

# **Gypsies and Travellers**

## **Executive Summary**

The Gypsy & Traveller population in England was recorded as 57,680 in the 2011 census (with 176 living in North Somerset) but this does not include all Gypsy & Traveller groups and specific estimates for the total North Somerset population are therefore difficult to obtain. The health needs of Gypsies & Travellers show considerably poorer health status compared to either other ethnic minority groups in England or the general population. National data suggests Gypsies & Travellers are more likely to have a wide range of physical and mental health conditions. However, stroke, cancer and diabetes are likely to be less common. A specific health needs assessment was conducted for the North Somerset Gypsy & Traveller community by conducting a questionnaire survey with 28 individuals. In addition, the views of 44 health professionals were captured. Whilst half the individuals raised concerns about their current health status there was a lack of interest in offers to engage with preventative services which may reduce the risk of adverse health events. Sixty percent of the surveyed group were smokers. There was a high level of registration with GPs but less with dentists. Little information is available on some aspects of lifestyle and behaviour such as sexual health. The council provides pitches across 3 sites and recent consultation with the community has identified the need for 60 additional residential pitches by 2016. Access to pre-school provision and retention to secondary education remain particular issues.

There are high levels of satisfaction with the services that are currently provided but low levels of usage in a number of areas.

## **Overarching Challenges**

- There is a lack of robust data on the size of the Gypsy & Traveller population. Preparing services for future needs without good data on the population requiring those services is problematic.
- Engaging the community with existing services requires the provision of culturally appropriate services and the training and awareness of staff providing those services to ensure the needs of the whole community are met.
- There are a number of areas where we lack intelligence, information and data on the needs of the community. There is a specific challenge in how best to conduct studies and engaging with the community to better understand those needs.

### **Authors:**

Ruth Kipping, Consultant in Public Health, North Somerset Council

Jonathan Roberts, Consultant in Public Health, North Somerset Council

Mark Hughes, Head of Strategic Housing Services, North Somerset Council

Rachel Ballin and Lynda Howells, Education, North Somerset Council

December 2013.

## **Why is this area important?**

The literature on the health of Gypsy & Travellers is very limited and there are large gaps in research. It is therefore difficult to establish a comprehensive review of needs. However, the general consensus from the sources that are available is that the health of Gypsy & Travellers is significantly worse than the national average.<sup>1</sup> In addition, being a Gypsy or Traveller is associated with poorer health outcomes than those seen in two other ethnic minority groups resident in England (Pakistani Muslim and African Caribbean) and they in turn have poorer health outcomes than White residents.<sup>2</sup> The communities have lower life expectancy and higher rates of infant mortality. Cultural beliefs and attitudes underpin health related behaviour, and health experiences must therefore be understood in this context. In the Gypsy and Traveller communities, 'ill health is seen as standard, an unavoidable consequence of adverse social experiences, and is stoically and fatalistically accepted'.<sup>3</sup> The strong oral tradition, with information passed from one generation to another may be detrimental with regard to health information.<sup>3</sup> The communities are more likely to live in environments which are detrimental to health and less likely to access health services. The communities have lower formal education after primary school and leave school earlier compared with the general population.

## **The Gypsy and Traveller population**

Gypsies & Travellers living in the UK are made up of different communities including Romany Gypsies, Irish Travellers, Scottish Travellers, Welsh Travellers, New Travellers, Travelling Showpeople, Bargees and Circus People. Romany Gypsies and Irish Travellers are the only groups recognised as ethnic groups.<sup>1</sup>

Despite being a recognised distinct ethnic group since 1989, major surveys such as the census, general household survey and health survey for England have only included specific recording of Gypsy & Traveller groups since 2011.

---

<sup>1</sup> In this chapter the term 'Gypsies & Travellers' will be used to refer to these groups collectively.

The 2011 census data suggests there are 57,680 Gypsy & Travellers in England and Wales, however the total Gypsy & Traveller population (when including those with a mobile lifestyle so unlikely to be included the census and other groups not recorded) is between 200,000 and 300,000.

