Gypsies and Travellers accessing primary health care: interactions with health staff and requirements for 'culturally safe' services.

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Appendix A

Critical appraisal of methodological quality of reviewed papers on Gypsy and Traveller health

Main themes of Review

The impact of cultural beliefs, attitudes and perceptions about health on the health and health care experience of Gypsy Travellers adults
The impact of cultural beliefs, attitudes and perceptions about health on the health and health care experience of Gypsy Traveller children
The impact of cultural beliefs, attitudes and perceptions about health on Gypsy Traveller’s access to health care.

Sources for the Review

Medline
Cinahl
Amed
BNI
Psych Info
IBBS
Assia
Private collections held
Reference citations of existing literature

Search Strategy

<table>
<thead>
<tr>
<th>Concept 1</th>
<th>Concept 2</th>
<th>Concept 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gypsy; Gipsy(ies) OR Rom; Roma Romany OR Travellers OR Attitudes to health OR Health behaviour</td>
<td>Culture OR Beliefs OR Lifestyle OR Primary care services OR Attitude of health personnel</td>
<td>Health Status OR Health Outcomes OR Health Services Delivery</td>
</tr>
</tbody>
</table>

Study inclusion criteria

46 potentially relevant records were originally identified in addition to those already held. These were all saved into the Reference Manager software package (version 10) for future
retrieval and management. Key words were assigned to the different types of paper to facilitate the management. 22 references that were descriptive reviews of personal practice, comments or reviews that were not primary research studies were excluded. As I was focusing this review question to Gypsy Travellers in the British Isles I had limited to the English language.

I excluded a further 9 papers reporting on studies in Europe and 8 reporting on American Gypsies, for this part of my review. The populations being studied in these papers are quite different, and there appear to be distinctly different cultural influences. The health care systems also differ considerably from the NHS and Irish health care systems, and this limits the extent to which findings can be generalised to factors affecting access to health care and health care experience of Gypsy Travellers in the British Isles.

One further study was excluded because the focus was on the evaluation of a method of service delivery. I also excluded my own paper to avoid bias.

The remaining papers fitted the following inclusion criteria for my review:

- Gypsy Travellers (including Irish Travellers) adults and/or children
- Cultural lifestyle is a considered factor (includes beliefs, attitudes and perceptions)
- Impact on health status or access to health care explored
- Primary research studies
- Publication type—published journal papers.
- Countries—British Isles (England, Wales, Scotland, Northern Ireland, Republic of Ireland)
- Language—limited to English language
- Publication date—limited to post 1966

Number of selected studies that matched these criteria - 7 studies (8 papers)

Although the selected studies do not necessarily examine beliefs, attitudes and perceptions about health specifically, their relevance in relation to cultural lifestyle is implicit either in the hypothesis or the background information. These remaining selected papers were so few in number that it would have been inappropriate to exclude further in terms of quality, given the difficulties inherent in carrying out methodologically valid studies in this population. The quality of these studies, however, has been considered and is described in the review.

Country of origin in the British Isles for selected studies:

- England 4
- Northern Ireland 1
- Ireland 2

The focus for the selected studies was limited to three areas of health outcome:

- Child and maternal health (including immunisation status) - 4 studies
- Influence of consanguinity on prevalence of congenital anomalies* - 2 studies
- Dental health, food and hygiene - 1 study
* this area of focus was also, included in one of the 4 studies of child and maternal health.

Studies concerning determinants of general health of adult Gypsy Travellers were noticeably absent.

Criteria for Methodological Assessment

Six of the seven studies used surveys as the main methodology. Only one study (for which there were two separate papers) also included a qualitative study using in depth unstructured interviews. Qualitative studies, would be the most suitable methodology for the review question, but surveys are the easiest method to employ in researching a 'hard to reach' population However, methods such as surveys reduce the likelihood of causality being attributed with a high degree of validity and they are low in the hierarchy of quantitative research evidence.

The selected papers were assessed for their methodological quality using a checklist suitable for survey methods. Data was then extracted from the studies using a standard data extraction sheet and the data was collated in a table. Data was collected on study population, study aims and focus, study methodology, outcome measures, results and conclusions. The results were synthesized and entered into a summary table.

