The King's Fund

Save the Children

Improving Health Care for Travellers

by

Jocelyn Cornwell

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IMPROVING HEALTH CARE FOR TRAVELLERS

by Jocelyn Cornwell

Report of a conference organised by
Save the Children in collaboration with the King's Fund,
held at the King's Fund Centre on 29th February 1984.

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INTRODUCTION

The conference on improving health care for Travellers organised by Save the Children in collaboration with the King's Fund and held at the King's Fund Centre in London on 29th February 1984 was one of a series of meetings Save the Children held to mark the publication of a report on the health of Traveller mothers and children in East Anglia.

Over a number of years, individuals and organisations working with Travellers in Great Britain have been concerned about what they have perceived as Travellers' unusually low level of health and their lack of access to proper health care. The organisers hoped that the conference would serve a dual purpose. It would provide an opportunity for Save the Children to bring the results of its survey to a wider audience and it would enable participants to compare the situation in East Anglia with that in their own area and to discuss ways of improving health care for Travellers.

The list of conference participants (Appendix I) shows that the conference attracted a wide range of people. Health visitors, nurses, doctors, the DHSS, Gypsy organisations, CHCs, academics and organisations working with or on behalf of Travellers were all represented.

The conference programme (Appendix II) was designed to give participants an overview of issues about Travellers' health, their difficulties with the health service and some examples of how these can be overcome. In the morning, three speakers explored the factors influencing Travellers' health and health care needs and described different ways in which voluntary organisations and statutory services respond to those needs. In the afternoon, the conference divided into six discussion groups led by people with experience of working with Travellers on local projects. The groups considered the following topics:-

- organising primary health care for Travellers in Sheffield
- working with Travellers on a stressful inner city site
- site provision and environmental health: legal and practical aspects
- the mobile clinic in East Anglia
- the work of a specialist health worker in East London
- research into the health of ethnic minority groups

In the final "summing up" session all the participants came back together to discuss outstanding issues and problems with a panel made up of the morning speakers and others.

This report is based on notes taken throughout the conference, including notes of the discussions in the six groups. It is not in the form of a narrative, but brings together the material contained in the day's discussion under three separate headings:-

1. **Travellers in Britain**

This section of the report is mainly descriptive. It provides information about the numbers of Travellers in Britain, about their legal position and material circumstances, and describes the factors affecting their health and their relations with the health service.

2. **Discrimination or action?**

This section is concerned with the political discussion and argument surrounding the issues of research and action to improve the health of Travellers. It is based mainly on notes of the discussion which took place in the group that considered research into the health of ethnic minority groups, but the arguments with which it is concerned were of central importance to the conference as a whole.

3. **Three practical examples**

This section describes three different approaches to the delivery of health care for Travellers adopted by voluntary organisations and statutory services in different parts of the country. It attempts to draw out the lessons which can be learned about improving health care for Travellers and which might be applied by other health authorities.

It is hoped that as well as reminding participants about the day's discussions, the report will provide a useful resource to people who did not attend the conference but who are interested in making better health care available to Travellers.

1. TRAVELLERS IN BRITAIN

Twice a year in January and July the Department of the Environment conducts, through the officers of local authorities, a census of Travellers' encampments and caravan sites in England and counts the number of caravans on them. The latest figures available, from the July 1983 survey, indicate that there are 9,149 caravans and trailers, 5206 on official sites (3555 on councils sites, 1651 on private sites) and 3943 on unofficial sites in England. The DoE estimates that there are 7-8,000 families, comprising 30,000 individuals, of whom 12,500 are under 16 years old. If the estimates for Scotland (500 families), for Wales (467 families) and for N. Ireland (120 families) are totalled, the overall figures for Britain are about 10,000 families, comprising possibly 50,000 individuals and up to 30,000 children under 16 years old. The survey does not provide a totally accurate or reliable guide to the number of Travellers in Britain. Under-counting is a strong possibility and there are several thousand housed Traveller families who are not included.

The term Traveller was used at the conference and is used throughout this report because it is the term generally used to describe all the groups who have a mobile way of life, eg. Gypsies; Tinkers; and Scots and Irish Travellers. People who own or work on fairgrounds and circuses are often seen to be part of the wider Gypsy population, but they would regard themselves as a separate group. There are marked differences in income and wealth within the Traveller population, although it is generally thought that Travellers are less poor now than they have been in the past.

What Travellers have in common is a nomadic way of life which sets them apart from the rest of the house-dwelling population. They are, however, not a homogeneous group. Traditionally, Travellers have followed a regular cycle of movements over relatively short distances. Travellers 'belong' to different areas and, in the past, the settled population has known them and their regular stopping places, sometimes accepting them if not as members then as visitors to the local community. There have always been some Travellers who have travelled much longer distances, and at present there is a small number of English and Irish families who continue this way of life. They move either singly or in small groups of families and the men often work as tree fellers and tarmacadamers, or as successful antique dealers.

One question that was asked many times at the conference was: do Travellers want to continue to be nomadic or do they want to settle on permanent

sites? Behind this question lies another, more fundamental one: do Travellers have a separate cultural identity? If so, is this something they want to hang on to or do they want to be integrated into the house-dwelling population? The answers to these questions are not simple or straightforward and need to be understood in the context of Travellers' lives as a whole, and particularly with reference to their legal status.

In the past forty years, since the end of the second world war, the Travellers' way of life has gone through some dramatic changes. There is no longer much demand for the types of work Travellers traditionally did in the countryside, where they were a source of casual labour indispensable to farmers at certain times of the year, such as the seasons for fruit-picking and harvesting. Nor is there any longer a demand for the traditional Travellers' crafts, mending pots and pans, sharpening knives, making wooden pegs and so on. As the economic basis of their traditional way of life has been eroded by the mechanisation of agriculture and by industrial production, Travellers have adapted to the new and changing situation, finding work as labourers and road-builders and dealing in scrap metal. In many respects it is the women in Travelling families who have suffered most from the loss of their traditional way of life. Previously it was part of the women's economic function to go out together to "call" on the households in the settled population, selling their craft wares and sometimes telling fortunes. Nowadays the practice of calling has diminished. It is difficult for the women to find other work and men are now usually the sole breadwinners. Many women find it depressing to be confined to a ceaseless round of domestic duties and childcare on poorly-provided caravan sites.

Site provision and the law

With the changes which have been described, Travellers have been forced to abandon their customary routes through the countryside and have been drawn nearer to places where the men can find work and to outlets for the scrap metal they deal in. This has brought them into urban industrial and residential areas where, increasingly, they have found themselves in conflict with local residents and with local authorities. Travellers are not and never have been popular with the house-dwelling population which knows very little about them and supplements what it does know with stories and tales, many of them exaggerated.