**Table 1.** The 2011 census data for Gypsy or Irish Travellers ethnic group in North Somerset

	<b>All persons</b>	<b>Males</b>	<b>Females</b>
Age 0 to 24	92	45	47
Age 25 to 49	52	18	34
Age 50 to 64	16	5	11
Age 65 and over	16	12	4
All Ages	176	80	96

The Department of Communities and Local Government survey of caravans (caravan count) for 2010 estimated there are 18,148 caravans in England including those on unauthorised sites. It does not publish details of the number of people living within these.

In North Somerset there is provision for 59 pitches and there are 96 children known to the EMTAS Service. It is however difficult to estimate the *total* number of Gypsies & Travellers in North Somerset across all groups and there is a challenge in identifying sources of data to inform on the size of the local population.

The provision of pitches for Gypsies & Travellers is important as it enables safe and healthy housing to be established. Without pitch provision Gypsy & Travellers are forced to either live in overcrowded conditions with family/friends, to illegally camp or live in “bricks and mortar accommodation” which culturally is unacceptable. Research has identified that Gypsies & Travellers living on settled sites experience lower levels of harassment than those living on illegal encampments or in “bricks and mortar”

Published evidence also shows that Gypsies & Travellers are likely to have lower levels of education compared to the general non travelling population, and educational outcomes for Gypsy & Traveller pupils are significantly below the national average.

The most robust study of health needs of adults (excluding New Age travellers) was undertaken by Parry et al and compared the health needs of 293 Gypsies & Travellers in five areas in England to the needs of 293 non-travelling adults, matched for age and sex in rural and deprived communities.<sup>1</sup> The findings from this study are included below, with additional information from other literature on the health needs of children, adults, lifestyle behaviours, access to and use of health services and educational attainment.

**Table 2: Reported health and educational status of Gypsy & Traveller population**

Child Health	<ul style="list-style-type: none"> <li>• higher infant mortality rates (up to five times higher)<sup>4</sup></li> <li>• lower birth weight<sup>5</sup></li> <li>• lower levels of breastfeeding<sup>6</sup></li> <li>• lower immunisation rates<sup>1,7</sup></li> <li>• higher rates of accidents<sup>8</sup></li> </ul>
Adult Health	<ul style="list-style-type: none"> <li>• significantly worse health status<sup>1</sup> including reduced life expectancy<sup>9</sup></li> <li>• more likely to have a long-term illness or disability which limits daily activities or work (11% higher)<sup>1,2</sup></li> <li>• more problems with mobility, self-care, usual activities, pain or discomfort, anxiety or depression<sup>1</sup></li> <li>• higher maternal death rates<sup>10</sup> and higher prevalence of miscarriage (16% compared to 8%)<sup>11</sup></li> <li>• higher prevalence of respiratory problems, bronchitis/emphysema (10% compared to 2%)<sup>2</sup></li> <li>• higher prevalence of arthritis (22% compared to 10%)<sup>1</sup> and rheumatism (6% compared to 1%)<sup>1</sup></li> <li>• higher prevalence of heart disease including angina (8% compared to 4%)<sup>1,2</sup></li> <li>• higher prevalence of depression<sup>2,12</sup> and anxiety<sup>2</sup> (28% compared to 4%)<sup>1</sup></li> <li>• higher prevalence of eye problems (11% compared to 4%)</li> </ul>
Lifestyle behaviours	<ul style="list-style-type: none"> <li>• higher smoking rates (56.5% compared to 21.5%)<sup>1</sup></li> </ul>
Access and use of health services	<ul style="list-style-type: none"> <li>• less likely to visit a GP<sup>13</sup></li> <li>• more likely to use hospital accident and emergency services as the first point of contact<sup>1</sup></li> <li>• home care for the terminally ill is often preferred to hospital care<sup>14</sup></li> </ul>

Educational attainment	<ul style="list-style-type: none"> <li>• Lower formal education after primary school (44% compared to 85% in comparators)<sup>1</sup></li> <li>• Earlier age of leaving school (12.6 years compared to 16.4 years for comparators)<sup>1</sup></li> <li>• In 2011 only 25% of Gypsy and Traveller pupils achieved national expectations in English and mathematics at the end of their primary education, compared with 74% of all pupils.<sup>15 16</sup></li> <li>• At the end of secondary education, just 12% of all Gypsy and Traveller pupils achieved 5 or more GCSEs including English and maths, compared to 58.2% of all pupils.<sup>15 16</sup></li> </ul>
------------------------	---

There have however also been reports of a lower prevalence of diabetes, stroke and cancer in the Gypsy & Traveller population<sup>1</sup>. In addition, aspects of the close social network and cohesion within the community will have benefits to health.

