The Health Status of Liveaboard Boaters

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During October 2019, Friends, Families and Travellers carried out a survey of 356 people from the Liveaboard Boater community. We asked Boaters about their experiences of healthcare services, and the challenges they face when accessing care. This is the largest UK project to record the self-reported health status and healthcare experiences of Liveaboard Boaters.

Key Findings

- Only 88% of Boaters were registered with a GP at the time of response.
- Only 52% of Boaters were registered with a dentist at the time of response.
- 37% of Boaters had tried, but previously been unable to register with a doctor or dentist.
- On average, Boaters were 47 kilometres away from their GP.
- Boaters overwhelmingly reported poorer experiences of accessing appointments in comparison to the general population.
- 9% of Boaters reported an unexpected hospital admission in the last 12 months.
- Only 64% of Boaters reported having received an invitation to cervical screening when they should have.
- Only 64% of Boaters reported having received an invitation for routine breast screening when they should have.
- Only 53% of Boaters reported having received an invitation for bowel cancer screening when they should have.

Introduction

The UK's first study on the health status of Liveaboard Boaters took place in 2013[1]. Since this, there have have only been a handful of localised surveys on the health status of the Liveaboard Boater community. The majority of these took place in the South West of England on the Kennet and Avon canal, where outreach services have been commissioned to work proactively with the large local Boater community. Similar local surveys were carried out in Cheshire in March 2018[2] and along the Oxford canal during the winter of 2019/20[3].

The collection and dissemination of health data and statistics for all travelling communities is often lacking in comparison to data for settled communities. There is also a notable lack of national evidence-based studies for the health of Liveaboard Boaters, even when compared to other travelling communities. This is partly due to the difficulty of obtaining data from transient and nomadic people, as well as gaps in funding for services to collect relevant data.

A lack of comprehensive information regarding population needs often means that services are not designed or commissioned with the needs of travelling communities in mind, and in turn can widen inequalities in health outcomes for members of these groups. We collected data for the Liveaboard Boater community in order to strengthen the evidence available to commissioners, so that they can

[1] https://www.academia.edu/5499504/B_and_NES_Gypsy_Traveller_Boater_Health_Needs_Assessment_2013_believed_to_be_the_UKs_first_study_on_narrow_boat_dwellers_health_status_
[2] https://healthwatchcwac.org.uk/what-we-do/our-reports/
[3] https://healthwatchoxfordshire.co.uk/news/new-campaign-to-support-boat-dwellers-in-oxford/

be better equipped to provide services that will effectively tackle the key issues boating communities face.

Method

Our survey was distributed to Boaters nationally using the Survey Monkey platform.[4] The survey was shared on the FFT website, across social media and in forums used by Boaters across the country. The survey was also shared among outreach and community services/groups who work with Boaters, and paper copies were provided in order to reach those who do not use or have access to the internet. We received 356 responses in total, highlighting high levels of engagement and interest from members of Liveaboard Boater communities in sharing their experiences of health and care services.

Whilst the results of this survey evidence that many Boaters face shared health issues and barriers to accessing care, the Liveaboard Boater community is a highly diverse population. There are important distinctions between boating population groups, both in terms of demographic characteristics and circumstance. In order to explore how services can address the health and care needs of Boaters, it is important to gain understanding of some specific groups within the wider Boater community.

Background to the Liveaboard Boater community

People have lived on barges and narrowboats since the canals were built in the 1700s. Originally, this was for work such as transporting raw materials and goods across Britain. These people were referred to as Bargees, after the name of the barges they worked on. Nowadays, many Liveaboard Boaters have jobs off the canal. Boaters may refer to themselves as Liveaboards, Bargees or Bargee Travellers, but most likely just as Boaters.

It is difficult to ascertain the population of Liveaboard Boaters in the UK. Information from the Residential Boat Owners Association highlights that at least 15,000 people live afloat in Great Britain.[5] However, it is unclear how this figure has been calculated, with the National Bargee Travellers Association estimating that over 50,000 or more people are currently living on boats.[6] This represents a hugely diverse group of people who have chosen to move onto a boat for a wide number of reasons. Most commonly, these reasons are:

- Being priced out of local housing;
- Being attracted to boat life and the community;
- Wishing to downsize and live more simply following retirement;
- New Travellers being forced away from land-based travelling;
- Moving following a separation or divorce and using the settlement to buy a boat;
- People who were formerly rough sleeping.