The 1960 Caravan Sites and Control of Development Act was initially responsible for forcing Travellers from their traditional stopping places and onto the road. Other developments in the nineteen sixties, such as the Town and Country Planning Acts and new highway regulations, were used to evict Travellers from their stopping places and from their own land. Many Travellers would prefer to buy, with help, their own land to establish sites but the planning Acts mitigate against this. Despite this, an increasing number of families are attempting to provide their own private sites. Highway regulations are still one of the tools available to the police and to local councils wishing to move Travellers on when they park beside the road, but nowadays the chief factor governing their movements is the 1968 Caravan Sites Act.

Ironically, this Act, which was intended to benefit Travellers and to protect them from being 'needlessly moved on' (the official definition of harassment), has not done so. Less than 50% of Travellers have a place on a site provided under the Act and it is used by local authorities to evict Travellers from their stopping places and to harass them systematically. The Act compels local authorities to provide authorised stopping places for an accredited number of Travellers in their area. Having made that minimum provision, the local authority is entitled to apply to become a 'designated area' which means that it can limit the number of Travellers to those on official sites and evict other 'surplus' Travellers from the area. Some authorities, such as the London Borough of Islington, have managed to obtain 'nil designation' status by claiming - wrongly in the case of this example - that it has no Travellers stopping regularly in the area. This releases the borough from the obligation to provide an authorised stopping place whilst allowing eviction of Travellers from its territory. Where local authorities have provided official sites, they have catered for only a minority of the local Travelling population. Examples were given at the conference of two more London boroughs: Hackney, where a site is planned, but not yet open, and Tower Hamlets, which has provided very few pitches for the many families who regularly stop in the area. No other group of people in this country is subjected to this sort of "numbers game" which denies them the right to decent living accommodation.

According to DoE estimates, approximately half the Travelling population, 4-5,000 families, live illegally and may be evicted from their stopping places. Brenda Lawrie, whose work as a specialist health worker for Travellers in North East London has been mainly with Travellers parked illegally, said that

Travellers can spend anything from one week to three months in a place before being moved on and that on average families are moved 5 or 6 times a year. The following quotation, which is taken from a collection of transcribed interviews with Travelling women, tells what it is like to be in this situation.[2]

> "I remember when you pulled on some places for the night, you'd have the police on you. Some of them would say well all right we'll let you stay the night, but we want you off at 5 in the morning. But a lot would say go a couple of miles down the road - there's a stopping place there, because it was out of the branch. But before you got there the police from that branch would be there waiting for you. Telling you to move again, so we'd go round and round in circles."

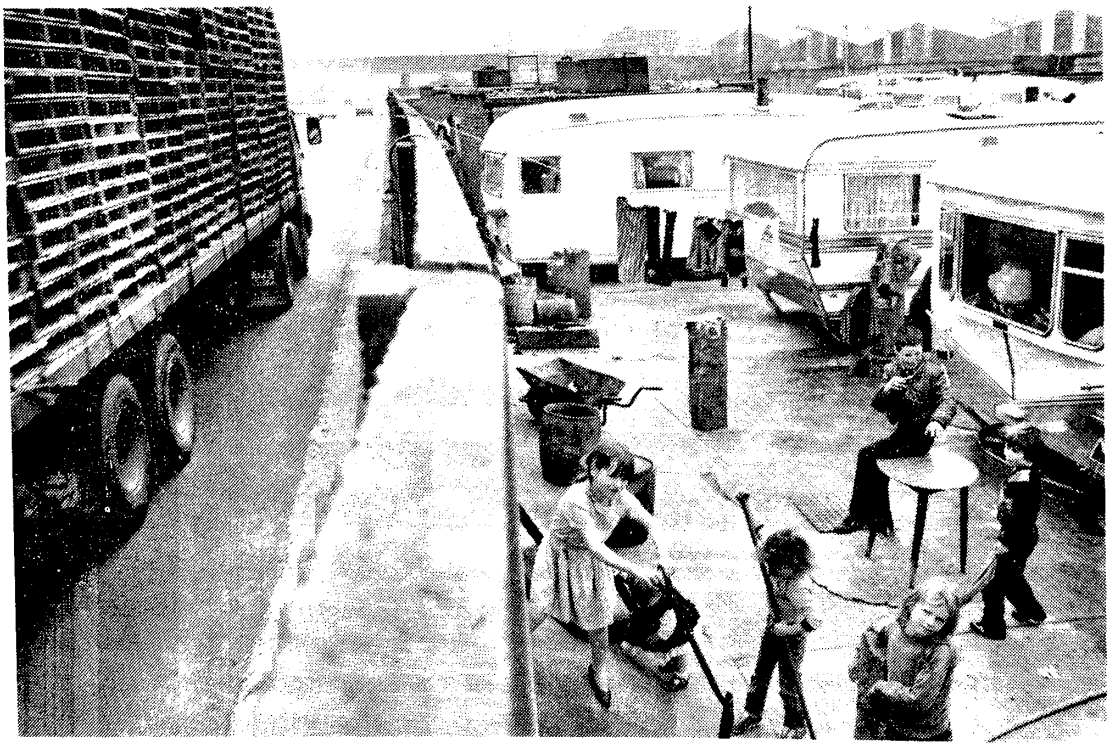
Illegal sites tend to be on roadside verges, in public parks or car parks, and on disused and derelict land, often beside motorways, railway lines or canals and near to rubbish dumps and sewage works. These are places which no one is likely to want to use which encourages Travellers to hope that the speed of eviction might be slowed down. Apart from the mental and physical stress of being forcibly moved on by bailiffs and police (often in the early hours of the morning), Travellers who live illegally have the anxiety of being always in a new place and of searching for places where they will be able to stop. Once an unofficial site has been established, some local authorities under a deliberate policy of non-harassment will provide refuse bags and collect the refuse and provide a water tap. Most, however, will not do so in case they should seem to be legitimating the Travellers' right to use the site. Often there is no water supply and Travellers on these sites rely on garages and pubs who will let them fetch water in churns. Some Travellers have their own electricity generators but most use lamps or candles for light and calor gas to cook. Toilets, however, can be a problem. Elsans are not a popular type of sanitary arrangement and Travellers on unofficial sites are usually dependent on public toilets which are not always close by.

Travellers who succeed in obtaining a pitch on a permanent or temporary official site (these are sites with limited planning permission) are spared the mental and physical stress of eviction and of moving under duress, but it is not necessarily the case that their living conditions are better than those of Travellers who park illegally. Travellers on official sites complain that they were not consulted either about the location or the design of the sites and their facilities. It is not uncommon for local authorities - anxious not to

offend their electorate - to place their official sites on exactly the same kind of land on which Travellers can be found parking illegally, i.e. disused and derelict land which is near to major roads and railway lines, often beside rubbish dumps, sewage works or factories with noxious outlets. Facilities on the sites can be badly designed and poorly maintained; refuse collection is irregular and therefore the quality of life on sites such as these can deteriorate rapidly. If this occurs, and if the facilities - such as they are - are then vandalised, this is used by the authorities and by local residents as an argument against providing Travellers with any kind of stopping place or facility. However, there are official sites that are well-planned, properly managed and close to local amenities. It was argued at the conference that sites would be well-maintained if Travellers were consulted about the location, design and management of the official sites, and provided with sites on land which is decent, rather than pushed into places which no one wants and which are out of the way. Difficulties arise when Travellers are not only excluded from the planning process, but are forced to live under regulations which are contrary to their interests.