In the study by Parry et al, differences in health were found by accommodation type, with Gypsy & Travellers with long-term illness more likely to be living in a trailer on a council site or in a house than on a private site or empty land. It is not clear whether accommodation and travelling impact adversely on health or vice versa.<sup>1</sup> Physical living conditions may result in environmental exposures that are associated with an increased risk of gastroenteritis, respiratory infections and otitis media<sup>17,18,19</sup>

Recent research<sup>20</sup> confirms the need to deliver culturally appropriate services for the community. Conclusions include:

- “A lack of trust and understanding between Gypsy & Traveller communities, their neighbours and mainstream service providers was identified as a factor in many of the problems.”
- “Some Gypsies & Travellers are unable or unwilling to engage with public services, contributing to the poor outcomes highlighted in this report. In turn some services are not appropriately equipped to engage with Gypsies & Travellers and do not always make efforts to reach out to them.”

### ***Local Health needs of the Gypsy and Traveller population***

A health needs assessment was commissioned from Buckinghamshire University to investigate the health needs of Gypsy & Travellers in North Somerset.

The study involved a questionnaire survey with 28 local Gypsy & Travellers (10 men and 18 women) from the English Gypsy (20) and Irish Traveller (8) communities. The age range of those completing the survey was 18-74 in females and 36-74 in males, so the views of younger males is not represented. In addition the study conducted an electronic survey with 44 health professionals ranging from primary care, health visitors, dentists, emergency care and midwifery.

Half of respondents from both ethnic groups reported having concerns with their health. These were consistently smoking, weight, anxiety and cardiac conditions. 60% of the respondents were current smokers and some concern was also raised about asthma and arthritis exacerbated by living conditions.

In terms of health service use, there was a high level of registration with GPs, with all respondents registered with a local GP in North Somerset. However, the corresponding levels of registration with dentists and optometrists were low. GPs were reported to be the most likely source of health information followed by advice from within the community. Out of hours care was most likely to be sought from A+E, however 79% reporting using NHS direct. There is a strong cultural preference for seeing a member of the same gender at health appointments.

The high degree of social cohesion within the community results in families preferring to support relatives at the end of life within the community. However, providing support services for bereavement is likely to be important within this context.

The professional survey revealed that professional's felt their knowledge of differing ethnic groups and cultural preferences was limited. The health concerns raised by professionals included diet and obesity but extended beyond the reported concerns of the community to include domestic violence, injuries and immunisation uptake.

Information on sensitive issues such as domestic violence, sexual health and drugs and alcohol were not obtained from the survey due to a poor response to any questions related to these areas and remain topics for which the health needs are poorly

understood in these communities.

Professionals reported very good attendance from the Gypsy & Traveller community to appointments but concerns were raised about providing continuity of care for the mobile population. There were concerns raised about how any difficulties with literacy may impact on medication use and compliance (such as risk of accidental overdose).

There was little reported awareness within the professional group of the specialist health visitor in North Somerset for Gypsy & Travellers.

Despite the concerns raised by the community about their health, no respondents replied to a question asking if they would like to be put in touch with services such as stop smoking and weight management.

### **Challenges for consideration**

<ul style="list-style-type: none"><li>• Preparing services for future challenges</li></ul>	Understanding the numbers of Gypsy & Traveller families in the local area so health needs can be assessed and planned for.
<ul style="list-style-type: none"><li>• Better targeting those whose needs are unmet</li></ul>	Engaging the Gypsy & Traveller community with preventative health services including the uptake of smoking cessation and health checks.  Increasing registration and attendance to other primary care services such as dentists and optometry.  Ensuring professionals are trained in cultural aspects of Gypsy & Traveller lifestyles and are aware of services for them such as the specialist health visitor.
<ul style="list-style-type: none"><li>• Research to fill gaps in knowledge</li></ul>	Gaining a further insight into the needs of the Gypsy & Traveller community with regard sexual health, drugs and alcohol use, domestic violence and gender specific health needs.  There is also a need for special consideration of the health needs of more mobile groups as they are less likely to be registered with a GP for continuity of care, and more likely to have poorer living conditions with less cohesion and safety.

