

Influence of the environment

Where we live colours our attitudes and lifestyles and also plays an important part in the health care we receive.

ANTHONY CARR, SRN, NDNCert, Queen's Nurse, who once lived in Toxteth, looks at the effects of environment and concludes that the community itself can radically improve its services if it works in conjunction with the health care professionals.

ONE dictionary definition describes environment as "a surrounding; conditions influencing development or growth". How you see the environment depends on where you are. "Where you are" is meant in a number of ways. For instance, it is where you are living. People living in the centre of major cities have a different understanding of their surroundings and the conditions influencing their development, or their children's growth and development, than people living in a large rural community. Their problems are different, their needs are different in terms of education, transport and mobility, housing, health service and social service provision, and so are their attitudes to society. In general, their political views are also influenced significantly by these factors.

Let me deal first with the environment in which the patient or client finds himself and, second, look at the influences brought to bear in the delivery of health care to these people.

Individual environment

In this country, it has long been known that in areas where there is overcrowding and property is in a poor state lacking modern facilities, health and social problems are produced. There are 12 health authorities in England that are considered by the government to serve cities with inner areas needing revitalising and extra financial help in the health and social services departments. This

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help is necessary for the inhabitants to lead more normal lives, equal to their peers in the more prosperous parts of those cities.

I come from such a city myself in the north east of England. It is the largest town before the Scottish border. Many of these towns have accommodation dating back 100 to 200 years with few modern facilities. Medical practitioners in these areas tend to be older and work alone. They work from 08.00–17.00h, Monday to Friday, then they lock up and return to their homes outside their particular practice area.

Likewise, nurses, health visitors and midwives tend not to live in the area in which they work. Schools in those areas can also be difficult situations in which to work. Therefore the better equipped and highly motivated teachers are not always to be found in the poor city areas. Of course, there are exceptions and 10 years ago a headmaster moved into a very deprived area with a very unruly school to cope with. Over the years, through a personal commitment to his work, he has developed a team of staff — teachers, cleaning ladies and dinner ladies — second to none. His latest acquisition was an out of work young man now employed as caretaker who has already made a major contribution to the school's life.

Deprived and unemployed

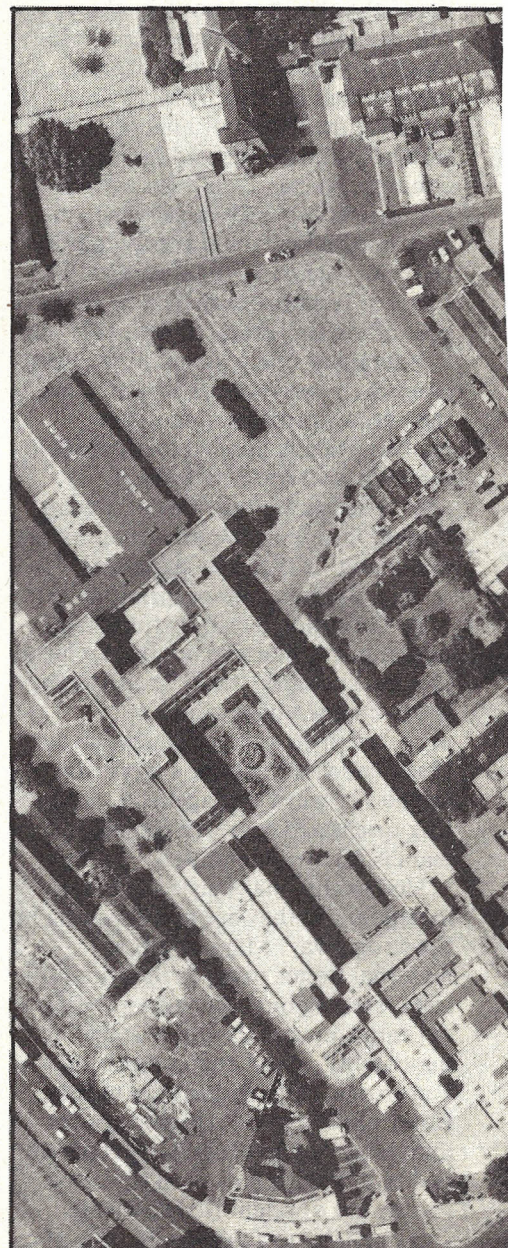
I know many of these people personally and their commitment to the head's leadership is extraordinary and the effect on the children and their families is equally impressive. I would add that all of them have a spiritual dimension in their lives believing that man does not live by bread alone. Nevertheless, the families living in these deprived areas do suffer because they live in overcrowded, out-of-date accommodation with a deficiency of supporting facilities, which brings its own problems of isolation. In addition, companies have tended to leave inner city areas because of the high cost of land and rates. Thus unemployment is particularly high in these areas.