The main titles of the seven studies are listed below and are referred to by authors and year in the remainder of the review without additional referencing.

Edwards and Watts 1996
Pahl and Vaile 1986
Feder, Vaclavik, Streetly 1993
Gordon et al 1991
Flynn M 1986
Barry and Kirke 1997
Anderson 1997

Diet and Hygiene and Oral health care in the lives of Gypsy Travellers (2 papers)
Health and health care among Travellers
Gypsies and childhood immunisation:
The health of travellers' children in N. Ireland
Mortality, morbidity and marital features of travellers
Congenital anomalies in the Irish Traveller community
Health concerns and needs of traveller families

Overall there were serious flaws in methodological quality1 of most of these papers and this was taken into consideration in discussion of the findings (see Chapter Three).

Appendix B
Full Research Questions: Phase 1 and Phase 2

Research Questions Phase 1

What are the health beliefs and attitudes of Gypsy Travellers in relation to health service usage and access?
What are Gypsy Travellers' experiences in accessing health care and the cultural appropriateness of services provided?

Research Questions Phase 2

Primary Research Question

- How do Gypsies and Travellers and health staff perceive existing communication barriers?

Secondary Research questions

- Can facilitation of an exchange of views and perceptions between Gypsies and Travellers and health staff lead to modification of perceptions and views on either side?
- Can an exchange of views and perceptions facilitate a collaborative process between the Gypsies and Travellers with the researcher to generate specific resources and methods for improving communication?
- How do participants view the effects of their own involvement in this process of action research, both during the process itself and after completion?
### Appendix C

**Phase I Sampling Grid**

and

**Characteristics of interviewees**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Number from Interviewed sample (n 27)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>7</td>
</tr>
<tr>
<td>Female</td>
<td>20</td>
</tr>
<tr>
<td><strong>Age group</strong></td>
<td></td>
</tr>
<tr>
<td>16-25</td>
<td>4</td>
</tr>
<tr>
<td>26-45</td>
<td>13</td>
</tr>
<tr>
<td>46-65</td>
<td>7</td>
</tr>
<tr>
<td>Over 65</td>
<td>3</td>
</tr>
<tr>
<td><strong>Accommodation</strong></td>
<td></td>
</tr>
<tr>
<td>Council Site/ Private site</td>
<td>16</td>
</tr>
<tr>
<td>Unauthorised roadside site</td>
<td>2</td>
</tr>
<tr>
<td>Housed</td>
<td>8</td>
</tr>
<tr>
<td>In temporary (homeless)</td>
<td>1</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td></td>
</tr>
<tr>
<td>(pilot) Northampton</td>
<td>2</td>
</tr>
<tr>
<td>Bristol</td>
<td>4</td>
</tr>
<tr>
<td>Norfolk</td>
<td>3</td>
</tr>
<tr>
<td>London</td>
<td>8</td>
</tr>
<tr>
<td>Leicester</td>
<td>10</td>
</tr>
</tbody>
</table>
Appendix E
Study Phase I Sample of coded data

HU: DH Traveller project
File: [c:\program files\scientific software\atlasti\textbank\DH Traveller project April 29th]
Edited by: Super
Date/Time: 12/05/03 11:36:34

----------------------------------------
222 quotation(s) for code: HEALTH BEHAVIOURS
Quotation-Filter: All

----------------------------------------

P43: 22 RE.txt - 43:55 (1085:1103)  (Super)
Codes: [accommodation factors] [close family living]
       [community support or isolation] [depression methods of coping]
       [depression/mental health] [family involvement in health issues] [health behaviours] [lay referral]

And how do you deal with that then, if you do get worried and you get pressure, what do you do about it? Just like go for the walk or go and talk to your mum, like say to her, I'm in a very bad mood today now. Say, what's wrong, she'll say, like whatever pains or, do you know what I mean? Like you talk about it. Then when you're around the girls you're not too bad. Have an old chat, a smoke, a fag, and you have a good chat with them. And is that more difficult when you're living in a house, or do you still get to see them? No it's bad living in a house, love, you can't see nobody. You do, I go and see them every now and again. On the site? It's not the same is it? Do you know what I mean? You like to be staying with them and. You like to be together like