### ***Local Housing Needs of the Gypsy and Traveller population***

A consultation covering the Council's Gypsy & Traveller sites, private sites and housed Gypsy & Travellers was conducted in 2011/2012. However, there was difficulty identifying and therefore surveying the housed community to respond due to few records existing of this community. The majority of respondents were households on sites either private or Council.

Interviews were carried out with residents of 42 pitches out of 59 known to exist within the study area, equating to a completion rate of 71.7% of sited Gypsies & Travellers surveyed for the current project.

Of those that responded 62% said that there would be a need for new accommodation/pitches amongst their household in the next five years, which showed a large and rising demand for site accommodation for Gypsies & Travellers in North Somerset. An estimated 60 new residential pitches and five transit pitches is considered likely to be needed to meet the assessed demand until 2016.

The survey identified that there were very low rates of use of services (but high levels of satisfaction where services were used) such as: support with energy saving insulation, homelessness services and adaptations to their home to help disabled household members (and no 'sited' respondents had made use of energy efficiency services compared to housed interviewees).

## Challenges for Consideration

<ul style="list-style-type: none"> <li>• Preparing services for future challenges</li> </ul>	<p>A successful bid was submitted to the Homes and Communities Agency (HCA) to fund the provision of two additional pitches at the NS Council Willow Mead site. The proposals are due to be submitted to planning during spring 2014 following pre planning consultation.</p> <p>We are working in partnership with ELIM Housing Association, who have been allocated £2.1m from the HCA, to enable delivery of 24 residential pitches at Old Junction Yard, Weston-super-Mare. Planning permission for this development has recently been obtained</p> <p>We continue to work in partnership with Planning Services, Registered Providers and landowners to identify suitable sites for Gypsy &amp; Traveller pitches throughout North Somerset..</p>
<ul style="list-style-type: none"> <li>• Better targeting those whose needs are unmet</li> </ul>	<p>As a result of the consultation a targeted action plan was developed, most of the actions are now complete and we continuing to work to identify additional pitches as set out above and to encourage Gypsy &amp; Travellers to register on HomeChoice for access to local authority/ registered provider pitches.</p>
<ul style="list-style-type: none"> <li>• Research to fill gaps in knowledge</li> </ul>	<p>This was a one off survey that set out to replicate the methodology used in the earlier West of England GTAA and accordingly used trained Gypsy and Traveller community interviewers to undertake the vast majority of the survey, supported by academic team members who monitored for quality control and undertook the analysis and production of the report.</p> <p>Result from surveys carried out in the 3 other West of England Authorities are being brought together to identify any sub regional issues and potential for joint working to meet needs as part of the regular 5 year refresh of the WoE GTAA .</p>

### ***Local Educational Needs of the Gypsy and Traveller population***

Access to pre-school provision and secondary retention remain particular issues for the Community. Attendance in school will ensure the same access to education and advice around health issues as other groups and can provide a system for referral to improve access to support for health issues.

In North Somerset the majority of primary age of Gypsy & Traveller pupils attend school but some have attendance and mobility issues. Pre-school attendance is improving but requires ongoing access support to achieve this. Secondary transfer and retention is a weakness with very low numbers attending school and the majority being on the Elective Home Education register (EHE).

The Traveller Education Service in North Somerset is provided by the ethnic minority and Traveller achievement service (EMTAS). EMTAS covers South Gloucestershire and North Somerset including Moorlands Park and Willowmeads sites and other small sites and housed families.

EMTAS data for academic year 2011-2012 shows there are the following numbers of Gypsy and Traveller children attending schools or education in North Somerset:

- Pre-school: 13
- Primary schools: 53
- Secondary schools: 7
- EHE: 21
- College: 2

This includes families with a history of high mobility and currently mobile families who are at greater risk of not accessing educational services successfully. Families in North Somerset require support in accessing educational settings at each stage of provision; however, access is particularly low in the secondary school phase.

## **Challenges for Consideration**

North Somerset is currently dependent on EMTAS South Gloucestershire personnel to provide support with access for Gypsy & Traveller families at each stage of provision. The current agreement aims to build capacity amongst North Somerset personnel to deliver this support independently by April 2014. This will involve capacity building work with Education Welfare Service, Schools and settings and other related services, for example EHE Monitoring, Children's Centres, Early Years personnel.

