

# Into the Future: An Overview of Gypsy, Traveller & Boater Health Needs within B&NES

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Third Progress Report: December 2015

***Previous progress reports covered periods January 2015 – August 2015. This report will build on previous findings to highlight progress and new objectives formed with the development of the service up to December 2015, and demonstrate continued need for Travelling Community Support in B&NES***

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## Introduction

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*Travelling Community Support* (TCS) works to improve the overall quality of life for Gypsy, Traveller and Boater communities in Bath and North East Somerset. Primarily a signposting service, TCS also offers 1-1 support and advocacy for service users. To ensure this is effective the service works with local services and organisations to support them in engaging positively with the travelling community.

Health is the principal focus of TCS, with recent surveys showing the average life expectancy of Gypsies and Irish Travellers to be nearly 30 years less than that of the settled population.<sup>1</sup> Many Boaters and New Travellers, whose health needs are often overlooked as part of the travelling community, suffer from a variety of long term health conditions (respiratory, spinal, etc.) either caused or heightened by their way of life. All groups have difficulties in accessing services and support that is accommodating of their culture, resulting in huge health inequalities across what is one of the UK's most marginalised communities.

This report will demonstrate the increasing need of a specialised support service in B&NES whilst outlining the work done by *Travelling Community Support* over previous months. It will also compile a simple cost-benefits analysis of common health scenarios based on real-life experiences of TCS service users. For each scenario there are two versions; the first is based on what currently tends to happen in practice, and the second shows how this can be improved with the range of support and services offered by TCS. Each scenario has been costed using the 2014 PSSRU *Unit Costs of Health and Social Care* report.

This report provides clear evidence that engaging with TCS not only has clear benefits for the Gypsy Traveller and Boater people themselves, but also means a huge decrease in long-term costs for health, social and council services. In recognising the social and cultural needs of Gypsy Traveller and Boater communities and enabling early intervention via TCS and other services, much more expensive action later down the line can be prevented.

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<sup>1</sup> Irish research undertaken by the Catholic Church in Dublin published in June 2007 found that 70% of the Irish Traveller population was deceased by the age of 60 and 80% by the age of 65.  
<http://news.independent.co.uk/europe/article2717277.ece>

## Gypsy, Traveller and Boater Demographic in BaNES

Carrswood View, Lower Bristol Road, Twerton

**8 permanent pitches:** Majority New Traveller with 1 Roma woman and child

- 8 adults 30+
- 2 adults under 30
- 2 children under 13
- 2 children under 5

At least 4 of the adults have young and adult children elsewhere.

This site has 5 transit pitches awaiting opening. We have had 10 requests for support in pitch applications from a mixture of New Traveller, English Gypsy, Irish Traveller and Scottish Traveller. There has also been an increase in unauthorised encampments in the area in anticipation of the site opening.

**5 transit pitches:**

### Irish Traveller

- 1 adult 60+
- 3 adults 40+
- 1 adult 20+
- 4 teenagers 13+
- 4 children under 10

### English Gypsy

- 1 adult 30+

### New Traveller

- 1 adult 40+
- 1 adult 18+

Stoney Lane, Lower Bristol Road, Twerton

Tolerated encampment on privately owned land – all New Traveller

Unsure of numbers

Queen Charlton, Keynsham

**Site 1:** Privately owned family site, English Gypsy.

2 adults (married) 30+

2 teenagers, 14 - 17

2 children under 6

**Site 2:** Privately owned family site, currently appealing notice to evict. Irish Traveller.

2 adult 50 +

5 adults 30 +

2 children under 5

Kennet & Avon Canal

380 boats without a home mooring on western end of K&A.

A large proportion of liveaboard boaters are single/seperated males of 40+. However the canal also acts as home to many young families, couples of all ages and young single men and women.

## Service Overview

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The issues associated with travelling communities specific to B&NES are similar to any other area of the United Kingdom, in that they concern lack of provision, lack of understanding of the various cultural genres, and barriers to health and preventative screening programmes due to having no fixed 'home' address.