Many Boaters face similar challenges in maintaining good health. This includes; no fixed address resulting in wrongful registration refusal in primary care services; difficulty accessing relevant services

[4] https://www.surveymonkey.co.uk/r/VKWCVHY?fbclid=IwAR2exMwY49ur12wI0bjTMslAkugxbbvynZRbYClxQvqdVgMlAHIoISPaWLs
[5] https://www.rboa.org.uk/q-a/
[6] Figure suggested by NBTA through email to Friends Families and Travellers

whilst travelling; low income and difficulty obtaining benefits; unhealthy and unsafe living conditions; and discrimination from the general population. Despite this, there are some important distinctions between the health needs and challenges of various distinct groups.

Boaters who were previously rough sleeping sometimes move onto the canal after finding small, cheap and sometimes unsafe fibreglass boats, or live on homemade rafts (floating tents), with no heating, light or sanitation. Damp conditions aboard, unsafe homemade wood burners, no smoke or carbon monoxide alarms, and use of candles or oil lamps, can all add to unsafe environments. Many people who formerly were sleeping rough and who move onto small and unsafe boats would benefit from access to homelessness support, but are typically not included in outreach services as they are technically not rough sleeping and are often concealed along the canals.[7]

There are increasing numbers of older Boaters, who have previously lived in bricks and mortar accommodation. These Boaters may have experienced no difficulties with accessing and engaging with healthcare services prior to moving onto the canal but, once living on-board, may encounter new issues such as difficulty accessing a GP with no fixed address, and difficulty collecting medicine for long term conditions whilst moving around the canal network. These Boaters may begin to face practical challenges as a result of impaired mobility, and may be unaware of their rights or where to turn to for advocacy and signposting.

Some Liveaboard Boaters can afford to live in marinas or along the canal, but often these places are rare and with limited spaces. For those who cannot find residential marinas, or canal bankside (online) moorings, or who choose to live and cruise on the canal, becoming a "Boater without a home mooring" is the other option. It is this group of Boaters who, like the original Bargee Traveller families, are more likely to face health inequalities and disadvantage.

Not all Liveaboard Boaters will face issues in accessing healthcare. Some Boaters may register with surgeries who understand and accommodate their lifestyle, or cruise or live relatively close to a surgery. Many areas of the country, such as London and Birmingham have excellent transport links, so accessing GPs is not as common an issue. However, in rural areas, there is often a lack of public transport, and many Boaters do not own a car, which can contribute to difficulty accessing relevant care.

Governance of England's waterways and its impact on Boaters

Two main organisations own the navigation rights to England's inland waterways. These are the Environment Agency (EA) and the Canal & River Trust (CRT). The EA's remit covers 22,000 miles of river and CRT own and manage 2,200 miles of canal. Every boat on the water must have a licence in the same ways vehicles must have road tax. The terms and conditions of boat licences determine what the rules are for how people can move about and live on the waters. On EA waters, it is much more difficult to find places to moor as riverbanks are unstable, designated safe visitor moorings are few and far between, and moorings are typically only available for 24 or 48 hours' duration.

In 2015 strict 'continuous cruising' guidelines were brought in by the CRT. Previously, there was no legislation regarding movement of boats, beyond the 1995 Waterways Act, which required Boaters to move from place to place every 14 days.[8] Current guidelines stipulate that you must move your boat at least one kilometer every 14 days and move in a continuous direction along the canal (e.g. not turning around and staying in one small area). You are required to cruise at least 20 miles in one

[7] https://www.gypsy-traveller.org/blog/sam-worrall-inequality-on-the-cut/
[8] http://www.legislation.gov.uk/ukla/1995/1/contents/enacted

direction within a license period (3, 6 or 12 months).[9] Whilst not enforceable by law, if Boaters fail to meet the requirements, they can have their boat license removed and potentially have their vessel seized by the CRT.

Since the introduction of these guidelines, people who have failed to comply and face the stress of enforcement procedures have usually been the most vulnerable of Boaters. This includes those with poor physical and mental health, those on low incomes, or those having to stay in one place to access support services. These enforcement measures can contribute to increased levels of anxiety and depression. For those with children, continuous cruising guidelines can negatively impact upon school attendance and can place additional strain on family relationships.[10] Of the respondents to our survey, 50% were continuous cruisers (Boaters without a home mooring).