P43: 22 RE.txt - 43:58 (1139:1146)  (Super)
Codes: [cleanliness/germs/pollution] [cultural or personal factors]
       [health behaviours] [motivation for preventive care]
       [self reliance/stoicism]

So what, going back to keeping healthy, is there anything you do about trying to keep yourself healthy and anything particularly you do? No, not a lot really. Watch what we're eating now and In what way? Clean up now and. I don't know, keep fit, walk around. You know what I mean

P43: 22 RE.txt - 43:60 (1170:1185)  (Super)
Codes: [access to health or social care] [health behaviours]
       [priority importance of children (and fertility)]

Do you go to the doctor, is that the first person you go to, if you're not well, the doctor? No we wait for about four days to see how we get on ourself. If we're getting worse, have to be dragged out of here. Sometimes we have to be made to go. Right, but you, would you wait four days with the children, if they weren't well, to see how they got on? No. I'd bring them. You'd bring them straight away. Yeah. If Darren he has a chest infection now I'd drop by school and bring him straight to the GP at nine o'clock in
the morning. But he always sees the doctor, don't you son?

P43: 22 RE.txt - 43:67 (1474:1487) (Super)
Codes: [access to health or social care] [communication and use of language] [embarrassment/shame/lack of confidence] [health behaviours]

That's another thing love, feel yourself, it's a bad thing to feel yourself. It always say on the telly you have to look after yourself. Would you do that? Couldn't feel myself the whole time love. Because if ** How did you find the lump then? Because I felt. Just washing yourself or something? Yeah. Here. I felt funny then we had to go,

P43: 22 RE.txt - 43:68 (1487:1502) (Super)
Codes: [control over life/choice/self-determination] [family involvement in health issues] [fear of serious/terminal illness/death] [health behaviours] [knowledge/understanding and health awareness]

but there was a woman at the surgery when I was in, she came out and she said, she had a baby with her, his age, a little girl, she said I have, she met her friend, an old lady about 80 years. She said, I have to go to the hospital, she said, I've a lump. I think it's something bad. When I heard her saying that, I said, thinking about her lump about my lump, do you know what I mean. And it's bad though love - lumps. Don't like them things. So you'd talk to your mum, you'd speak to your mum about anything you were worried about? I'd show it to her yeah, I'd show it to her. ** or, I'd have to show it to her. Say what do you think they are? And if she says, ** no harm, but go to the hospital, we listen to that. But then by the time we're there the sweats falling off us. It's bad to get results like that love. It's not good. I wouldn't like to have results like that.

P43: 22 RE.txt - 43:70 (1522:1531) (Super)
Codes: [access to health or social care] [communication and use of language] [denial] [depression methods of coping] [depression/mental health] [health behaviours] [meaning of health] [self reliance/stoicism]