It was generally agreed at the conference that most Travellers would like there to be an official warden on a site who is firm and authoritative and capable of settling any disputes which may arise. However, it was felt that the rules governing the site should be worked out with the Travellers who live there. The example was given of an official site in Scotland where Travellers are not permitted to have lorries on the site or to sort or burn scrap metal. Since many of the families on the site are dependent on scrap metal dealing for their income, the result has been that they have to choose between living on an official site and drawing supplementary benefit, or parking illegally and earning their own living. When designing sites, serious consideration should be given to the provision of off-site work areas for the tenants. Otherwise, scrap, copper and batteries may crate health hazards to children.

One official site which is notorious for its poor conditions is the Westway site which is run jointly by two London Boroughs, Kensington and Chelsea and Hammersmith and Fulham. The site contains 20 pitches, but the pressure of numbers is such that on some pitches families have to double up. The site is positioned between two motorway slip roads and underneath a motorway fly-over and is close to a main railway line. The road leading to the site is used by car-breakers and as a rubbish dump by local residents. The site itself is built entirely of concrete and surrounded by ten feet high walls. There is a



THE WESTWAY SITE, West London.
Photos: Jeremy Nicholl

central block between each two pitches which has toilets, showers and hand basins, but these are frequently out of order owing to the poor desgin of the drainage system. There is an irregular refuse collection service and the site is supplied with electricity. The weekly cost to a family of renting a pitch on the site is £19.50.

To return to the original set of questions about whether Travellers want to continue with a nomadic way of life or would rather settle down. It is quite clear that at present Travellers are being obliged to move against their will and that in this context what they wish is to be free from the threat of eviction and from harassment. The consensus at the conference was that Travellers do not wish to give up going 'on the road' and that there is therefore a need for sufficient official sites and possibly special provision for the Long Distance families who are very mobile, with the suggestion that such specialist provision should be made by central rather than local government. Until there are enough pitches for all Travellers on official sites which are decent and safe, the question of what Travellers want, rather than what they need (the answers to the latter are perfectly clear) remains academic.

Travellers' health and their relations with the health service.

The environment in which many Travellers live is not one which is conducive to good health. As we have seen, many, perhaps even the majority of sites both legal and illegal, represent some kind of health hazards for Travellers and their families. The Westway site described above has achieved notoriety because of the dangerous levels of lead in the air and in the soil which have been the subject of a number of investigations by specialists in child and environmental health. In 1980, Dr Clifford Strehlow, reporting the results of his investigations on the site, wrote:[3]

> "There is no doubt that residents of this site, particularly the children, are suffering from abnormal lead exposure in addition to other severe environmental stress. Several major sources of exposure are likely including airborne lead and the general environment because of the past and current use of adjacent land for scrap and junk yards. (...) The residents of the caravan site are currently over exposed to lead and action to alleviate the hazard must be taken as soon as possible. The only practical, let alone ethical solution is to close the site completely for human habitation and to provide the residents with acceptable alternate and safe accommodation."

That was four years ago. The site is still open and is still occupied by Travelling families with young children.

This is an extreme case, but not untypical of the environmental conditions to which Travellers are exposed. Sites on roadsides and close to motorways carry the risk of children being run down by cars and lorries. Sites near to major sources of environmental pollution are not uncommon. The absence of water on many illegal sites and the single standing taps on authorised and unauthorised sites alike create a vulnerability to infections, whilst the lack of proper sanitary arrangements adds to these risks.

Apart from the hazards in the physical environment, Travellers on both legal and illegal sites are subjected to the social and psychological stress of living in a hostile society where they frequently come into conflict with police and other authorities. The problems women face have already been commented on. The following quotes from the interviews with Travelling women talking about their experiences will illustrate some of these points more clearly.[2] The first is from an interview with a widow in her sixties who lives with her son and daughter-in-law on an official site:

> "The site I'm stopping on could be made into a good site. If we could have a little shed to each caravan, some hard standing, a toilet and a tap. We'd be thankful and pay a bit of rent, that's not much to ask for. But they could make it into a lovely site, we'd keep it clean, but something wants doing here we're living like a lot of animals. Do you think it's clean to have empty buckets what we have to use as toilets down a hole on the site: I don't think it's clean and I'm not happy with it, honest to God I'm not. I've got a bucket to use as a toilet that you have to empty out of the drain. I dont't have much money, I use bleach and dettol and it's expensive, but I've got to keep the bucket clean because you can pick up germs. All we have is two cold water taps for twenty families. Nowhere to put rubbish, just put it in a bag and hope the council collect it every week. It's not a good place to bring children up, it's not. We have no choice, we have nowhere to go so we have to put up with it, we live like animals. It's hard here in the winter, taps freeze up and then we have to do without. I've taken old sheets when the weather gets really bad and wrapped them round the taps to stop them freezing. That's not very good, it's hard to live like this. When it rains here the ground's like a mud bath, dirt gets into all

> the caravans, very heavy mud. I sometimes get flooded here and the caravans move a little. And we get rats here, we get them in the trailer, in my caravan we have to put down rat traps in here. I've lain in this trailer and heard the rats, it's like torture, I couldn't sleep and in the end we have to burn the trailer, because the rats had nested in the bottom, it was terrible. I couldn't rest with them underneath you."

The second quote is from a younger women with two children who also lives on an official site:

> "I don't want my son on the roadside, I don't want him to feel what I felt. You can't get water, you can't get a decent toilet only what you put up yourself. If you're born to it you can get used to it, but if you're born on a site you get used to it. Now when I go off looking for a toilet and I always used to go in the hedges, now that seems strange to me now. Many's the time I've stopped by the side of the road and I've asked someone in a house for a kettle of water, until my husband comes back, to make a bottle for the baby, but you know what, they wouldn't even do that. And that's true of many houses, they wouldn't even give you a drop of water, even if you offered to buy it off them, they wouldn't.
>
> When my kids grow up and get married I'd sooner go along the road myself than see my grandchildren going on the road I would. My kids don't know what it's like, they've never been alongside the road, they'd be lost. It's not only the hassle of being put off the stopping place. It's the dangers, the cars, if you get a car coming down the road 60-70 miles per hour, you get a little child running out, it only takes a second. You're frightened for your kids so you lock them in the trailers, then they get on the mother's nerves and the woman's hollering and screaming at the kids and the kids are getting worse and it's a vicious circle, and you know day after day you can't put your children out, so you're stuck there."

Regardless of where they live and on what type of site, many adult Travellers grew up on the road and have not spent sufficient time in schools to have learned to read and write. Illiteracy, or a low level of literacy, is a common problem, making it difficult for Travellers to find out about local health facilities and surgery times in a new area, to make appointments and to find

out when an appointment has been made. It is common practice for hospital appointments in particular to be confirmed by letter, and apart from the fact that the Post Office refuses to deliver letters to Travellers on unofficial sites (for many good reasons), Travellers are often not able to read the letters which are sent to them.

