

Gypsy, Romany, Traveller

1. Origin	<ul style="list-style-type: none">▪ English Gypsy and Irish Traveller are recognised ethnic groups; many live in mobile / caravan accommodation though others live in houses & flats.▪ The Roma community are different and usually live in housing; however, relinquishing a nomadic lifestyle does not mean losing their ethnic identity.▪ All are protected under the Race Relations Act.▪ There are 7 main groups living within the UK: Romani Gypsies, Sindh or Sinti (Indo-Aryan), Irish travellers, Scottish Travellers, Roma – more recent arrivals from Eastern Europe, Welsh Gypsies (The Kale), Show-People.
2. Languages	<ul style="list-style-type: none">▪ English Romanies may speak Rumannes or Pogadi Chib, Irish Travellers can speak Gammon or Cant, and Eastern European Roma a mixture of languages such as Caderash or Sinti.
3. Beliefs	<ul style="list-style-type: none">▪ Illness can be seen as a problem shared by the entire clan so family members may stay with relatives in hospital night and day, sometimes to perform curing rituals.
4. Birth	<ul style="list-style-type: none">▪ A woman may be considered impure during pregnancy and after giving birth until the baby's baptism or prayers are said for her ("being churching"). Until then she may be isolated, not entering other's homes but being cared for by other married women in the community. So prayers for the mother may be requested whilst she is still in hospital.▪ The baptism normally takes place 2 to 3 weeks after birth. There is above average infant mortality. A child may be known by either parent's surname.



5. Prayer & Customs	<ul style="list-style-type: none">▪ Many carry out religious rituals in their homes or in the context of folk observances.▪ Many are Roman Catholic and will therefore look to a Priest or Chaplain for support and sacramental care. Some will request a Bible.▪ "Increasingly a number of Travellers would describe themselves as "Born Again Christians "
6. Diet & Fasting	<ul style="list-style-type: none">▪ No foods are prohibited.▪ Some foods – e.g. pepper, salt, vinegar, garlic and onions – are considered lucky; to eat them encourages good health.▪ Food prepared outside the community may be considered impure and avoided. This can also apply to hospital implements and plates; disposable ones may be preferred.▪ Eating together is a sign of acceptance and significance; conversely refusing to share food can be seen as an affront, implying that someone is unclean.
7. Clothing & Washing	<ul style="list-style-type: none">▪ Many have strict rules of cleanliness. Washing should be in running water. Separate soap and towels are used on the upper and lower parts of the body and not mixed.▪ Women may not agree to gynaecological examination unless the procedure is clearly explained as being essential to their well-being.▪ Modesty is important, especially for women, and they prefer to keep legs and feet covered.
8. Medicine	<ul style="list-style-type: none">▪ Some will use traditional herbal cures.▪ There is often difficulty in seeing a GP and so attendance may be at A & E instead. Some need assistance with reading and completing forms.▪ There is no objection to giving and receiving blood or organs.▪ Standard immunisations may not have always been carried out.▪ Some fear surgical procedures requiring general anaesthesia because they believe that this involves "a little death". A family may gather around someone coming out of anaesthesia.



9. Care of the Dying	<ul style="list-style-type: none">▪ Fears about death influences customs relating to dying and death.▪ All relatives who can will visit the bedside of someone who is dying, thereby showing solidarity and seeking mutual forgiveness.▪ The dying will not be left alone. It is important for relatives to present at the moment of death if possible.
10. Death	<ul style="list-style-type: none">▪ After death the family will not want the deceased to be on their own until they are buried.▪ The family may choose clothes for the dead to be laid out in. Grief is expressed loudly and may include moaning and shouting out to the deceased.▪ Mirrors and other reflective surfaces may need covering.▪ Relatives may want to take the dead with them so that they can have an all-night vigil around their body with the coffin open. It may be necessary to explain hospital procedures regarding taking the body.▪ Family and friends will often put things the deceased were fond of in their coffin and have elaborate wreaths of flowers. Post-mortems may be problematic.
11. Contacts	<ul style="list-style-type: none">▪ The chaplaincy department has a contact for obtaining further advice.