Political parties have tried to cope with this situation with varying degrees of success. The first attempt in the fifties and sixties was to remove small terraced houses, with a central toilet for up to 20 families, and move the families into tower blocks. This resulted mainly in

different deprivation for the families concerned and led to the break-up of many communities.

Referring to my own city, a most remarkable experiment has been tried over the past few years where a tightly knit community was rehoused together, not just in new housing but in a wall that surrounded the district. Yes, houses were built into a large wall and inside other housing accommodation is to be found. If you walk into this area today there is practically no graffiti on walls. The place is clean, there is a community spirit and people are integrated into a local society among people they were born and grew up with.

This is a small success story, but it is



significant that local politicians were able to produce successful solutions that politicians at national level could not achieve. Pressures put on local authorities, however, by the central control which has been exerted on them during this financially difficult time, will no doubt produce problems in these areas which will only be shown in perhaps 20 years time.

It seems that only politicians are surprised by the recent disturbances in our large cities. There have been no integration policies for immigrants. In consequence, there are large gatherings of ethnic groups in the centres of many cities, to the almost total exclusion of the original population; unless they are poor and socially deprived. They have bought the cheaper, broken down property and to a large extent never in-

tegrated into the larger society in which they have come to live.

Churches were cold and unresponsive to their spiritual needs; so they set up separate systems. With unemployment high, educational facilities poor, support systems unused, no wonder society erupts. It would not be true to say that the recent violence is solely racial in origin, it relates also to the frustration that is felt by all people living in those conditions. The feeling of isolation, however, is heightened by being in an ethnic group. It is only half an answer to say law and order must be kept.

It is my estimation that the two-party political system is about to undergo a radical change. I believe the time is right for the major nursing organisations to come together and agree to sponsor several of their own nurse members of parliament. Real power is in the political system in all the major parties. Doctors have used the political system for years so nurses should wake up to the possibilities available to them by having colleagues in the political system.

Personal experience

What influences must be brought to bear on that society in political, social, spiritual and health terms to produce effective change for those living in these areas? Perhaps you have some of the answers. I should add that my personal experience includes living for two years in an inner city house in Birmingham with my four small children in the 1960s and working as principal of a residential college in the Toxteth area of Liverpool.

If living in the centre of a town is depressing, then there are totally different problems facing rural populations. Because of the cost of providing transport to outlying districts, many people are becoming more and more isolated. Train services have stopped running in many country areas. Buses were arranged to take their place but now bus companies find that with the cost of petrol, oil and maintenance it is no longer profitable to run them. Petrol prices have also influenced the ability of people to own their own cars. If in ill health, some people in rural areas are worse off than if they were living with all the disadvantages of the inner city.

Many parts of our society have abdicated their responsibility for the running of certain social areas to professional workers. Before there were any professional workers in the community, the church had a large part to play in

social support. In a few areas today, church communities are taking back on themselves some of the responsibility for caring – for people with marital and child problems. They develop ministries within their lay church membership which allow them to reach out in a totally different way into the community in which they live. Where a church can mobilise its forces, has the right motivation and approach, then it begins to make an impact on the local society.