B&NES is unique in two ways with regard to these issues. Firstly, it has a large number of liveaboard boaters without a home mooring residing on the Kennet & Avon canal and the river Avon. Secondly, and possibly in many ways due to this demographic, B&NES commissioned Dr Margaret Greenfields to conduct the 2012-2013 Gypsy, Traveller, Boater, Showman and Roma Health Survey.<sup>2</sup>

Travelling Community Support has been running for almost 12 months at the time of this report. Key issues tackled by the service are as follows:

### Carrswood View Traveller Site

The outreach service started at an important period in terms of the new Traveller site opening at Carrswood View, Lower Bristol Road. As has been discussed in the two previous reports the service was instrumental in assisting a vulnerable group of New Travellers (displaced by their eviction from the tolerated site previously occupying this patch of land) onto the new authorised site, managed by Elim Housing.

Over the past 12 months, TCS has continued to support the residents with a variety of issues they would otherwise have found difficult or impossible to deal with. For example, one resident has a severely disabled young child whose injuries were sustained as a result of a caravan overturning on the motorway and causing a car crash. The child's mother has been receiving vital counselling for Post Traumatic Stress Disorder but recently found she had no money to cover the cost of further sessions. TCS contacted the Roald Dahl Stronger Families charity in order to obtain a small grant to pay for more sessions. This was something our client would not have been able to do alone as the charity requires a support worker to apply on the clients behalf to prove their eligibility. Both she and her son are benefiting from the counselling.

Other residents have had difficulties navigating the benefits system, suffering long periods without any income due mistakes made or appointments forgotten. Residents are using housing benefit for the first time since moving onto the authorised site, and so some complications were expected. Halting of benefits can lead to a hand-to-mouth existence, and some residents have resorted to begging in Bath whilst they wait for their income to be reinstated. With assistance from TCS outreach workers, these issues have been or are being resolved.

By regularly communicating with Elim Housing during the past few months, TCS has been able to support the residents of the site and mediate between them and Elim when eviction from the site

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<sup>2</sup> Bath and North East Somerset Gypsy, Traveller, Boater, Showman and Roma Health Survey 2012-2013  
A report prepared for Bath and North East Somerset Health Authority, Delivered by IDRCS March 2013

has loomed due to mistakes and misunderstandings with benefits. If TCS had not been on hand to assist with this it is no exaggeration to say that 5 residents would have been wrongly evicted, resulting in homelessness and further issues down the line.

The transit pitches on Carrswood View (5 family pitches in total) opened at the beginning of September. TCS have been contacted regularly by members of the travelling community wishing to find out how to apply for a pitch on the transit site. Tenants can stay on pitches for up to 3 months, at which point they must vacate and move on elsewhere, thereby freeing the pitch for the next family. Due to lack of provision elsewhere in the region and the huge interest shown so far, it is anticipated that these pitches will always be filled.

This means that there will be 5 individuals or families requiring possible support. Due to the nature of travelling, they are most likely to need assistance with accessing local GP's and other health services, short term school places and benefits. In new and unfamiliar surroundings, the outreach service will be crucial to supporting new residents with all manner of needs. At the time of publishing this report the first families have moved onto the transit pitches. So far the residents in need of support include:

1. Young woman on Disability Living Allowance needing support with benefits and grant from St John's Hospital for white goods. Mobility problems.
2. Older couple, one receiving chemotherapy for bowel cancer and the other suffering from lung disease. Require support with GP registration, benefits and grant for white goods. Both illiterate.
3. Separated woman with 4 young children (plus 2 older living elsewhere). Requires support with accessing school places and benefits. One child attending a special needs school. All children need to be registered to local GP. Mother illiterate.

TCS also continues to support the residents of the permanent site, focusing largely on support in accessing drug and alcohol services, mental health groups and counselling, signposting for domestic violence survivors, debt and money management for non payment of rent, council tax and credit union loans.