And how do you go about doing that? How do you do that? Just cool down ourselves and look after ourselves. Do you know what I mean? We get vexed sometimes and what can you do? Not cry or something. You know go crazy like. People who have depression, they sits down, oh God, I'm bad, and I'm going to get worse. Don't think that way. We says like we're feeling bad now, in a bad mood, we thinks it's a bad mood we're in and we try to get out of it ourselves. Try and clean and leave it out of our head. Because if you try to think, turn my depression off, you think If I got depression. I don't need to see the doctors. I don't have depression love, I say, I'm fine.
<table>
<thead>
<tr>
<th>Fluid membership</th>
<th>Shifting membership</th>
<th>Selected membership</th>
<th>Selected membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>by negotiation boundary or open/closed</td>
<td>professional group or interdisciplinary</td>
<td>between cause and effect</td>
<td>between cause and effect</td>
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<tr>
<td>selection of mutual</td>
<td>professional(s) or (interdisciplinary)</td>
<td>interfering relationships</td>
<td>interfering relationships</td>
</tr>
<tr>
<td>self-focused</td>
<td>work groups of managers and</td>
<td>researchers or purposes</td>
<td>researchers or purposes</td>
</tr>
<tr>
<td>focused</td>
<td></td>
<td>selection made by</td>
<td>selection made by</td>
</tr>
<tr>
<td>leader or practitioner</td>
<td></td>
<td>closed group, controlled,</td>
<td>closed group, controlled,</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Groups in</td>
<td></td>
<td>Social scientific bias,</td>
<td>Social scientific bias,</td>
</tr>
<tr>
<td>Managed bias of clients</td>
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<td>dymanics</td>
<td>dymanics</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Empowering professionals</td>
<td>Overcoming resistance to</td>
<td>Some people in the group: identifying causal</td>
<td>Some people in the group: identifying causal</td>
</tr>
<tr>
<td>towards pluralism</td>
<td>change towards consensus</td>
<td>relationship between behaviour and</td>
<td>relationship between behaviour and</td>
</tr>
<tr>
<td>power: structural change</td>
<td>change towards consensus</td>
<td>influencing relationships</td>
<td>influencing relationships</td>
</tr>
<tr>
<td>and shifting balance of</td>
<td></td>
<td>and social change</td>
<td>and social change</td>
</tr>
<tr>
<td>empowering use control</td>
<td></td>
<td>of administrative control</td>
<td>of administrative control</td>
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<tr>
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<td></td>
<td>Enhancing social science</td>
<td>Enhancing social science</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Re-education</td>
<td>Re-education</td>
</tr>
<tr>
<td>Re-viewing practice</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Empowering**
- Structural change
- Conflict model of society

**Professionalising**
- Interpersonal skills
- Ability to control work
- Enhancing professional emotional management

**Organisational**
- Consensus model of society
- Conflict model of society

**Experimental**
- Management social
- Action research

**Criteria distingushing**
- Type: Action Research

**Appendix**
- Action Research Topology

Action Research Topology (adapted from Her and Bond by Meyer)
<table>
<thead>
<tr>
<th>Conflict model of society</th>
<th>Empowering</th>
<th>Professionalising</th>
<th>Organisational</th>
<th>Experimental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structural change</td>
<td>Problem defined by most powerful group; some negotiation with users</td>
<td>Problem emerges from professional practice or experience</td>
<td>Problem is resolved in terms of management aims</td>
<td>Problem to be resolved in terms of management aims</td>
</tr>
<tr>
<td>Action research type</td>
<td>Problem emerges from the interaction of social science theory and social problems</td>
<td>Problem relevant for social science or management interests</td>
<td>Social science intervention to test theory or generate change towards predetermined aims</td>
<td>Problem to be solved in terms of management aims</td>
</tr>
<tr>
<td>distinguishing criteria</td>
<td>Success defined in terms of management aims</td>
<td>Success defined in terms of management interests</td>
<td>Top down, directed intervention</td>
<td>Problem to be solved in terms of management aims</td>
</tr>
<tr>
<td>3 Change of focus on</td>
<td>Emerging and negotiated definition of problem by members/organisers</td>
<td>Contested, professionally determined definitions of success accepted and expected</td>
<td>Professionally led, predefined, process led</td>
<td>Problem to be explored as part of the process of change, developing an understanding of issues in terms of problem and solution</td>
</tr>
<tr>
<td>4 Change of intervention</td>
<td>Social science intervention to test theory or generate change towards predetermined aims</td>
<td>Social science intervention to test theory or generate change towards predetermined aims</td>
<td>Social science intervention to test theory or generate change towards predetermined aims</td>
<td>Social science intervention to test theory or generate change towards predetermined aims</td>
</tr>
<tr>
<td>Action research type: distinguishing criteria</td>
<td>Consensus model of society Rational social management</td>
<td>Conflict model of society Structural change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------------------------------------------------</td>
<td>----------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Experimental</td>
<td>Organisational</td>
<td>Professionalising</td>
<td>Empowering</td>
</tr>
<tr>
<td>5 Improvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toward controlled outcome and consensual definition of improvement</td>
<td>Towards tangible outcome and consensus definition of improvement</td>
<td>Towards improvement in practice defined by professionals and on behalf of users</td>
<td>Towards negotiated outcomes and pluralist definitions of improvement: account taken of vested interest</td>
<td></td>
</tr>
<tr>
<td>6 Cyclic processes</td>
<td>Research components dominant</td>
<td>Action and research components in tension; action dominated</td>
<td>Research and action components in tension; research dominated</td>
<td>Action components dominant</td>
</tr>
<tr>
<td>Identifies causal processes that can be generalised</td>
<td>Identifies causal processes that are specific to problem context or can be generalised, or both</td>
<td>Identifies causal processes that are specific to problem or can be generalised, or both</td>
<td>Changes course of events; recognition of multiple influences upon change</td>
<td></td>
</tr>
<tr>
<td>Time limited, task focused</td>
<td>Discrete cycle, rationalist, sequential</td>
<td>Spiral of cycles, opportunistic, dynamic</td>
<td>Open ended, process driven</td>
<td></td>
</tr>
<tr>
<td>7 Research relationship, degree of collaboration</td>
<td>Experimenter or respondents</td>
<td>Consultant or researcher, respondent or participants</td>
<td>Practitioner, or researcher or collaborators</td>
<td>Practitioner researcher or co-researchers or co-change agents</td>
</tr>
</tbody>
</table>
### Appendix G
#### Phase 2 Reference Group Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Role and Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lynne Hartwell</td>
<td>Specialist Health visitor for Travelling families in Medham</td>
</tr>
<tr>
<td>Val Dumbleton</td>
<td>Specialist Health visitor for Travelling families in Otherton</td>
</tr>
<tr>
<td>Sarah Cemlyn</td>
<td>Academic with prior research experience with Gypsy Travellers</td>
</tr>
<tr>
<td>Margaret Greenfield</td>
<td>Academic with prior research experience with Gypsy Travellers</td>
</tr>
<tr>
<td>Sherry Peck</td>
<td>Manager of Gypsy and Traveller organisation</td>
</tr>
<tr>
<td>Siobhan Spencer</td>
<td>Manager of Gypsy and Traveller organisation</td>
</tr>
<tr>
<td>Camille Warrington</td>
<td>Researcher with Gypsy and Traveller children</td>
</tr>
<tr>
<td>Asma Bhukari</td>
<td>GP</td>
</tr>
</tbody>
</table>
### Appendix H