## **Current service provision**

Gypsies & Travellers who live within North Somerset can access NHS services, such as registering with a GP. In addition, those travelling through North Somerset can register as temporary residents. One of the GP practices in North Somerset has a large number patients registered who live on a permanent site locally.

As well as providing strategic housing services to the residents of North Somerset Council currently owns 3 Gypsy & Traveller sites which are managed under contract on the councils behalf by Elim Housing Association.

The Gypsy & Traveller community have access to schools in North Somerset, in addition the current service provision for educational welfare liaison delivers support for:

- Work with Schools, Early Years settings, the Education Welfare Service. and other relevant personnel to build outreach capacity
- Support for pupil tracking and Children Missing Education, linking with North Somerset CMES and providing any reports required by officers;
- Support for access and attendance to include joint home and school liaison visits to build capacity;
- Facilitate case work to support families with complex needs
- Provision of information/reports to inform LA decisions regarding sites

## **What do people think?**

### **Health:**

The health needs assessment found a high rate of satisfaction with health staff and no claims of discrimination towards the community by health staff. There is a strong cultural preference to see a healthcare professional of same gender.

Limited interest in engaging with health promotion initiatives despite smoking, weight loss and healthy eating most commonly cited during interviews as health concerns.

### **Housing**

The consultation identified satisfaction levels with the services provided by the council's homelessness service and teams working to provide adaptations were high. In addition there was fairly high level of satisfaction from respondents with their 'type' of residence. Respondents in self-owned sites had the highest levels of happiness, most of the respondents said they felt 'neutral' towards their place of residence or that they were 'happy' or 'very happy'. Of the respondents who said they were unhappy with their place of residence, most were unhappy with the maintenance (rented sites) or restrictions on types of accommodation (e.g. chalets) allowed on both rented and self-owned sites.

A third of households perceived that they were overcrowded and 63% said they would need additional pitches in five years time.

### **Education:**

Where there are established trust-based relationships, Gypsy & Traveller parents express satisfaction with the educational services provided.

Parents make a clear choice not to access secondary provision for a range of reasons including fear of bullying, lack of belief of the relevance of the curriculum, a belief that what they are offering at home is a better preparation for life in the community, concerns about exposure to perceived risks e.g. sex education, drugs, community peer pressure on large sites. Educational providers express frustration at the unwillingness of Gypsy & Traveller parents to engage with secondary education provision.

## What works?

Possible actions and interventions to address health needs for Gypsy & Travellers are mainly based on expert and lay opinions. A review by the University of Kent made recommendations for actions within the broad areas of<sup>21</sup>:

- addressing the lack of health needs information
- what service providers can do to reduce barriers to access
- involving travellers
- addressing deprivation among the traveller population
- the nature of interventions required to improve access

The NHS Primary Care Service Framework for Gypsy & Traveller communities aims to ensure that these communities can access the same high quality, mainstream primary care services as non Travellers.<sup>22</sup> It may be used to assist health commissioners to design new services where none exist or to adapt or amend existing services to make them accessible to these groups.

The National Institute of Health and Clinical Excellence recommends home visits for Travellers, to discuss immunisation with parents who have not responded to reminders, recall invitations or appointments. Child vaccinations should be offered at the visit.<sup>23</sup>

National reports<sup>24 25 26 27</sup> have shown that the key factors for success in access and inclusion in education are:

- Dedicated Service/Worker
- Effective partnerships built on trust, honesty and mutual respect
- Consultation
- Culturally competent staff
- Bridge families into services
- Professional introductions to sites/homes
- Assertive and pro-active outreach
- Multi Agency working

- Tailored provision
- Long term goals

### **Challenges for consideration**

The main challenges for consideration have been summarised under the headings of:

- Preparing services for future challenges
- Better targeting those whose needs are unmet
- Identifying or conducting research to fill gaps in knowledge

There is a lack of robust data on the size of the Gypsy & Traveller population and as such preparing services for future needs without good data on the population requiring those services is problematic.

Engaging the community with existing services requires the provision of culturally appropriate services and the training and awareness of staff providing those services to ensure the needs of the whole community are met.

There are a number of areas where we lack intelligence, information and data on the needs of the community. There is a specific challenge in how best to conduct studies and engaging with the community to better understand those needs.