Survey results

GP and dentist registration among Liveaboard Boaters

We asked our survey respondents "Are you currently registered with a doctor's surgery?", and provided four options for respondents; "Yes"; "As a temporary patient when I need to see a doctor"; "No"; and "Not sure". From 356 responses, we received the following results:

- 313 people (88%) told us that they were registered with a GP at the time of response.
- 10 people (3%) reported that they only registered as a temporary patient when needed.
- 27 (7%) stated they were not registered with a GP at all.
- 6 people (2%) were not sure if they were registered with a GP or not.

We then asked our survey respondents "Are you currently registered with a dental surgery?", and provided the options "Yes", "No" and "Not sure". 355 respondents answered this question, with the following results:

- 184 people (52%) told us that they were registered with a dentist at the time of response.
- 161 people (45%) reported that they were not registered with a dentist.
- 10 people (3%) stated that they were not sure if they were registered with a dentist.

Difficulty registering with a GP or dentist

We then asked our survey respondents "Have you ever tried, but been unable to register with a doctor or dentist?", and provided the options "Yes" or "No". 355 respondents completed this question, and of these we found that:

- 133 people (37%) had tried, but had previously been unable to register with a doctor or dentist.

Many respondents reported that they had previously been refused registration at a GP surgery or dentist, as they had been unable to provide a fixed address.

> *"I've had multiple surgeries refuse to register me without an address"*
>
> *"GP [registration is] impossible. I tried to register as a temp patient but was refused"*

[9] https://canalrivertrust.org.uk/enjoy-the-waterways/boating/buy-your-boat-licence/continuous-cruising
[10] https://www.gypsy-traveller.org/blog/sam-worrall-inequality-on-the-cut/

"No fixed abode is seen as homeless. [I'm] told to register when I'm static and in [the] meantime go to A&E."

NHS England emphasises that there is no regulatory requirement to provide proof of ID, a fixed address, or immigration status to register at a doctor surgery or for NHS dental care.[11] Despite this, people from nomadic travelling communities frequently report difficulty registering with a GP or dentist on this basis.

We previously conducted a mystery shopping exercise to investigate the extent of this issue in general practice. The mystery shopper said that they didn't have a fixed address because they were from the Traveller community and were travelling, and also said they had no proof of identity. As a result, 24 out of 50 practices refused to register our caller.[12] Boater respondents emphasised that this is a significant barrier to accessing primary healthcare services.

Distance to GP surgery

We then asked respondents to our survey, "How far away are you from your doctor's surgery currently?" Out of 356 respondents, 336 provided details of the geographical distance from their current location to their typical/registered GP surgery. Whereas 92% of the national population is reported to live within 2 kilometres of a GP, our results found that:

- On average, Boater respondents were 47 kilometres away from their GP.
- 29 of the respondents (9%) were more than 100 miles away from their GP practice.
- One respondent was 400 miles away from their GP practice.

Since 2015, all GP practices in England have been free to register patients outside of their practice area, with the intention to give patients greater choice and improve access to GP services nationally.[13]

Despite this, many Liveaboard Boaters report that GP surgeries refuse to register patients without a local address and as such, many Boaters will not disclose that they are a Boater or will provide a family or friends' address in order to access services.

"I use my mums address. So doc doesn't know I live on boat"

"I am registered with my Mother's doctor as I use her address for correspondence etc. If they knew I lived on a narrowboat moving around the country they would not have allowed me to be registered with them"

"I never told my surgery I moved onto a boat to try to avoid difficulties with accessing NHS care."

In addition to this, four of the respondents to our survey stated that they had previously been deregistered once the surgery had discovered they were a Boater, and this was a concern reiterated by a number of respondents.

[11] https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/

[12] https://www.gypsy-traveller.org/resource/no-room-at-the-inn-how-easy-is-it-for-nomadic-gypsies-and-travellers-to-access-primary-care/

[13] https://www.nhs.uk/using-the-nhs/nhs-services/gps/patient-choice-of-gp-practices/

"Our doctors deregistered us initially when they discovered we lived on a boat. I discovered this happened when I tried to get an appointment for my then sick child…It was scary as he was one [years old] and it had been difficult getting a doctor to register us"

"Recently I have found out that I've been deregistered again… So I guess I'll have to get another temporary registration"

Due to difficulties registering with no fixed address, many Boaters using a 'care of' address will be required to travel long distances to access a registered GP. This can be problematic, as it does not provide GPs with information on who is a Boater, and impacts continuity of care.

Difficulty accessing ongoing care and support can create particular challenges for those with long-term conditions, who may face fragmented involvement with services, or be required to travel long distances to access their registered GP.

"Local surgery admins refused to register me permanently (as we were continuously cruising at the time) even though I needed ongoing GP treatment."