#### Study Phase 2 List of Participants

<table>
<thead>
<tr>
<th>Gypsy and Traveller participants</th>
<th>Health Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lil Gaskin</td>
<td>Rowan Surgery</td>
</tr>
<tr>
<td>Julie Price</td>
<td>1 x GP</td>
</tr>
<tr>
<td>Charmaine Price</td>
<td>1 x Practice Nurse Manager</td>
</tr>
<tr>
<td>Neesha Price</td>
<td>3 x Nurses</td>
</tr>
<tr>
<td>Maggie Smith</td>
<td>1 x Health care assistant</td>
</tr>
<tr>
<td>Sherry Bennett</td>
<td>1 x Midwife</td>
</tr>
<tr>
<td>Tracy O’Neill</td>
<td>4 x Receptionist</td>
</tr>
<tr>
<td>Mary Ann Smith</td>
<td>Elm Surgery</td>
</tr>
<tr>
<td>Charmaine O’Neill</td>
<td>3 x GPs</td>
</tr>
<tr>
<td>Tammy Bennett</td>
<td>2 x Nurses</td>
</tr>
<tr>
<td>Ann Price</td>
<td>1 x Reception manager</td>
</tr>
<tr>
<td>Violet Tucker</td>
<td>5 x Receptionists</td>
</tr>
<tr>
<td>Eileen Lowther</td>
<td></td>
</tr>
<tr>
<td>Jimmy Lowther</td>
<td>Walk-In Centre</td>
</tr>
<tr>
<td>Tully Lowther</td>
<td>1 x Nurse leader</td>
</tr>
<tr>
<td>Kim Maloney</td>
<td>4 x Nurses</td>
</tr>
<tr>
<td>Ada North</td>
<td>1 x Receptionist</td>
</tr>
</tbody>
</table>

#### Characteristics of Gypsy and Traveller participants

**Medham**
Ten women in 2 families – covering 3 generations (age range 16 years to over 55 years)
Living either in houses or on authorised sites
All married with children except the youngest generation.

