, and religious leaders—in outreach and public health initiatives can improve the effectiveness of existing policies and inform the creation of new ones. Strengthening community networks and mutual aid systems is essential for providing vital support to Roma populations and fostering a sense of community solidarity. For example, expanding funding to support informal community networks and grassroots efforts, such as churches and volunteering initiatives, is crucial, as these served as key social infrastructures providing relief and support during the pandemic. Additionally, capacity-building efforts to formally establish Roma civil society structures are critical for achieving long-term impact. Providing training and funding to Roma community organisations will empower them to advocate for improved well-being and inclusion. Through our ethnographic approach, it has become clear that participatory research involving Roma in the design and implementation stages can help identify and address barriers to accessing health, education, housing, and employment services.

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Bibliography

- Anti-Bullying Alliance and Friends, and Families and Travellers Friends. 2020. *Bullied, Not Believed and Blamed: The Experiences of Gypsy, Roma and Traveller Pupils: Recommendations for Schools and Other Settings*. Anti-Bullying Alliance.
- Barnard, Catherine et al. 2022. 'The Changing Status of European Union Nationals in the United Kingdom Following Brexit: The Lived Experience of the European Union Settlement Scheme', *Social & Legal Studies* 31(3): 365–88.
- Bear, Laura et al. 2020. *A Right to Care: The Social Foundations of Recovery from Covid-19*, LSE Monograph.
- _____. 2021. *Social Infrastructures for the Post-Covid Recovery in the UK*, Department of Anthropology, London School of Economics and Political Science, London, UK.
- Brassington, Laura. 2022. *Gypsies, Roma and Travellers: The Ethnic Minorities Most Excluded from UK Education* (No. 151). HEPI.
- Brown, Peter et al. 2013. Migrant Roma in the United Kingdom: Population Size and Experiences of Local Authorities and Partners. University of Salford.
- Brown, Philip. 2018. Roma and Brexit: Report on a Joint All Party Parliamentary Group Roundtable Event.
- Cook, Joanne et al. 2011. 'The Experiences of Accession 8 Migrants in England: Motivations, Work and Agency', *International Migration* 49(2): 54–79.
- Fox, Jon E et al. 2012. 'The Racialization of the New European Migration to the UK', *Sociology* 46(4): 680–95.
- Greenfields, Margaret, and Carol Rogers. 2020. Hate: "As Regular as Rain". A Pilot Research Project into the Psychological Effects of Hate Crime on Gypsy, Traveller and Roma (GTR) Communities. GATE HERTS.
- Harrison, Joseph et al. 2023. 'Housing, Place and Community', *Racism and Ethnic Inequality in a Time of Crisis*. Policy Press, pp. 96–118. URL (consulted May 2023): <https://bristoluniversitypressdigital.com/display/book/9781447368861/ch006.xml>
- Hayward, Sally E et al. 2021. 'Clinical outcomes and risk factors for COVID-19 among migrant populations in high-income countries: A systematic review.' *J Migr Health*. 3, 100041.
- Holt, Ed. 2021. 'COVID-19 Vaccination among Roma Populations in Europe', *The Lancet Microbe* 2(7): e289.
- James, Zoë. 2021. 'Roma, Gypsies, and Travellers As a Community of Difference: Challenging Inclusivity As an Anti-Racist Approach', *Critical Romani Studies* 4(2): 142–62.
- ONS. 2023, March 15. 'Ethnic Group by Economic Activity Status, and Occupation, England and Wales, Census 2021'.
- SAGE. 2021. COVID-19 Ethnicity Subgroup: Interpreting Differential Health Outcomes among Minority Ethnic Groups in Wave 1 and 2, 24 March 2021.
- Sarafian, Iliana. 2022. 'Key Considerations: Tackling Structural Discrimination and Covid-19 Vaccine Barriers For Roma Communities In Italy', *Social Science in Humanitarian Action* (SSHAP).
- Sarafian, Iliana, Robinson, Alice, Christov, Assen and Tarchini, Aleksandra. 2024. 'In the Margins of Stigma: Health Inequalities among Bulgarian Roma in a post-COVID-19 UK'. *BMJ Global Health*. ISSN 2059-7908 (In Press).
- Storer, Elizabeth et al. 2022. 'COVID-19 Vaccination Campaigns and the Production of Mistrust among Roma and Migrant Populations in Italy', *BMJ Global Health* 7(9): e009537
- Sumption, Madeleine, and Mariña Fernández-Reino. 2020. *Unsettled Status - 2020: Which EU Citizens Are at Risk of Failing to Secure Their Rights after Brexit?* The Migration Observatory, University of Oxford.
- Taylor, Harry et al. 2023. 'Health and Wellbeing', *Racism and Ethnic Inequality in a Time of Crisis*. Policy Press, pp. 78–95. URL: <https://bristoluniversitypressdigital.com/display/book/9781447368861/ch005.xml>