Once they have a place on an official site, most Travellers register with a local general practice - providing that the doctor accepts them - and are then treated routinely as patients. Not all doctors will accept Travellers on their lists and there were numerous reports at the conference of Travellers being turned away, often in a rude and harsh way, from doctors' surgeries. Travellers living on illegal sites have much greater difficulty making routine use of the health service. Every move means the Traveller has to rediscover the whereabouts of the local surgery and casualty department which, without local knowledge and not being able to read, can be daunting. Having often been turned away from health services in the past, many Travellers, in common with others who have experienced rejection by professionals, are understandably reluctant to make contact with the health service at an early stage and will wait and see how a symptom or a condition develops before seeking help. Brenda Lawrie told her discussion group a story about one Traveller mother whom she knew who waited until her children's ears were oozing before taking them to the local hospital because she had once been turned away from a general practitioner's surgery with a child complaining of ear-ache. In her view it was better to wait because at least then she could be sure the child would be seen, rather than risk being turned away earlier.

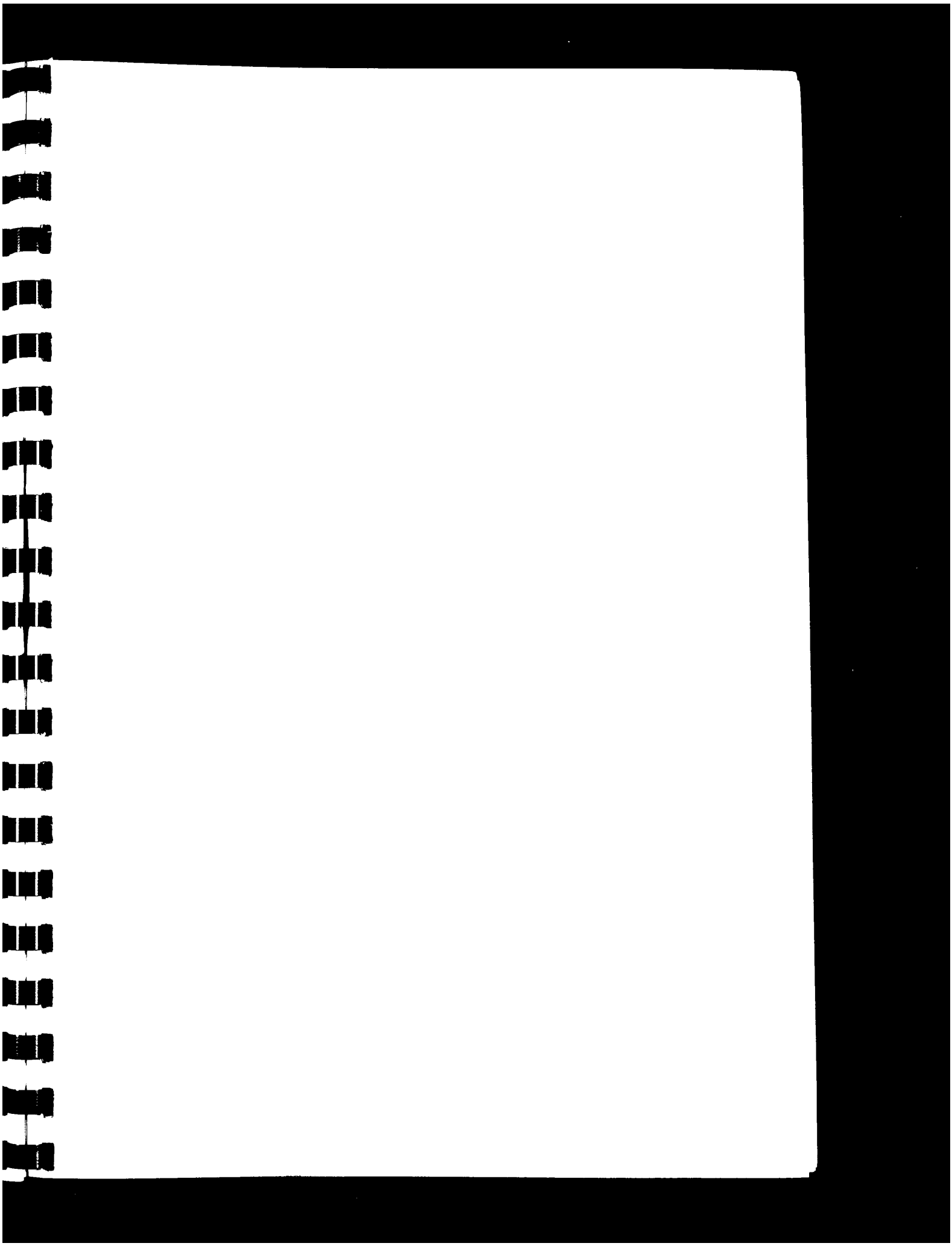
Travellers on illegal sites also have difficulty in keeping appointments if they are moved on. This means that it is particularly unlikely that they will have non-urgent conditions treated, especially if there is a waiting list. As a result of their frequent moves it is unlikely that they will have developed a relationship with a health worker who will have provided them with health education or with preventive health care. Like other mothers, Traveller women act in what they consider to be the best interests of their children but without the benefits of the information and support which other mothers have available to them from health professionals.

At present the system works in such a way that Travellers know from their own networks where they can find workers in statutory and voluntary services who are sympathetic to their needs. This means that on occasions they will

travel miles to visit a doctor or a hospital where they can rely on being accepted as patients because, unlike the vast majority of patients, they cannot be sure that they will be given proper treatment by health workers in every part of the NHS.

From the health worker's point of view, providing health care for Travellers is not easy and can be very unrewarding. The way most health visitors' and community nurses' work is organised does not permit them to add Travelling families easily onto caseloads which are already over-full. Travellers may often be moved on before there has been time to establish a relationship and time to carry through plans for educational or preventive work successfully. Travellers usually do not possess any kind of health records and thus it is more difficult for health workers to decide on the right course of action, and there may not be time to follow the usual procedure of assessing needs before providing treatment.

To sum up, the central problem for the Travelling population in this country is the hostility of the settled population.[4] It is this hostility on the part of the general public which has allowed local authorities and the police to gain the powers, legal and otherwise, to evict Travellers from stopping places and to harass them. It has to be said that not all Traveller families are blameless. There is a small minority that are difficult but this is not a sufficient excuse to condone the overt hostility which can and does prevent site provision. Traditional stopping places have been closed off to Travellers and they have been driven to use land which may be unsafe because it is the only land available. This then creates the conditions in which health services are difficult to obtain and the health of Travellers' children suffers. The consequences of Travellers' enforced mobility and their isolation from the rest of the population are that they too often have poor relations with health service and do not receive the health care they need.