"I have to travel to London for a GP and Norwich for my dentist. I'm registered at old addresses and it's stressful".

Experiences of access to GP or dental appointments

We asked our survey respondents, "Overall, how would you describe your experience of trying to get an appointment?" [with a GP]. We then benchmarked this against the national GP Patient Survey. Boaters overwhelmingly reported poorer experiences of accessing appointments in comparison to the general population.

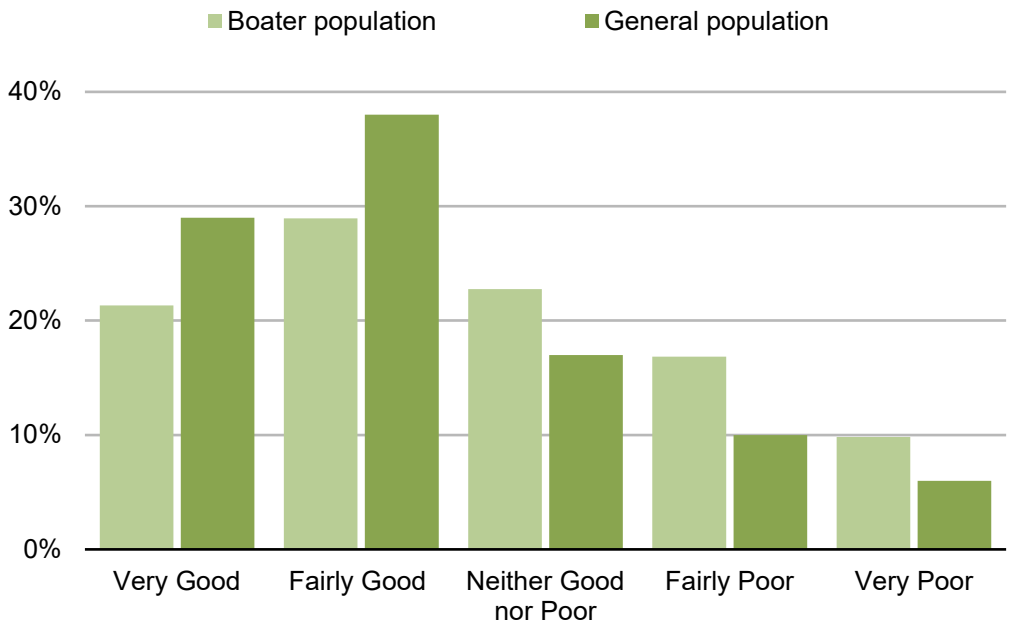

Figure 1: Liveaboard Boater experiences of access to GP or dental appointments in comparison to the general population.

A significant number of respondents who rated their experience 'Very Poor' stated that they were never able to obtain an appointment, or were refused because they had no form of ID or fixed address.

Of the respondents who rated their experience as 'Fairly Poor', half of these respondents said that when they were able to obtain an appointment, they were unable to attend due to travel issues. These results clearly indicate that Boaters have a poorer experience overall than the general population in accessing and using GP services.

Long-term illnesses

We then asked our survey respondents, "Do you have any long-term physical or mental conditions, disabilities or illnesses?" and highlighted that "By long-term we mean anything lasting or expected to last for 12 months or more". We received the following results:

- 65% of respondents reported at least one long-term illness.
- 45% reported multimorbidity (two or more conditions).

While we are not able to make comparisons with the health of the general population without an age-sex-matched comparison sample, it is clear there was a high prevalence of some long-term conditions in particular in our Liveaboard Boater sample; the three most commonly reported diagnoses were arthritis, high blood pressure and diagnosis of a mental health condition.

It is important to note that, given that many Boaters report difficulty accessing ongoing care, registering as permanent patients, or travelling long distances to health and care appointments, many Boaters may be facing poor continuity of care, which can mean that their needs are more likely to reach an acute stage before they are addressed.

Multiple Medications

We asked our respondents "Do you take 5 or more medications on a regular basis? Please include prescribed medications as well as those bought over the counter". We received the following results:

- 71 (20%) of respondents stated that they were taking 5 or more medications on a regular basis at the time of survey.
- The age range of people that reported taking 5 or more medications on a daily basis was a steady range from 30-74 years.