Elim Housing's newly appointed site manager is very keen for residents to access the outreach service. As a result all new residents on transit pitches have been referred to the service. TCS and Elim Housing have also discussed steps being taken to improve aspects of the site including the provision of an office space, which could also be used for support work with other external agencies. TCS have been granted access to the notice board at the site entrance allowing the service to promote services and visits.

Elim have acknowledged that TCS is crucial to the continued success of occupancy on the site, especially with regard to the transit pitches and the turnover of new residents. TCS will be vital to families once their time on the transit site has come to an end, signposting them to other services across the country. TCS will liaise with other Gypsy Traveller organisations, GPs and other health providers that they will need for their continuing care.

Over the course of the year it has become clear that TCS is being heavily utilised by the travelling community because it is the only place they can get the support they require. It would appear that the service is filling the gaps where other services and organisations have lost their funding or been cut entirely. For example, TCS can advise and mediate with housing benefit for our service users, where as previously, Swan housing association had a representative in the One Stop Shop to help with problems and queries. While Sirona have two Education Officers seconded to work within B&NES with Gypsy and Traveller families under their remit, they do not have the time or resources to cover the range of support TCS does. When they visit families they often contact the service to advise when mutual service users need assistance with other matters.

## Liveaboard Boater Community

With regard to the community of liveaboard boaters on the stretch of the Kennet & Avon canal the number of enquires for advice and support has been steadily increasing, a trend which is anticipated to continue. The Canal and River Trust changed its guidelines for continuous cruisers without a home mooring in May of this year, and has started to issue short term licences as a penalty for boaters they deem to be non compliant with the terms of these new guidelines. The result of this is that a number of vulnerable boaters have found themselves without licences and feeling hounded by CRT enforcement. The majority of these are boaters with injuries affecting mobility, leading to severe depression and isolation/loneliness. This in turn means they fall into confusion with their benefits, leading to increased stress and poor health.

It has become clear that due to new CRT guidelines and the resulting increase of service users, the liveaboard community is in need of a service such as TCS. Unsupported boaters who already have poor mental and/or physical health find difficult situations quickly escalating into big issues, leaving them at real risk of homelessness. TCS have already experienced one boater being forced to leave her boat and moving into a van with her young son, increasing illegal roadside encampments in B&NES. New guidelines meant she could not stay close enough to her son's school, and the stress of family life meant she found it difficult to engage with CRT. Unfortunately TCS was only involved at the last minute, and so was unable to support her to work towards resolution with CRT.

Other boaters and their families experiencing similar problems would, with no support from TCS, have no option but to approach the local authority for urgent housing. Indeed, perhaps pre-empting this, Wiltshire County Council now give housing priority to boaters if they have been forced off the canal due to enforcement by CRT. By supporting boaters in situations of enforcement, TCS not only directly acts to improve the health and mental wellbeing of boaters, it also prevents them from becoming homeless, thus adding greater burden to an already gross shortage of social housing and the cost to councils in providing increased benefits etc.

The new CRT guidelines now call for a specified range of travel which means liveaboard boaters must cruise much further than before, thereby creating greater movement of this population between Banes and Wiltshire. TCS have worked with a number of boaters first encountered within B&NES, who have, by necessity, moved into Wiltshire as part of their annual cruising pattern.

Acknowledging the cross county border nature of the boating population, TCS have also embarked on a new project with Wiltshire Fire Service, helping them engage with the community of boaters on their 60 mile stretch to publicise and organise presentation evenings at canalside venues. Here the Fire Service is able to engage with a larger number of boaters, educating them about boat fire safety and how to prevent it, giving out free smoke alarms and carbon monoxide detectors. This time last year, boat fires caused one boater woman to lose her home and a Wiltshire man to lose his life. TCS have also just set up a joint meeting with Wiltshire FS and Avon&Somerset FS to start a work group to share resources and roll out this presentation in the BaNES area for boaters on the canal and river.