2. DISCRIMINATION OR ACTION

This section of the report is concerned with two questions which are related. Are Travellers a 'special case'? And should the health service make 'special provision' for them? These questions aroused strong feelings at the conference and there was some difference of opinion amongst participants as to the answers.

It is important to clarify the meaning of the word 'special' which is different in the two questions. In the first question, the idea that Travellers are a 'special case' is one which suggests that they are exceptionally, in this case unhealthy, and that they have exceptional health care needs. This is an idea which is easily turned against Travellers and used to stigmatise them, and they are understandably reluctant to have it put forward, even by parties who are sympathetic to them. However, where there is evidence that Travellers' health is unusually poor and that they are not receiving the health care they need, then that evidence needs to be put to the appropriate authorities. This explains the dilemma which Save the Children found itself in with the survey findings on the health of Traveller mothers and children in East Anglia. It tried to solve this dilemma by giving minimal publicity to the publication of the report and, instead, holding meetings - such as the conference - which Travellers were invited to attend, to discuss the findings. Despite these precautions some members of the National Gypsy Council are not happy with the report and have complained to Save the Children about the absence of 'controls' in the survey (which makes direct comparison between the health of Travellers and the settled population impossible). They have also criticised the researchers for accepting as evidence statements from Travellers. They claim the Travellers were simply telling the researchers what they felt the researchers wanted to hear.

Two further instances of research which has described Travellers as a 'special case' were mentioned at the conference. One was a report of a survey undertaken by the Communicable Diseases Unit in Scotland which found a disproportionately high incidence of polio amongst Travelling families on unauthorised sites.[5] The other was a report about the health of Travellers in Wiltshire which found cases of rickets, polio and hepatitis amongst poor Travellers in that county.[6] In both cases the organisations responsible for the reports claimed to be using the findings to argue for better services and better provision to be made for Travellers, but came under severe criticism from Travellers' organisations for prejudicing the case against them. The

Chairman of the conference, Michael Whitlam, observed with respect to both these reports that Save the Children regards the strategy of manipulating bureaucracies by frightening them with words such as 'polio' and 'hepatitis' as a dubious one.

The idea of 'special provision' for Travellers, was interpreted by many participants at the conference as meaning 'positive discrimination'. Despite the reports of ways in which the health service discriminates against Travellers and an awareness that Travellers are not receiving the health care they require, some participants were concerned about the grounds on which discriminating positively in favour of one social group might be justified. Some people argued that any kind of special provision which distinguishes Travellers as a group might serve to increase their alienation from other people, and more importantly, that positive discrimination in favour of any group means that resources will be taken away from other groups of patients.

Bearing these problems in mind, how is it possible to legitimate the purpose of improving health care for Travellers? At this point it is necessary to return to first principles, in this case to the original ideal at the inception of the National Health Service of providing a uniform service for the population as a whole. In recent years it has become increasingly apparent that this ideal is far from being achieved by the National Health Service. There are geographical inequalities in the quantity and the quality of services provided throughout the country, and it is also clear that some groups benefit a great deal more from the NHS than others. Travellers are not the only group of patients who receive less health care than they need and standards of care which are inferior. In the discussion groups, attention was drawn to the many ways in which Travellers are not unique and their relations with the health service resemble those of other social groups. For example, homeless people as well as Travellers often lack health records; people from ethnic minority groups experience the same kind of rejections, refusals and brusque treatment as Travellers; many people have difficulty with the bureaucratic and authoritarian way in which the health service treats patients (it was acknowledged that the problems may be worse for patients who, in common with the majority of adult Travellers, are illiterate). Both Travellers and some semi-skilled and unskilled workers who make equally little use of the preventive services prefer to wait and see how a condition will develop before seeing a doctor. It was suggested that the attitudes the two groups have in common may be derived from a similar experience of health workers and the health service.

How can this situation best be remedied? Maggie Pearson from the Centre for Ethnic Minority Health Studies in Bradford argued convincingly that it is not positive discrimination but positive action that is needed. The difference is more than a semantic one and is important. Positive discrimination draws attention to the group; positive action draws attention to the institution - in this case the NHS - and to what needs to be done to change it. Positive action to improve health care for Travellers entails removing the obstacles which lie in the way of them obtaining the health care they require. The next section of the report describes three ways of delivering health care to Travellers, one in the voluntary sector and two within the statutory services, which are examples of positive action.

3. THREE PRACTICAL EXAMPLES

The three examples of delivering health services to Travellers described in this section of the report come from very different settings. The Save the Children Mobile Clinic in East Anglia provides a service for Travellers parked on illegal sites in fields and on wastelands and beside the road. In Sheffield, there is a fairly static population of between 60-100 families living on official and unofficial sites. Whilst there is a considerable amount of movement within the area, health workers are able to get to know the Travellers and to maintain fairly continuous relationships with them. In East London, the specialist health visitor is working with a larger group of families, possibly numbering about 200, who are parked on illegal sites spread over a wide geographical area. Four common themes emerged out of the discussions about these projects at the conference. These themes are examined first because they provide the basis from which to generalise about Travellers' health care needs and how best they can be met.

The first theme is the importance of outreach work: the need to take the initiative in making contact with Travellers rather than waiting for them to make the first move. Health workers who had done this type of work acknowledged that it is difficult at first. Going into a caravan site, coping with the dogs which almost all Travellers keep, knocking on caravan doors, learning to be sensitive to Travellers rules of conduct, and so on, makes demands on health workers' personal as well as professional resources and requires a basic willingness to be flexible and to adapt to circumstances. For example, it was observed that health visitors would have to learn to apply a certain level of sensitivity to their work with Travellers and their families. Their most important consideration should be good child care practice rather than the more superficial aspects of the Travellers' lifestyle, which may distract attention because they do not conform to middle class professional values.

The second theme is continuity of care. Essentially the difficulty health workers have in working with Travellers on illegal sites is that the Travellers rarely stay long enough in one place to enable relationships and trust to be built up. Working with Travellers therefore, can often be unrewarding and frustrating as health visitors and nurses may rarely see the results of their work. The importance of continuity of care was underlined by workers from the different projects. One way to achieve continuity is by appointing a

specialist health worker for Travellers. Brenda Lawrie observed that this solves the problems which occur very suddenly when a group of Travelling families arrives in a district and the health visitors in that district already have caseloads which are full. The specialist health worker has to become accustomed to a caseload which fluctuates in size, but the larger the geographical area for which she is responsible the more stability there will be in the number of cases. Travellers may move frequently, but often they do not move very far. Provided the specialist health worker is able to cross the conventional boundaries within which health visitors and community nurses normally work, she will be able to keep in touch with the families she knows and maintain a regular amount of work.

The third theme is that specialisation releases health visitors and community nurses working with Travellers from the conflicts which sometimes arise from a mixed caseload of Travellers and house-dwellers. Health visitors attending the conference who had mixed caseloads commented on the resentment and hostility that some of their house-dwelling clients had expressed towards Travellers. This puts them in a difficult position, but any health professional working with ethnic minority groups must confront and tackle discrimination in all its forms.