The use of 5 or more medications, sometimes referred to as polypharmacy, has increased in prevalence in recent years, partly due to an ageing population and in relation to increasing rates of multimorbidity.[14]

Although multiple prescriptions may extend life expectancy and improve quality of life, when used inappropriately, polypharmacy can increase risk of adverse drug interactions and effects.[15] Without access to good continuity of care, this risk may not be monitored and potential adverse outcomes may be missed. Given the poor continuity of care and issues accessing services described by many

[14] https://www.kingsfund.org.uk/publications/polypharmacy-and-medicines-optimisation
[15] https://www.kingsfund.org.uk/publications/polypharmacy-and-medicines-optimisation

Boaters, there is need for consideration of polypharmacy among Liveaboard Boaters and the potential increased risks of associated negative health outcomes.
Additionally, strong links between pharmacy services and primary healthcare services are key to supporting Liveaboard Boaters taking multiple medications. Electronic prescribing may be beneficial to many Liveaboard Boaters, to support continued access to relevant medications. However, Boaters have reported that primary healthcare services may deregister patients on identifying that a Boater has received prescriptions outside of the catchment area; in these instances, there is need to remind services of the importance of patient choice in accessing primary healthcare services, regardless of geographical boundaries.[16]

A personalised approach to care is essential to ensure that Boaters are able to access ongoing support with medication, comprehensive medication reviews to prevent inappropriate polypharmacy and support with managing ongoing care needs.

Unexpected hospital admissions

We then asked our respondents whether they had been in hospital unexpectedly in the past 12 months. We found that:

- Out of 356 respondents, 34 (9%) reported an unexpected hospital admission in the last 12 months.

Logistical barriers to care, difficulties registering with services with no fixed address and difficulties obtaining appointments means that many Boaters may have difficulty accessing preventative healthcare, including screening programmes and other health checks, and primary healthcare.

As such, many Boaters may only receive healthcare intervention in secondary healthcare services and once their needs have reached an acute stage. There is therefore reason to believe that the rate of unexpected hospital admission may be higher among the Liveaboard Boater community than in the general population. There is need to ensure that Liveaboard Boaters are able to access the primary healthcare services they are legally entitled to in order to prevent a deterioration in health.

Cervical Screening

We asked our respondents "If you are a woman between the ages of 25-64 when was the last time you received an invitation for a cervical screening test, if at all?" and provided the options "Less than three years ago", "Between three and five years ago", "More than five years ago" and "Not applicable".

Out of 226 female respondents in this survey, 194 were eligible for cervical screening. Of these, 94 were between the ages 25-49 years. According to the NHS, these women should receive a cervical screen test invitation every three years.[17]

- 49 of 94 (52%) told us they received an invitation less than three years ago.
- 45 (48%) women did not receive this invitation when they should have.

There were 100 respondents between the ages of 50-64 that should receive a cervical cancer screening invitation every five years, according to the NHS.[18] Of these respondents:

[16] https://www.nhs.uk/using-the-nhs/nhs-services/gps/patient-choice-of-gp-practices/
[17] https://www.nhs.uk/conditions/cervical-screening/when-youll-be-invited/

[18] https://www.nhs.uk/conditions/cervical-screening/when-youll-be-invited/

- 74 (74%) of women within this age group told us they had received an invitation less than five years ago.
- 15 (15%) reported not receiving an invitation in more than 5 years, or never had.
- 11 (11%) women within this category had stated that this was 'not applicable' to them despite being within the eligible age range, implying that they had not been invited to screening when eligible.

This suggests that, in total, across all eligible age groups, only 64% of Boater women report having received an invitation to cervical screening when they should have. National uptake to cervical screening is 71.4%, and therefore uptake among eligible Boaters invited to screening may be considerably lower than the general population.[19]

Breast Screening

The NHS states that all women will be invited for a breast screening within three years of their 50th birthday.[20] We asked our respondents, "If you are a woman between the ages of 50-70 when was the last time you received an invitation to a routine breast screening, if at all?" and provided the options "Less than three years ago", "More than three years ago", "Never" and "Not applicable".

There were 123 respondents that were in the eligible age range for routine breast screening:

- 79 (64%) told us they received an invitation **less** than 3 years ago.
- 26 (21%) told us they received an invitation **more** than 3 years ago.
- 8 (6.5%) eligible respondents reported that they had **never** received an invitation.

Of the remaining respondents, 8 (6.5%) told us they had never received an invitation, but were between 50-53 and may therefore still be awaiting an initial invitation to the screening programme. 2 respondents (2%) reported that they had received an invitation more than 3 years ago, but were between the ages of 50-53 and were therefore again excluded from the above figures.

The NHS reported a 70.5% uptake on invitation rate nationally of breast screenings between 2017 and 2018.[21] Comparatively, with only 64% of eligible respondents reported being invited, it is likely the uptake rate for Liveaboard Boaters is significantly lower.