## Ongoing Funded Projects

*Travelling Community Support* has just been awarded a small pot of funding from the Quartet Community Foundation (Bristol based grant funders) to be used to pay for our Outreach minibus project. So far the visits to Carrswood View have involved delivering a Red Cross basic first aid workshop and advice and support from DHI (which has already resulted in one resident accessing support in reducing heroin use). The grant will mean the minibus can be used on a regular basis to a wider in site across BaNES and along the canal.

In addition to this, Julian House Service Development Managers are also in the process of working on a large joint funded programme involving several support agencies to apply for funding to buy a specialised outreach minibus. Our Service is part of this joint bid.

TCS have also been encouraged by the Heritage Lottery Fund to put in a proposal for a canal based community project which would include oral histories, art and music from the liveaboard community, to be exhibited to the wider community e.g. children's groups, special needs groups, the settled community, etc. The project will also provide a space for workshops and support groups. The aim of this project would be to promote a positive view of liveaboard boaters, raise awareness of cultural identity and issues, help to build links between boaters and settled communities, and tackle loneliness and isolation.

## The Scenarios

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The following health scenarios are based on real experiences of the travelling community in BaNES and the issues TCS tend to come across. For each scenario there are two versions; Pathway 1 is based on what currently tends to happen in practice, and Pathway 2 demonstrates how this can be improved with support from TCS.

### Scenario 1 (Irish Traveller)

Mrs Nevin is a 55-year-old Irish Traveller, who lives with members of her extended family on a plot of land within B&NES. She has lived in England since the late 1970's, when she left Northern Ireland due to persecution on ethnic and religious grounds. She owns the plot of land and lives in an old static caravan. There are 3 other touring caravans on the site, where the other members of her family live. There is no mains electric; all the power comes from a generator. There is no running hot water on site. The only facilities are a toilet and shower situated within a separate utility block, which all the family share. In total, there are 9 people including 2 small grandchildren sharing these facilities.

Mrs Nevin has a number of mobility restricting conditions including Scoliosis. She also suffers from stress, depression and loneliness, as she is separated from her husband and has no contact with other women her age. She is suffering from PTSD as a result of a car crash several years ago in which she was driving the car that one of her sons, a profoundly deaf young man, died. A burns accident as a young girl, which hospitalised her for 6 months, has also left her with unresolved mental health issues.

During the past 20 years Mrs Nevin has been trying to apply for planning permission to be allowed to stay on her land and improve her facilities and general landscaping. This issue is still ongoing and she is going to appeal for a second time. This drawn-out process leads to further deterioration of Mrs Nevin's mental health and earlier this year she attempted to end her life by preparing to take an overdose of her prescribed drugs. Luckily one of her sons entered the caravan and therefore got her to hospital in time.

#### Pathway 1

Mrs Nevin's planning application is having a detrimental effect on her health. She often does not bother to get out of bed or get dressed as she is depressed and lonely. She stops eating or taking good care of herself, and lack of exercise worsens her back problems. This results in further loss of mobility. She finds it difficult to get to her doctors' appointments and so starts to run out of medication and painkillers. Her benefits also stop as she has not kept up with the relevant paperwork. She becomes more and more reliant on her sons and her young daughter-in-law to take care of her.

Her planning application is turned down by the council and she does not have the fight left to take it to appeal. An eviction notice is soon served, thereby forcing the whole family to leave their land.

Mrs Nevin's sons manage to find a cheap caravan for her to move into so she can be mobile. The family move their caravans off the site and set up camp in a layby a few hundred yards up the lane. The family, including the 2 small grandchildren, are now living with no running water and smaller portable generators supplying limited power to their caravans.

Mrs Nevin's caravan has a tiny bathroom in it with basic sanitary facilities. Her water supply is limited to a 25 litre water butt and so she rarely takes a shower or has a proper wash. These conditions are also difficult for her daughter-in-law and her small children. No access to washing machines mean clothes are often dirty or smelly depending on when they can get to a laundrette. Having no fixed address also means they cannot access their mail, resulting in her son also losing his benefits.

After a couple of days in the layby the council send around someone to tell them to move on. An eviction process is put into action and thus begins the cycle of the family being forced to move around B&NES, from layby to layby.