**Littleton**
One woman, mother of 2 children
Living on authorised site

**Norville**
Five women and one man (age range 25 years to over 70 years)
All married with children except youngest participant
Living in houses, authorised sites or unauthorised sites
# Appendix I

## Chronology and Format of the Stages of fieldwork

<table>
<thead>
<tr>
<th>Date</th>
<th>Group</th>
<th>No</th>
<th>Venue</th>
<th>Purpose and Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.6.04</td>
<td>Gypsy and Traveller women’s group Medham</td>
<td>7</td>
<td>Health centre</td>
<td>Introductory consultation</td>
</tr>
<tr>
<td>13.7.04</td>
<td>Gypsy and Traveller women’s group Medham</td>
<td>5</td>
<td>Health centre</td>
<td>Introductory consultation</td>
</tr>
<tr>
<td>17.8.04</td>
<td>Reference group</td>
<td>6</td>
<td>Health centre</td>
<td>Consultation</td>
</tr>
<tr>
<td>1.11.04</td>
<td>(verbal notification of Research Governance approval)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.11.04</td>
<td>Gypsies and Travellers Medham</td>
<td>2</td>
<td>Police HQ Midlands</td>
<td>Attendance at National Forum ‘Engaging Gypsies and Travellers in Police Training’</td>
</tr>
<tr>
<td>16.11.04</td>
<td>Gypsies and Travellers Medham</td>
<td>3</td>
<td>Health centre</td>
<td>Narratives session</td>
</tr>
<tr>
<td>16.11.04</td>
<td>Gypsies and Travellers Littleton</td>
<td>2</td>
<td>Family home</td>
<td>Introductory meeting</td>
</tr>
<tr>
<td>14.12.04</td>
<td>No Meeting – participants unable to attend as planned</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1.05</td>
<td>Gypsies and Travellers (Family A)</td>
<td>3</td>
<td>Health centre</td>
<td>Narratives session</td>
</tr>
<tr>
<td>26.1.05</td>
<td>Elm surgery Health staff</td>
<td>9</td>
<td>Staff room</td>
<td>Focus group</td>
</tr>
<tr>
<td>27.1.05</td>
<td>Walk-In Centre Health staff</td>
<td>3 + 3</td>
<td>Staff room</td>
<td>Focus groups x 2</td>
</tr>
<tr>
<td>28.1.05</td>
<td>Gypsies and Travellers Medham (Family B)</td>
<td>4</td>
<td>Family home</td>
<td>Narratives session</td>
</tr>
<tr>
<td>28.1.05</td>
<td>Gypsy Littleton(Family C)</td>
<td>1</td>
<td>Family home</td>
<td>Individual Interview</td>
</tr>
<tr>
<td>3.2.05</td>
<td>Gypsies and Travellers Norville</td>
<td>6</td>
<td>G&amp;T support centre</td>
<td>Introductory meeting -Focus group</td>
</tr>
<tr>
<td>9.2.05</td>
<td>Gypsies and Travellers Medham (Family A)</td>
<td>3</td>
<td>Family home</td>
<td>Focus group</td>
</tr>
<tr>
<td>15.2.05</td>
<td>Rowan Surgery Health staff</td>
<td>9</td>
<td>Staff room</td>
<td>Focus group</td>
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</table>