The specialist health visitor is able to follow Travellers from one stopping place to the next which means that the more frustrating aspects of caring for their health can be overcome. She knows that having made contact with a family once, the chances are that they will meet up again and she will be able to pursue the relationship more productively. Much of the specialised health visitor's work involves establishing contacts with other health workers on the Travellers' behalf. This may involve accompanying Travellers to casualty and to outpatient departments, but it also means identifying people in hospitals and clinics to whom Travellers can be referred.

Specialisation, however, has its own problems which, for the worker, are often personal ones. By definition the work of the specialist is different from that of other health workers, and it is easy for health visitors doing this type of work to feel isolated. Linda Dodge, specialist health worker in East London, said she had found more support from teachers who work on Traveller sites than from other health visitors who do not understand the particular stresses of her situation and may even be hostile to it. This reinforces the view that all health workers should be educated about the needs of Travellers and their families and that adequate professional support should be provided for specialists.

The appointment of a specialist may also create a situation in which there is a danger of Travellers becoming dependent on a single person. It is important for the specialist to be seen as a stepping stone towards improving health care for Travellers generally. This means that the work of the specialist has to be directed in two ways: towards encouraging Travellers to make use of the regular services, and towards educating health workers in other areas so that they are willing to accept Travellers as patients and treat them properly.

The role of the specialist is an unusual one which raises questions about the way in which professional boundaries are drawn inside the health service. In East London, Brenda Lawrie found that it was important for Travellers to see that she could provide services for them, before they could begin to trust and perhaps accept her advice and recommendations. She therefore provided a full range of nursing services only referring clients to other services if she could not meet their needs herself. The health service proved sufficiently flexible to allow her to operate in this way and flexibility is one important condition for the success of any positive action to improve services to Travellers.

The fourth theme concerns health records or the lack of them and this was a subject that was raised in all the discussion groups. Specialist health workers tend to develop their own system of record-keeping in the form of card-indexes, case notes, files, etc. The system of keeping one record of every contact with medical and dental services for each person, and giving it to the client to look after was advocated. Again, on this point it is clear that the issues involved in delivering health services to Travellers are not unique. Some health workers and many patients would like to see a system of patient-kept records and this is currently under debate in other parts of the health service.

The mobile clinic in East Anglia

The mobile clinic is a Save the Children project and an example of the type of pioneering work which is undertaken more often in the voluntary sector than by statutory services. The clinic is a caravan which is pulled on to Travellers' sites. Most of the work of the clinic takes place on unofficial sites in East Anglia, although it has travelled to other areas of the country, such as Essex and Buckinghamshire, where it has been used either on sites or to demonstrate to health authorities and to other organisations that a mobile clinic could be a useful way to contact families initially.

The caravan that is currently used for the clinic was donated. Save the Children bear the running costs of the project, which include the worker's salary and office expenses; petrol and maintenance of the caravan; tape recorder, slide projector and other materials for educational work. Save the Children sees health education for Travellers as a central part of the clinic's work, as well as the educative contacts with health workers that occurs when they 'man' the clinic. Communication and education is undertaken by the Save the Children worker and a great deal of effort is put into developing teaching materials and techniques that will be effective, in raising general awareness of Travellers' needs. The worker arranges for the clinic to visit sites and for the relevant health authority to provide a clinical medical officer and health visitor to staff it. The visits are regular in order to build up the relationships necessary to gradually move from dependence on the mobile clinic to the use of local clinics. The medical work of the clinic includes immunisation, child development assessment, family planning, some first aid and making preliminary assessment of conditions which may require specialist treatment. The cost of providing these services is borne by the health authorities, with the aim of gradually integrating health care for Travellers into the mainstream of NHS provision.

Save the Children Mobile Clinic

Sheffield

Health workers in Sheffield deliver services to Travellers on offical and unofficial sites. The Travellers on official sites are mainly registered with the same general practice, which is the only practice in the area that will register them. The out-reach work that is undertaken with Travellers in Sheffield is carried out by a health visitor working from the same practice. The arrangement seems to suit everyone: the health workers in the practice are able to concentrate a certain amount of their work on Travellers; and other health workers in Sheffield do not tend to work with Travellers unless specifically requested to.

The services provided are as follows:
Ante-natal. A consultant obstetrician does one session in the general practice surgery and sees Traveller mothers who are reluctant to visit the hospital ante-natal clinc. One midwife is nominated to look after Traveller patients in the out-patient department and another is well known to them in the community and attends the surgery clinic.

Family planning. The health visitor who visits sites accompanies women to the family planning clinic in the surgery or at the hospital if they wish her to. A practice nurse runs the surgery clinic and oversees a recall system for taking smears.

Infant welfare. There is a designated liaison health visitor for Travellers in Sheffield but work with Travellers is only a part of her main case load. A clinical medical officer visits the unofficial sites with the health visitor at monthly intervals, offering immunisation and medical examinations in the trailers. The weekly surgery baby clinic welcomes Travellers. A consultant paediatrician holds a monthly clinic in the surgery to which Traveller children can be referred if necessary. During the winter a small stock of reconstituted milk is kept at the surgery in case of frozen water or gas problems.

There is considerable interest in improving health services for Travellers in the Sheffield area. An Urban Aid grant of £18,000 has been obtained to fund a mobile clinic staffed by a nurse practitioner and a clerk. A GP will work in the clinic on a sessional basis. Links with the local authority, with welfare rights groups and the "Write Here" project in Sheffield were all stressed as particularly important.

Specialist health worker in East London

This post was set up with Inner City Partnership money. The funding for the post lasts three years and it is hoped, when the grant finishes, that the three health authorities that are involved will fund the post jointly. The work carried out by the health visitor is similar to the work described in the other two projects above.

The health visitor visits Travellers on their sites. She carries with her baby milks, scales, contraceptive supplies and vaccines. She is able to make direct referrals to general practitioners and local hospitals with which she has established good contacts. The original application for the grant was initiated by a local GP, and the importance of the support he provides was emphasised. The health visitor is able to call him or his partners to Travellers' sites, knowing that they trust her judgement and are willing to make these visits when necessary. Much of the time is spent getting to know the Travellers and establishing good relations with them, the assumption being that this will pay dividends - in terms of Travellers coming forward to consult about problems they are concerned about and trusting the advice and information they are given by the worker - in years to come.

CONCLUSION

Lady Plowden, in her paper to the conference, drew an analogy between the development of educational services for Travellers in Great Britain and the work which still needs to be done to improve their health care. The initial stages of the work in education were undertaken by voluntary organisations, but the work was then taken over by the DES. The mobile clinic in East Anglia is one initiative by a voluntary organisation, in collaboration with health authorities, to improve the accessibility and acceptability of health care for Travellers. Voluntary organisations have helped to show the way with projects like this but they cannot substitute for the services provided by the NHS.