This situation leaves Mrs Nevin with the sense she has let her family down. There is no space on the official Traveller site in B&NES as the transit pitches are still not open. The grandchildren miss preschool sometimes as they are too far away to get their, or if they been forced to move on again. At some places they stop to set up camp, local youths intimidate the family and throw stones at the caravans at night, and shout racist abuse, often within earshot of the children. No-one is sleeping well and everyone feels unsafe and exhausted.

After a while, the family is forced to split up and leave the area as they can't take any more of this constant eviction. The council is wasting money on legal bills with eviction notices and court orders being given out, sometimes having to also foot a bill for rubbish that the family has no option but to leave behind when they are moved on.

Mrs Nevin's sons leave the area completely, moving to other parts of the country where they have other family (moving the 'buden' onto local authorities elsewhere). Mrs Nevin has thus lost some of her main carers and so becomes increasingly isolated. Her daughter-in-law is finding it difficult to cope with the job of caring for her family and for Mrs Nevin.

Social Services become involved as the preschool has raised concern over the welfare of the children. There is no understanding of the cultural needs of Irish Travellers from the social services and the family is told they must be housed or leave B&NES entirely.

Mrs Nevin tells her son to go to Cornwall where there are family members on another site, so her son and family take their caravan and go. The children lose their preschool place, which puts them at risk at not being able to get into another school in Cornwall, thus disrupting their education as well as their stability and deprives them of regular contact with their grandmother.

Mrs Nevin has no choice but to accept being housed by B&NES. They put her on the priority list of the already scarce housing within the authority. They move her into a small second floor flat in an outlying town where she knows nobody. Although initially they help with her benefits and assign her

a health worker Mrs Nevin is reluctant and mistrustful of everyone and the level of engagement drops away.

Mrs Nevin is now alone in unfamiliar surroundings and only sees her son and grandchildren on the odd occasion when they visit. She is constantly in arrears with her rent and bills and is confused at how things work with the payments. She has no open space to go out in and due to her limited mobility cannot venture out much. She is isolated from her family and community and becomes increasingly reclusive.

## Pathway 2

Mrs Nevin hears about the TCS Service through her GP after the practice staff received cultural awareness training. She contacts the service who go out and meet her to discuss her needs. They help her to fill out and apply for PIP and attend the assessment with her, and the application is successful. This means she can pay her son and daughter-in-law for caring for her, helping them financially and in turn making her feel less of a burden to them.

TCS help Mrs Nevin get to appointments and mediate with other organisations such as the Electric Board, to help her apply for mains power to be brought to her site. The service also supports Mrs Nevin with her planning appeal, writing letters of support to councillors, accompanying her to see the local MP, and arranging appointments with other organisations such as SARI (*Stand Against Racism & Inequality*). TCS also helps Mrs Nevin with internet and email so she can communicate with her solicitors better. Mrs Nevin feels more empowered and busy and has regular contact with her worker from TCS.

To help combat her isolation, the TCS worker arranges for Mrs Nevin to join a women's bakery course run by the wider organisation. This gets Mrs Nevin out and about a bit and she starts to form relationships with her peers and gain confidence.

As trust is built between Mrs Nevin and the TCS worker, Mrs Nevin slowly tells the stories of her life. The TCS worker realises Mrs Nevin would really benefit from receiving some counselling and starts to investigate how to encourage her client into this. The TCS worker also brings the service's Outreach minibus to the site with Sirona workers, to deliver Healthy Living workshops and cookery sessions.

The TCS worker contacts Sirona health workers who visit Mrs Nevin and help her with a range of issues, all of which improve her quality of life and support her daughter-in-law with her children. Mrs Nevin therefore has regular visitors to her caravan, making her feel less isolated.

The TCS worker also helps to build bridges between Travelling communities by introducing Miss Lee to Mrs Nevin. Miss Lee is in desperate need of a static caravan as her current accommodation is in a severely dilapidated state and unfit for her and her children to live in.