352
<table>
<thead>
<tr>
<th>Date</th>
<th>Group</th>
<th>No</th>
<th>Venue</th>
<th>Purpose and Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.3.05</td>
<td>Rowan Surgery Health staff</td>
<td>7</td>
<td>Staff room</td>
<td>Narratives session</td>
</tr>
<tr>
<td>22.3.05</td>
<td>Elm surgery Health staff</td>
<td>8</td>
<td>Staff room</td>
<td>Narratives session</td>
</tr>
<tr>
<td>29.4.05</td>
<td>A&amp;E nurse</td>
<td>1</td>
<td>Health centre</td>
<td>Individual Interview</td>
</tr>
<tr>
<td>16.6.05</td>
<td>Gypsies and Travellers Norville</td>
<td>5</td>
<td>G&amp; T centre</td>
<td>Preliminary feedback</td>
</tr>
<tr>
<td>22.6.05</td>
<td>Gypsies and Travellers Medham(Family B)</td>
<td>4</td>
<td>Family home</td>
<td>Preliminary feedback</td>
</tr>
<tr>
<td>22.10.05</td>
<td>Gypsies and Travellers Medham(Families B&amp; C)</td>
<td>6</td>
<td>Restaurant</td>
<td>Feedback &amp; informal evaluative focus group</td>
</tr>
<tr>
<td>12.1.06</td>
<td>Gypsies and Travellers from Medham and Norville</td>
<td>11</td>
<td>G&amp; T centre Norville</td>
<td>Feedback &amp; Evaluative focus group</td>
</tr>
<tr>
<td>20.1.06</td>
<td>Elm surgery Health staff</td>
<td>1</td>
<td>GP room</td>
<td>Evaluative meeting</td>
</tr>
<tr>
<td>20.1.06</td>
<td>Rowan surgery Health staff</td>
<td>6</td>
<td>Staff room</td>
<td>Feedback &amp; Evaluative focus group</td>
</tr>
</tbody>
</table>
Appendix J

Study Phase 2 Sample of Initial Coding

Document: HSI 005
Created: 09/03/2005 - 16:17:23
Modified: 29/07/2005 - 16:59:19
Description: 1st Focus group with Elm surgery Health staff 26.1.05

Nodes in Set: All Tree Nodes
Node 1 of 95 (11) /Health staff attitudes/stereotyping
  Passage 1 of 5 Section 0, Para 56, 57 chars.
  Passage 2 of 5 Section 0, Para 60, 46 chars.
  Passage 3 of 5 Section 0, Para 74, 33 chars.
  Passage 4 of 5 Section 0, Para 90, 37 chars.
  Passage 5 of 5 Section 0, Para 106, 28 chars.

Node 2 of 95 (111) /Health staff attitudes/stereotyping/Non compliant compared to 'norm'
  Passage 1 of 4 Section 0, Para 116, 159 chars.
  Passage 2 of 4 Section 0, Para 270, 93 chars.
  Passage 3 of 4 Section 0, Para 492, 78 chars.
  Passage 4 of 4 Section 0, Para 496, 158 chars.

Node 3 of 95 (112) /Health staff attitudes/stereotyping/GTs don't compromise
  Passage 1 of 2 Section 0, Para 60, 54 chars.
  Passage 2 of 2 Section 0, Para 116, 159 chars.

Node 4 of 95 (113) /Health staff attitudes/stereotyping/generalising language
  Passage 1 of 3 Section 0, Para 200, 43 chars.
  Passage 2 of 3 Section 0, Paras 218 to 223, 256 chars.
  Passage 3 of 3 Section 0, Para 492, 169 chars.

Node 5 of 95 (117) /Health staff attitudes/stereotyping/non-stereotyping or acknowledgement
  Passage 1 of 7 Section 0, Para 90, 37 chars.
  Passage 2 of 7 Section 0, Para 206, 89 chars.
  Passage 3 of 7 Section 0, Para 231, 349 chars.
  Passage 4 of 7 Section 0, Para 235, 306 chars.
  Passage 5 of 7 Section 0, Para 582, 162 chars.
  Passage 6 of 7 Section 0, Para 618, 276 chars.
  Passage 7 of 7 Section 0, Paras 618 to 624, 356 chars.
PAGE MISSING IN ORIGINAL
### Appendix L