Improving health care for Travellers is a task which requires commitment and initiative on the part of health authorities and managers in the NHS. Managers should be required to combat discrimination and encourage their staff to overcome their prejudices about working with Travellers. In some areas progress has been made, often because of the influence of individual professionals, particularly health visitors, who have put pressure on health authorities to make better provision for their Traveller clients. Financial support for specialist posts is required, but perhaps the first step is to recognise and accept the statutory responsibility of the NHS to provide the same standard of care to Travellers as is provided to other patients.

Jocelyn Cornwell
King's Fund Centre
May 1984.

The conference on which this report is based was organised by Ann Bagehot, Peter Linthwaite and Ralph Taylor of Save the Children and Jane Hughes of the King's Fund.

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APPENDIX 1

King Edward's Hospital Fund for London

King's Fund Centre
126 Albert Street London NW1 7NF

IMPROVING HEALTH CARE FOR TRAVELLERS

Wednesday 29th February 1984

PARTICIPANTS

Miss R ATKINSON	Asst. Director of Nursing Services (Child and Family)	West Lambeth HA
Ms A BAGEHOT	National Gypsy Liaison Officer	S C F
Mr A BENNETT	Assistant Administrator	City & East London FPC
Miss S M BERGSTROM	Asst. Director of Nursing Services (Community)	Elm Park Clinic, Essex
Ms K BILLINS	Project Worker - Bromley Project	S C F
Dr W A BLISS	General Practitioner	Wootton Bassett, Wiltshire
Ms J BOYER	Health Visitor	Mattock Lane Clinic, Ealing
Dr L BRADLEY	Registrar in Community Medicine	Farnborough
Mrs L BROUGHTON	Health Visitor	W.Surrey & N.E.Hampshire HA
Dr A G BROWN	S.C.M. - Health Care Planning	S W T R H A
Mrs D BURMAN	Clinical Nurse Manager	W.Surrey & N.E.Hampshire HA
Dr J CAREY	General Practitioner	Millbarn Medical Centre, Buckinghamshire
Dr A B CLYMO	Consultant Paediatrician	New Cross Hospital, Wolves.
Miss J W COLE	Social Work Service Officer	London Region Social Work Service, D H S S
Mr P W COLLIER	Environmental Health Adviser	Communicable Diseases (Scotland) Unit
Ms J COLLINS		A.C.E.R.T.
Ms J CORNWELL	Rapporteur	King's Fund Centre
Mr R L DAVIS	Chief Environmental Health Officer	London Borough of Bromley
Mr D DAY	Gypsy Community Worker for Yorkshire	"Write Here" Sheffield
Mrs B DENLOW	Member - Gypsy Liaison Group	Gypsy Liaison Group, Derby
Ms L DODGE	Health Worker for Travellers	City & Hackney; Tower Hamlets & Islington HAs
Mrs D DORRELL	Member	Southern Derbyshire CHC
Ms J EDMONDSON	Project Worker - Hammersmith Project	S C F
Mrs J EDWARDS	Health Visitor; Fieldwork Teacher	Wootton Bassett Health Cent.
Ms D EIGHAN	Health Visitor	Sittingbourne
Dr B ELY	Senior Medical Officer	D H S S
Dr D ERNAELSTEEN	Medical Officer	D H S S
Miss G De FEYTER	Health Visitor	Cheshire
Mr R F FISHER	Regional Nurse	S E T R H A
Mr B FORRESTER	Gypsy Liaison Officer	Essex Social Services
Mrs J FREETH	Health Visitor	Great Yarmouth
Dr J FULLER	General Practitioner	Lower Clapton Health Centre
Miss J GILARDI	Senior Nurse - Health Visiting	Greenwich HA
Mrs P M GLOVER	Health Visitor	Philip Lane Clinic, Tottenham
Ms M GORMAN	Northern Development Officer (Gypsies)	S C F Manchester
Mrs A GRATELEY	Assistant Secretary	Bloomsbury CHC
Dr V GRAVES	General Practitioner	Chelmsford
Miss E P GREGORY	Child Health Adviser	North Bedfordshire HA
Mrs E M GRIFFIN	Health Visitor	North Bedfordshire HA

Ms J HAYWARD	Health Visitor	Norwich HA
Mrs J HEWER	Health Visitor	N.E. Essex HA
Mr E HODGES	Member	Swindon & District CHC
Ms L HOLDEN	Project Worker - Norfolk Project	S C F
Mr I HOLDING	Gypsy Mothers & Under Fives	"Write Here" Sheffield
Ms J HUGHES	Project Officer - London	King's Fund Centre
Mrs S JOHNSTON	Nursing Officer - Health Visiting	Peterborough
Dr H JOLLY	Paediatrician	formerly at Charing Cross Hospital
Ms I KAIJAKS	Health Visitor	Doddington Clinic, Battersea
Dr P R KEITH	Community Physician - Environmental Health	Leicester Royal Infirmary
Miss E M KING	Administrator	City & East London FPC
Ms S KOBIALKA	Project Worker - Bromley Project	S C F
Mrs R LAW	Senior Nurse - Health Visiting	Amersham Health Centre
* Ms B LAWRIE	Senior Nurse	Tower Hamlets HA
Miss D LEARMONT	Nursing Officer	D H S S
Mrs S LEE	Health Visitor	Oxlow Lane Clinic, Dagenham
Mrs M LEMAY	Community Midwife	Suffolk
Dr S LINDSAY	Senior Clinical Medical Officer	South Bedfordshire HA
Mr P LINTHWAITE	Research & Development Officer	S C F
Mrs K V McDONNELL	Nursing Officer - Community Midwifery	Hammersmith Special HA
Mrs C MAHON	Health Visitor	Derby
Mr R J MAXWELL	Secretary	King Edward's Hospital Fund for London
Miss A M MORISY	Member	Southern Derbyshire CHC
Miss D MORLEY	Member	City & East London FPC
Ms W MUNRO	Project Worker - Bucks. Project	S C F
Ms H OWEN	Health Visitor	Peterborough
Ms J OWEN	Gypsy Mothers & Under Fives	"Write Here" Sheffield
Ms J PAHL	Health Services Research Unit	University of Kent
Mrs M PARRICK	Director of Nursing Services - Primary Care	Harrow HA
Ms M PEARSON	Director	Centre for Ethnic Minorities Health Studies, Bradford
Ms B PECK	Health Visitor	Sheffield HA
Mrs P L PHILLIPS	Secretary	East Herts. CHC
* Lady PLOWDEN	Chairman	A.C.E.R.T.
Ms M POWELL	Gypsy Site Warden, Norfolk and Member	National Gypsy Council
Ms T RICHARDS	Field Officer	A.C.E.R.T.
Lady RICHES	Vice-Chairman	City & East London FPC
Mrs G C RIDGWAY	Senior Nurse - Child Health	Harrow Road Clinic
Ms P ROBERTS	Project Leader	"Write Here" Sheffield
Mrs J RODDA	Health Visitor	N.E. Essex HA
Mrs C A ROSS	Health Visitor	Dunstable
Mrs G RUSSELL	Health Visitor	Hitchin
* Ms K SAMPSON	Gypsy Health Liaison Worker	S C F
Mrs C SNOWDON	Senior Clinical Nurse - Health Visiting	Harrow HA
Ms T SUDDABY	Project Worker	S C F
Mr H A TAYLOR	Member	City & East London FPC
Mrs H TAYLOR-THOMPSON	Member	City & East London FPC
Mr R TAYLOR	S C F Head of Development, UK Child Care Department	S C F
Ms M THOMPSON	Project Worker	S C F Gainsborough