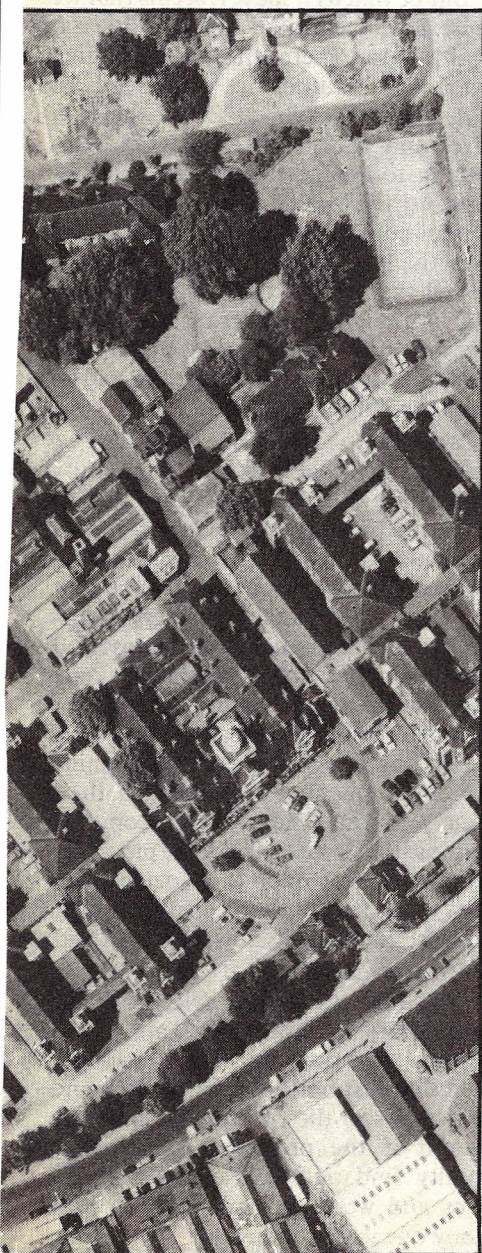
I know one minister who preached for two years to his members that they should go out into the local community and find out where people hurt, and try to fill that need without expecting any spiritual return. Essentially, he is saying: find out what people lack in terms of physical amenities and broken-down relationships, and re-establish the idea that people matter. They must show they care and are prepared to act like the "good samaritan", that they will take time off and share these people's problems and suffering.

The New Testament calls it "love", and when love is put into action, like in the school I mentioned previously, then it is quite remarkable how people respond. We do not always need professional workers to help to heal the wounds that society has made by creating impersonal housing estates and destroying a community spirit. It can be restored by people who are committed to the objective of bringing people together. By restoring family units, not only in sociological terms as an economic unit, but as a unit in which children and adults can learn to appreciate each other and develop effective relationships which produce security within the family and society in general.

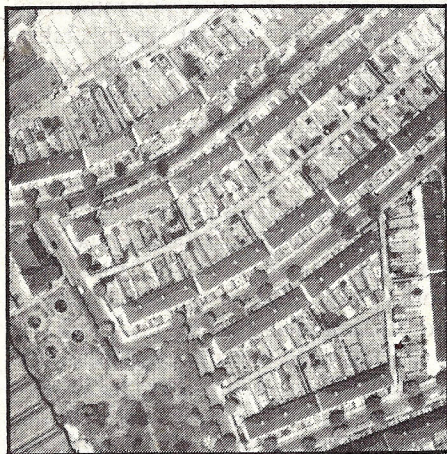
Teamwork

There are various ways in which health services may be delivered in these various situations. For many years it has been a policy to try to link up general medical practitioners, health visitors, district nurses and, to a lesser extent, midwives and social workers. The concept is teamwork; sharing ideas and views with each other are more likely to produce success than professional people working in isolation.

In some areas this tends to be a theory that has not been tested adequately. It depends, of course, on the needs of the client or patient and the workers involved. Some towns have rejected the concept of the primary health care team



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and have withdrawn the district nurses, and sometimes health visitors, from general practice attachment and divided the town into districts. The district nurse has been given her own district, in which several GPs from different practices have patients, and likewise so have health visitors. There are advantages from a management and client point of view for this style of management.