## References

---

- <sup>1</sup> Parry G et al. Health status of Gypsies and Travellers in England *J.Epidemiol. Community Health* 2007; 61;198-204
- <sup>2</sup> Peters J et al. Health and use of health services: a comparison between Gypsies and Travellers and other ethnic groups. *Ethnicity & Health*. 2009; 14, 359-377.
- <sup>3</sup> Dion X. 2008. Gypsies and Travelers: cultural influences on health. *Community Practitioner*, 81, 31-34.
- <sup>4</sup> Smart H., Titterton M., Clark C. A literature review of the health of Gypsy/Traveller families in Scotland: the challenges for health Promotion Health Education; 2003; 103, 3; *ProQuest Health Management* pg.156
- <sup>5</sup> Pahl J & Vaile M. Health and health care among Travellers. *J Soc Policy* 1986;17:195–213.
- <sup>6</sup> Rhodes S. Gypsies' and Travellers' Health. *Community Practitioner*, Sep 2005; 78, 9.
- <sup>7</sup> Reid B. Networking for Traveller health. *Community Practitioner*; Sep 2005; 78, 9;
- <sup>8</sup> Niner P. *The provision and condition of Local Authority Gypsy/Traveller sites in England*. ODPM London 2003.
- <sup>9</sup> Cemlyn S et al. *Inequalities experienced by Gypsy and Traveller communities: A review*. University of Bristol, Buckinghamshire New University, Friends Families and Travellers. 2009. Equality and Human Rights Commission.
- <sup>10</sup> Lynch E. Travellers' tale. *Nursing Standard*; Jun 21–Jun 27, 2006; 20, 41;
- <sup>11</sup> Van Cleemput P et al. Health-related beliefs and experiences of Gypsies and Travellers: a qualitative study. *J.Epidemiol Community Health* 2007; 61;205-210
- <sup>12</sup> Vivian C & Dundes L. The crossroads of culture and health among the Roma. *Journal of Nursing Scholarship*; First Quarter 2004; 36, 1;
- <sup>13</sup> Beach. H. Comparing the use of an accident and emergency department by children from two Local Authority Gypsy sites with that of their neighbours. *Public Health* 2006 Sep;120(9):882-4. Epub 2006 Aug 2.
- <sup>14</sup> Jesper E, Griffiths F, Smith L. A qualitative study of the health experience of Gypsy Travellers in the UK with a focus on terminal illness. *Primary Health Care Research & Development*, 9, 157-165.
- <sup>15</sup> Wilkin et al Improving Educational Outcomes for Gypsy, Roma and Traveller pupils. What Works? Contextual Influences and Constructive Conditions that may Influence Pupil Achievement - DfES Research Document 2009

---

<sup>16</sup> Progress Report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers April 2012

<sup>17</sup> Taylor J. Travellers. Health behaviour and beliefs. *Health Visit* 1991;64:223–4.

<sup>18</sup> Lawrie B. Travelling families in east London—adapting health visiting methods to a minority group. *Health Visit* 1983;56:26–28.

<sup>19</sup> Batstone J. Meeting the health needs of Gypsies. *Nurs Stand* 1993;7:30–2.

<sup>20</sup> Progress Report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers April 2012

<sup>21</sup> Jenkins L. *Preparation study of gypsy/traveller health needs*. 2010. Centre for Health Services Studies. University of Kent.

<sup>22</sup> NHS Primary Care Contracting. *Primary care service framework: Gypsy & Traveller communities*. 2009. NHS: Primary Care Contracting.

<sup>23</sup> National Institute of Health and Clinical Excellence. 2009. *Reducing differences in the uptake of immunisations*. NICE public health guidance 21. <http://www.nice.org.uk/nicemedia/live/12247/45497/45497.pdf>

<sup>24</sup> EMTAS South Gloucestershire's North Somerset SLA Report 2011- 2012 – Annual Data report.

<sup>25</sup> National Strategies Publication Moving Forward Together: Raising Gypsy, Roma and Traveller Achievement. 2009 – Guidance for Schools

<sup>26</sup> National Strategies Publication Building Futures: Developing Trust. 2009 Guidance for Early Years Practitioners

<sup>27</sup> Traveller Education in the Mainstream; The Litmus Test - Publication 2009 – Brian Foster and Anne Walker