Bowel Cancer Screening

NHS Guidelines state that men and women aged 60-74 should receive an invitation every two years for a bowel cancer screening.[22] We asked our respondents, "If you are a woman or man aged between 60 and 74, when was the last time you received an invitation for a bowel cancer screening, if at all?" and provided the options "Less than two years ago", "More than two years ago", "Never" and "Not applicable".

There were 128 respondents who were eligible for bowel cancer screening. Of these respondents:

- 68 (53%) told us they told us they received an invitation **less** than 2 years ago.
- 18 (14%) told us they received an invitation **more** than 2 years ago.
- 42 (33%) told us they have **never** received an invitation

[19] https://phescreening.blog.gov.uk/2018/11/30/phe-to-launch-national-cervical-screening-campaign-in-march-2019/
[20] https://www.nhs.uk/conditions/breast-cancer-screening/when-its-offered/
[21] https://digital.nhs.uk/news-and-events/latest-news/proportion-of-women-taking-up-breast-screening-invitations-falls
[22] https://www.nhs.uk/conditions/bowel-cancer-screening/

These results show that only 53% of Boater respondents that should have been invited for a bowel cancer screening, have been.[23] Public Health England has reported that in 2018, there was a 59% uptake of bowel cancer screenings in England.[24] Our results therefore reflect lower rates of invitation and suggest a lower uptake than the national average. It is also worthy to note that a number of respondents indicated that these screenings were 'not applicable' to them despite meeting the criteria. This suggests that there is need for greater efforts to engage the Boater community on this subject.

Uptake of healthcare while pregnant

NHS England provides guidelines on the care that all pregnant women should be offered,[25] but includes that it is the individual's choice whether they receive this. We asked our respondents "If you have been pregnant in the last five years, did you receive the following support and screenings during your pregnancy?".

We then listed the following recommended interventions, "Ultrasound scan at 8-14 weeks to estimate when your baby is due", "Ultrasound scan at 18-20 weeks to check the physical development of your baby", "Handheld notes and plan of care for your pregnancy", "Information on breastfeeding, including workshops" and "Whooping cough vaccine".

- Of the 356 respondents to our survey, 16 stated that they had been pregnant in the past five years.
- Of these respondents, only 4 (25%) reported that they had received all the scans or support we specified.

Of the 16 respondents; 10 stated that they had ultrasound scans at 8-14 weeks and 18-20 weeks; 5 said they had information on breastfeeding given to them, as well as workshops; 9 had been given a whooping cough vaccine.

Given the pre-existing barriers to accessing preventative care and support experienced by Boaters, it is possible that Boaters may access disproportionately less healthcare when pregnant than the general female population. As such, more work may be needed to engage midwives with the Boater community, and to ensure access to and uptake of maternity care among Liveaboard Boaters.

Case Study: Julian House Travelling Communities Support Service

The Julian House Travelling Communities Support Service aims to improve the lives of Gypsy, Showpeople, Roma, Traveller and Boater communities across Bath and North East Somerset (B&NES) and Wiltshire. The service is commissioned by Virgin Care in B&NES and Public Health in Wiltshire.

Julian House has a dedicated Outreach Team providing flexible and holistic support for Boaters, tailored to the needs of each individual. This includes 1:1 casework, supporting access to GP surgeries for those with no fixed address, navigating the benefits system and making referrals to relevant services to reduce inequalities.

[23] Only those offered within the past two years have been acknowledge for this statistic, as those invited more than two years ago do not meet NHS guidelines.
[24] https://fingertips.phe.org.uk/search/cancer%20screening#page/0/gid/1/pat/46/par/E92000001/ati/15/are/E92000001
[25] https://www.nhs.uk/conditions/pregnancy-and-baby/antenatal-appointment-schedule/

The service also provides a Boaters' Outreach Cafe run as a collaboration between Julian House and the Canal Ministries, offering a range of support and free use of phone and internet to support with benefit claims, etc. Julian House work with multiple local statutory agencies to advocate on behalf of Boaters, highlight barriers to services, and bring about effective and sustainable change for Boater communities locally.

Example:

As the COVID-19 crisis developed, it became apparent that many Boaters constantly cruising without an address (or No Fixed Abode) were experiencing challenges access Covid-19 tests via the NHS Test and Trace system. For Boaters without access to their own vehicle (to safely access a drive-in test centre) or an address (to order a home test kit) it was clear an alternative was required. Barriers to accessing NHS Test and Trace are particularly significant for boaters living off-grid; heat, water and fuel require regular replenishing.