**Story One in Labov’s grid (over 3 pages)**

<table>
<thead>
<tr>
<th>Labov structure</th>
<th>Narrative clauses</th>
<th>Interpretation</th>
</tr>
</thead>
</table>
| **Abstract**    | Question. So do you ever go to a doctor?  
If I’m ill  No. Just if I’m poorly. Physically not mentally. | The Gypsy storyteller would not routinely go to a doctor about mental health issues (implying that this would be inappropriate and a sign of weakness) |
<p>| <strong>Orientation</strong> | I was at x town and the children were all small I don’t know what was going on. I think there was some people on the site where we were and I think they were all fighting and arguing and [beating] each other up and all things like that and I think it was getting no sleep and being run down and worrying of kids and he couldn’t handle money and things was hard. And it was winter and I used to sit and cry and cry and cry. I thought what was wrong with me. There was something wrong with me. | There were many factors contributing to her stress at the time but the depth of her apparent depression confused and worried her |</p>
<table>
<thead>
<tr>
<th>Complicating action</th>
<th>Resolution</th>
<th>Coda</th>
</tr>
</thead>
<tbody>
<tr>
<td>But I did go to the doctor on that occasion and I said I think I'm being paranoid or something because I am continuously miserable</td>
<td>and I sat there and talked to him for a few minutes and he was a nice man and he said well what's your problem. I said I don't know and then he said half a dozen words and in that half a dozen words that he summed up exactly what was wrong... He said, he said, are you sick of your way of life? He was asking questions, he wasn't really telling me anything. And he said, are you sick of your way of life? Are you sick of where you are? And he asked me half a dozen questions and I thought (laugh) yeah. That is it. Spot on. What he was asking me was exactly what the problem was.</td>
<td>And he gave me anti-depressant tablets and I said I'm not going to take em and I never took em. I went home. I said to me husband. If it's hard here, it's going to be hard everywhere but the atmosphere was too bad. I said, 'let's go'. And he said, 'no we can't go'. I said, 'we have to go'. And that was the first time I think in a long time I put me foot down. I said we have to go. And we did, we packed up and went and that was about it...And that made it better. And I thought, he's right. Whatever that doctor had said, he was 100% but yeah</td>
</tr>
<tr>
<td>She ‘broke’ her usual rule and attended the doctor</td>
<td>The doctor understood her distress and ask revealing questions that helped her to identify the cause of the problem and the appropriate solution</td>
<td>She felt didn’t need medical treatment once the cause and solution were identified ie if she is able to move / travel according to her cultural practice she would not need medical intervention</td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td>I thought it was just me being all misery and grumbling and groaning and kids, but it wasn’t. But it took me to sit and talk to a stranger and then in like I say in half a dozen words, he’d hit the nail on the head and he said, ‘it’s your way of life’ And I know. And how he was talking about it. Yeah he was right. That is the total root of the problem”</td>
<td>The doctor was perceptive in being able to validate the cause of her distress as a cultural issue. The real message from the storyteller is that travelling or the ability to travel is a cultural requisite for good emotional and mental health</td>
</tr>
</tbody>
</table>
# Appendix M

## Story 2 in Labov’s Grid (over 2 pages)

<table>
<thead>
<tr>
<th>Labov structure</th>
<th>Narrative clauses</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abstract</strong></td>
<td>she wanted a prescription for an antihistamine</td>
<td>Story to follow about Gypsy Travellers attempts to obtain a prescription she required</td>
</tr>
<tr>
<td><strong>Orientation</strong></td>
<td>I mean we had a lady, I think it was last week... she tried every desk and there was nothing on the screen. She wasn’t on a repeat</td>
<td>The patient came for a prescription that was not authorised for the receptionist to request from GP</td>
</tr>
<tr>
<td><strong>Complicating action</strong></td>
<td>and we kept saying you know, I’m sorry we can’t just give you them. You’ve got to see a doctor.</td>
<td>Receptionists vainly attempting to inform patient that she required a GP appointment.</td>
</tr>
<tr>
<td><strong>Resolution</strong></td>
<td>And she tried every one and then she’d storm out. ‘Oh I can’t breathe so if I drop dead will you call an ambulance... Recep B Shrieking and Recep A You know and she didn’t get it at one desk.... Anyway in the end I think she, Dr Bennett actually saw her as an urgent</td>
<td>Patient reacted as if receptionist was being deliberately obstructive and started making loud demands at each desk that resulted in her being seen as an urgent appointment</td>
</tr>
<tr>
<td>Coda</td>
<td>And she got her antihistamines what she wanted</td>
<td>The patient ‘got what she wanted’, but as a result of unreasonable behaviour</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td>What do I do. You know. And she was shouting and every body, you know</td>
<td>Receptionists feel that patient behaviour was manipulative, as they had no choice but to compromise/concede because of the ‘scene’ created. GT’s getting more than they deserve when they don’t follow the ‘normal rules’</td>
</tr>
</tbody>
</table>
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