	Ms J WHITE	Project Worker - Bucks. Project	S C F
	Dr E WHITEHEAD	Clinical Medical Officer	Tenby Road Clinic, Harrow
	Prof R WHITFIELD	Director of Child Care	S C F
*	Mr M R WHITLAM (Chairman)	Deputy Director of Child Care	S C F
	Mrs H M WILLIAMSON	School Nursing Sister	Child Health Clinic, St. Ives
	Dr F WOOD	Senior Medical Officer (Community Care)	Medway HA
	Mr D WRIGHT	Divisional Director for the South of England	S C F
	Mrs D YEANDLE	Nursing Officer - Health Visiting	Chingford

* denotes speaker

KING EDWARD'S HOSPITAL FUND FOR LONDON

King's Fund Centre

IMPROVING HEALTH CARE FOR TRAVELLERS

PROGRAMME

Chairman: **Michael R. Whitlam**, Deputy Director of Child Care, Save the Children

10.00 a.m.	Arrive and coffee
10.30	Chairman's introduction
10.45	Travellers in Britain: developments over the last 15 years
	Lady Plowden Chairman, Advisory Committee for the Education of Romany and other Travellers
11.05	Health Care for Travellers: current provision and ways forward
	Kit Sampson Health Liaison Worker, Save the Children
	Brenda Lawrie Senior Nurse (Health Visiting) Tower Hamlets Health Authority
12.05	Discussion
12.45	LUNCH
2.00	Discussion groups
	There will be a choice of six discussion groups: more details are given overleaf.
3.30	TEA
3.45	Outstanding issues and questions to panel
4.15	Chairman's summary

IMPROVING HEALTH CARE FOR TRAVELLERS

Wednesday 29th February, 1984

Discussion groups 2 - 3.30 p.m.

Participants will be offered a choice of six groups, led by people working on local projects, who will speak briefly about their work to open the discussion. The emphasis will be on exchanging ideas and views, especially ideas about practical action to improve health care for Travellers.

GROUP 1 : Organising primary health care for Travellers in Sheffield

Beryl Peck, practice-based health visitor, Sheffield H.A.

Penny Roberts, Project Leader, "Write Here" Travellers Centre

This group will look at how the health service in Sheffield has been made aware of the necessity to discriminate positively in the provision of health care for Travellers. In particular, the practice-based health visitor will describe her role in this process and Penny Roberts will examine the vital links between the statutory and voluntary sectors.

GROUP 2 : Working with Travellers on a stressful inner city site

Terry Suddaby, Project Worker, Save the Children

This group will consider the particular difficulties faced by Travellers in urban settings. It will also look at the project worker's role as a catalyst in obtaining proper health care for Travellers on the Westway site in central London.

GROUP 3 : Site provision and environmental health: legal and practical aspects

R L Davis, Chief Environmental Health Officer, London Borough of Bromley

Joan Collins, Advisory Committee for the Education of Romany and other Travellers

This group will consider the current shortages of sites; local authority responsibilities; the management of sites and environmental health issues; Government policy and advice on site provision; and legislation and statistical information about sites.

GROUP 4 : The mobile clinic in East Anglia

Kit Sampson, Health Liaison Worker, Save the Children

Jackie Hayward, Health Visitor, Norwich H.A.

This group will discuss the origins and work of the mobile clinic - the problems encountered and how they are dealt with. More generally, the mobile clinic will be considered as one model of taking services to consumers.

GROUP 5 : The work of a specialist health visitor in East London

Brenda Lawrie, Senior Nurse, Tower Hamlets H.A.

Linda Dodge, Health Worker for Travellers, City & Hackney; Islington and Tower Hamlets H.A.s

This group will cover the problems Travellers experience in obtaining health care; the health needs of Travellers in East London and a way of adapting health visiting practice to meet their needs.

GROUP 6 : Research into the health of minority groups

Maggie Pearson, Director, Centre for Ethnic Minority Health Studies

Peter Linthwaite, Research and Development Officer, Save the Children

With reference to research into Traveller health (Peter Linthwaite) and into the health of other minority populations (Maggie Pearson), the discussion will cover methodological difficulties, the presentation and dissemination of results and the effect of research on the health professionals and minority groups concerned. Issues such as achieving change based on research findings and the problem of avoiding stigmatisation will be raised.

USEFUL ADDRESSES

Advisory Committee for the Education of Romany and other Travellers (ACERT)
Combe Lodge
Keinton Manderville
Somerset TA11 6DQ

Tel: 045 822 3308

National Field Officer:
Tess Richards

Association of Gypsy Organisations
3 Oxney Road Travellers' Site
Peterborough
Cambridgeshire

Peter Mercer

East Anglian Gypsy Council
80 Lincoln Road
Peterborough
Cambridgeshire

Tel: 0733 54630

Peter Mercer

Greater London Council Ethnic Minorities Unit
Room 686 A
County Hall
London SE1 7PB

Tel: 01 633 4261

Outreach Worker for Travellers:
Brian Foster

Gypsy Lore Society
Manor Farm
Henley Road
Coventry

Tel: 0902 764287

Inner London Education Authority Teachers for Travellers
Ilderton School
Varcoe Road
London SE16

Tel: 01 237 1174

London Roadside Travellers
Box 18
136 Kingsland High Street
London E8

National Association of Teachers for Travellers
28 Hookfield
Epsom
Surrey

Tel: Epsom 22089

Secretary:
Cathie Allison

National Council for Travelling People
12 Westmoreland Street
Dublin 2
Eire

Tel: 0001 766761

National Gypsy Council
Greengate Street
Oldham
Greater Manchester

Tel: 061 665 1924

President:
Hughie Smith

National Gypsy Education Council
204 Church Road
Hanwell
London W7

Tel: 01 579 5108

Thomas Acton

Quaker Community Relations Committee
Friends House
Euston Road
London NW1 2BJ

Tel: 01 387 3601

Martin Wyatt

Romany Guild
The Caravan Site
50/56 Temple Mills Lane
London E15 2ER

Tel: 01 555 7214

Tom Lee

Save the Children Fund
Gypsy Section
Mary Datchelor House
17 Grove Lane
London SE5 8RD

Tel: 01 703 5400

National Gypsy Liaison Officer:
Ann Bagehot

Sheffield Gypsy Support Group
'Write Here'
697 Attercliffe Road
Sheffield S9 3RF

Tel: 0742 444377

West Midlands Education Authorities Service
for Travelling Children
62 Finchfield Road West
Wolverhampton WV3 0HY

Tel: 0902 764287

Chris Beresford-Webb