Recognising the significance of this issue, Julian House flagged this to Public Health and NHS Test and Trace. Julian House were able to lead the conversation focusing on practical solutions. The local CCG, Local Authority, Public Health and GP surgeries have all agreed a bespoke pathway to offer solutions to the boating community. Outreach staff were able to deliver tests to boaters without an address and without their own vehicle. Boaters were able to safely access testing in the local area. To get in touch or for more information, contact - alice.young@julianhouse.org.uk

Case Study: Floaty Boat

Floaty Boat is a grassroots charity launched in 2018. Run by the community for the community, Floaty Boat's mission is to reduce the likelihood of boaters reaching crisis point. Boaters recognise that boats can be tough at times and the tough times can spiral into crisis when additional factors are at play. A lack of confidence, knowledge, tools, connections, or finances are all contributing factors.

Boaters are known for being supportive of their neighbours and a resilient community. The Floaty Boat model focuses on preventative and inclusive workshops and events that celebrate community diversity and resilience. Everyone is welcome to get involved and share their time, their skills, or their knowledge. It's a fantastic way of connecting people both within and across communities. It doesn't matter if you've been living on the water a week or twenty years; everyone has something to share and learn from one another. Floaty Boat believes money should never be a barrier, therefore activities are either 'pay-it-forward' or an anonymous donation.

Activities include:

- Preventative Workshops including 'Basic Engine Maintenance', 'Off-Grid workshop - solar and batteries' and 'Stove and Fire Safety'.
- Equipment to borrow, including; 24-hour emergency community box; essential tools for maintenance; a supply of useful items to take away (e.g. epoxy, fire rope/putty etc.).

- Community led events promoting community cohesion, talent, culture and diversity.
- Covid-19 Response: Fruit and Veg 'pay-it-forward' deliveries by boat. Supporting the community to reduce visits to supermarkets and show solidarity to others who may be struggling financially.

You can find out more here - www.floatyboat.org.uk

Top tips for engaging with Boaters

1. Link in with local VCSE organisations, Canal Ministries and the Waterways Chaplaincy to develop a clear understanding of Liveaboard Boaters and their needs, in your local population. At Friends, Families and Travellers, we provide a Services Directory of Gypsy, Traveller and Boater organisations on our website.
2. Work with local CCGs, GPs, and organisations such as Healthwatch to ensure that Boaters are never wrongfully denied registration in primary care services. It is important that everyone is aware that patients do not need proof of identification or address to register at GPs and dentists.
3. Ensure that processes are in place across all health and care services so that waiting lists do not disadvantage nomadic people.
4. Ensure that processes are in place across all health and care services to communicate effectively with nomadic patients when they're on the move.
5. Ensure that staff feel empowered to work across organisational and geographic boundaries to deliver care for patients, and appropriate arrangements are made to ensure appointment invitations and health information reaches patients on the move.
6. Consider the role electronic prescribing might play in enabling Liveaboard Boaters to access medicine.
7. Consider whether there is a need to commission targeted services to address unmet need among Boaters, such as peer-led and assertive outreach services.
8. Offer services in places that Boaters are already visiting to support engagement and provide opportunity to signpost to other services for needs across the wider determinants of health.
9. Offer flexibility in communication methods to ensure that people who may be experiencing digital exclusion and who do not have a fixed address can also be reached.

About us

Friends, Families and Travellers is a leading national charity that works on behalf of all Gypsies, Roma and Travellers regardless of ethnicity, culture or background. Friends, Families and Travellers is a member of the VCSE Health and Wellbeing Alliance, which is a partnership between voluntary sectors and the health and care system to provide a voice and improve the health and wellbeing for all communities.