One very important factor is that it is easier to identify with a known health visitor who regularly visits a street. It is more likely that when things are going wrong in a home involving children, the health visitor may be more readily approached than if there were three or four different health visitors visiting the same road for different medical practices.

Identity

The district nurse seems to have a much greater sense of identity with an area and can build up relationships in a smaller district than other carers helping patients over a wide geographical area under the attachment scheme, sometimes covering as much as a quarter or a third of a city. So individual care can be better provided by these alternative arrangements. However, the ideal must be a team of professionals, sharing combined experiences, professional training and knowledge. The team is more likely to obtain better results, in any situation, than individuals bringing their own particular skills and trying to manage a situation which might be beyond their competence, training, or experience.

Policy changes such as hospital confinements have also radically changed the situation in towns. It is now possible

to go into the community and find relatively inexperienced midwives delivering babies and the consequent complications develop from that. Very critical management supervision is needed if this situation is not to continue. The ante- and postnatal policies need constant updating. Unfortunately it is still true that clients who need greater help and support are the ones who do not avail themselves of this service. An incentive of money may help in this situation.

There has been some thought on caring for the mentally disabled and physically handicapped over the past few years. Mentally handicapped children are better cared for within the community — that can be in hostels or continuing day centres, as well as staying at home with adequate support — than in large institutions. But one has to be cautious that large institutions are not closed when grossly physically and mentally disabled people can only be cared for in that setting because of their very great disabilities.

Experiments putting mentally handicapped and mentally ill patients in the community have been made, but what advance is there in eight people living together, who are isolated and not truly integrated into the community. One of the problems is that if the support services are not properly managed and co-ordinated, individual institutions are set up within the community, but totally isolated from it.

Highly trained

With changes in nurse, health visitor, district nursing and midwifery training, it is becoming more and more difficult to provide a nurse who is competent to practise as a midwife, a district nurse and a health visitor in the rural areas in Scotland, Cumbria and parts of Wales. It could take up to eight years to train a nurse in these three areas. Therefore management has a very difficult task in knowing how to deliver the appropriate services to patients in a rural community. There is no easy answer to this problem.

Various health services in the United Kingdom have benefited from increasing money and manpower resources. It seems that this era is now at an end. Although the health service has tended to be protected, the time is coming shortly where its budget will be held or even reduced over the coming years as part of the government's plan to reduce public expenditure.

With changes in the birth rate, fewer

young people will be available to move into the health caring professions. Therefore a radical reappraisal of what services we can offer clients and patients will be necessary. One recent advance has been made in the urban areas, now many health authorities are offering a 24-hour nursing service. It may be important for those health authorities to consider whether they should have health visitors available for the same period of time to assist those families in great need, particularly relating to the care of children. It is advantageous for any large town to have a health visitor available in the middle of the night to assist a family who, through various emotional and financial pressures, finds itself suddenly unable to cope with a situation involving the children.

Consider priorities

But be that as it may, it seems that we must now reconsider our priorities in health care. There must come a time when health authorities will be able to state clearly the type of service they can offer and what they expect the community to do for themselves. Recruitment to the health caring professions cannot continue at the rate it has done over the last 20 years. It has been suggested that if the NHS trains 18-year-olds at the same rate of increase it has done over the past 10 years, by the year 2000 every school-leaver aged 18 will be employed in these services.

We need to look at our priorities, we need to see what part the community should play in their own care and to galvanise that support wherever it may be found. Continuing attempts have to be made to bring them together so that there can be a genuine partnership between a community that cares and health service workers, social workers, educationalists and other officers of local authorities who really care.

Perhaps together they can examine the environmental influences on their society in financial, social, economic and spiritual terms, review the pressures brought to bear upon that society, and they may be able to redirect that pressure successfully towards local and central government.

Certainly, if the paid officers and the community at large stand apart and develop their own aims and objectives, then that just builds up frustration and difficulties in the future. We can only benefit if the professions and community find out their own particular roles and work through them in harmony one with another □