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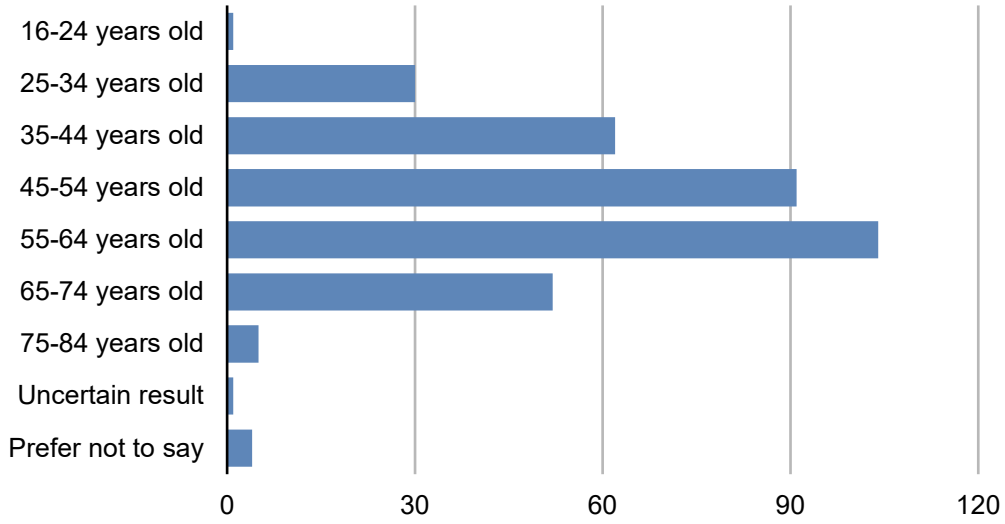
Demographic details

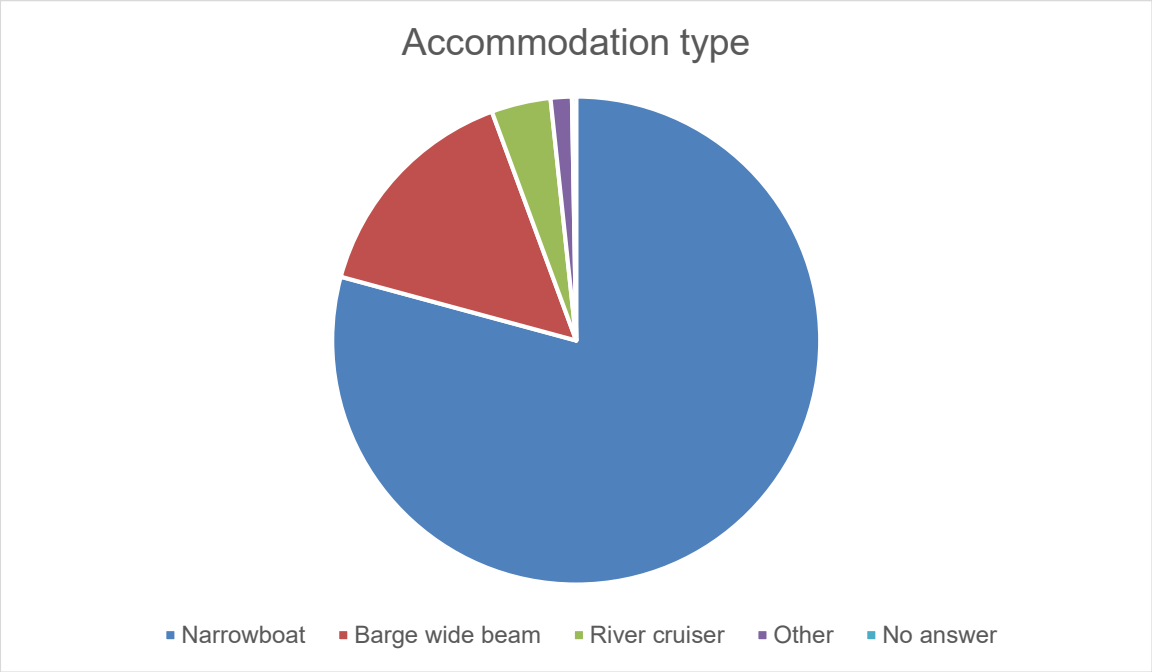
Appendix 1 - Age and gender of respondents

There were 356 respondents, across a range of age groups, with over half of all respondents between 45 and 64 years old. 34% of respondents identified as male, and 64% as female. 1% chose not to say, and one respondent identified as transgender.



Appendix 2 - Type of boat

The vast majority of participants reported that they live on narrowboats, at 79%. 15% of respondents lived on barge wide beam boats, 4% on river cruisers or fibre glass boats, and 5 respondents reported “other”, with answers including a former lifeboat, a butty narrowboat, a yacht, a rowing boat, and a summer cruiser on a narrowboat. One respondent did not complete this question.



Appendix 3 - Type of mooring

50% of respondents were continuous cruisers, 24% said they had a mooring, 4% were on a winter mooring, 15% lived in a marina and 6% stated 'Other'. This included people who lived on the river, on a wharf, in a boatyard, or something else not stated. 3 respondents did not complete this question.