Mrs Nevin has an empty static on her site, which she needs to get rid of so as to smarten the site up prior to a planning visit by councillors. She gives the static to Miss Lee. Miss Lee arranges to transport the static onto her pitch on the site in Bath. She now has a new home for her and her

children and Mrs Nevil has rid herself of the unwanted caravan, which would have been a nuisance to her planning case. Mrs Nevil feels happy she has been able to help Miss Lee.

The TCS worker seeks clarification from B&NES regarding what will happen after Mrs Nevil lost her case for planning permission. The TCS worker spoke in support of the family at the planning committee meeting but the councillors voting against the case got the majority and voted to pursue enforcement and evict Mrs Nevil and her family from the land which would have happened just before Christmas. The TCS worker contacted the relevant officers at B&NES and got them to confirm no eviction would take place, until the result of the planning appeal has been decided in the spring. Mrs Nevil and her family now know they can at least spend Christmas and a few weeks after at home at least, as no one from the council ever actually communicated this situation to the family and they were left living in daily fear of being evicted.

The TCS worker and the other organisations she has brought on board are currently all working on a case to support the family through the planning appeal on the grounds of discrimination and considering the welfare and future of the children and Mrs Nevil's health needs.

## Scenario 2 (New Traveller)

Miss Lee has been living on an unauthorised encampment with 2 of her children (aged 7 and 13) with her ex-partner, the father of her youngest child, for 5 years. Both her children are successfully enrolled in the local schools with reasonably good attendance. Eventually the site is evicted as the council have contracted a new authorised site in the adjoining field. Everyone who is able-bodied and capable is pushed out onto the road again, and those who aren't stay behind on a temporary site nearby to wait for the new site to be built.

Miss Lee and her family are forced to stay behind against her wishes. She is suffering from extremely bad health due to a history of drug and alcohol abuse, which limits her mobility and means a life back on the road is not possible. She has an undiagnosed bone problem which means she has regular appointments at the Mineral Hospital in Bath. Miss Lee also recognises that the education of her children is vital and does not want to take them out of school when they have settled so well.

The temporary site has extremely poor conditions – only 1 water tap between 9 families, 2 rarely cleaned portaloos and an overflowing skip which attracts rats. The ground is gravel, meaning dog faeces is difficult to pick up and the site quickly becomes a health hazard for small children. Miss Lee becomes depressed since she has lost the community who supported her for the last 5 years with the move, and she is missing having the ability to travel. Her drinking increases and as a result her health further deteriorates.

Miss Lee becomes agitated and impatient on the temporary site – there is little communication between the residents and the housing team, and rumours are rife as to if they will be allowed on site at all. When a housing representative does eventually come to site everyone is highly stressed about their futures. Miss Lee is especially worried for the sake of her children. The new site manager

refuses to acknowledge their difficult state of limbo and demonstrates little understanding of New Traveller culture in the way she addresses them. Miss Lee is upset, scared and exhausted – as a result she shouts at the site manager. She is swiftly told that she will no longer have a pitch due to her ‘bad behaviour’.

### **Pathway 1**

Miss Lee and her family remain on the temporary site until the authorised site officially opens. The remains of her friends from the old site move on, and she is told that she will have to leave the temporary site immediately. Miss Lee takes her children back onto the road as she has no other choice. She has no transport of her own and so relies on her eldest son (who lives on site in Dorset) to move her two caravans. Due to her children being in the local school, and the difficulties in transporting her caravans, she can only move short distances at a time.

Miss Lee is declared ‘intentionally homeless’ by the council as she supposedly gave up her pitch. With the opening of the new site the council takes a hardline approach to illegal encampments and so she is continuously moved on. She now has no access to basic amenities such as clean running water, which means further deterioration of her health and poor living conditions for her children. The children become visibly scruffy as she cannot wash their uniforms, drawing attention to them in school by both bullies and teachers. With the increasing distance between her caravans and the school, and the difficult time they have there, the children’s attendance drops rapidly.

The school authorities alert social services about the children. The social worker has minimal understanding of New Traveller culture and the difficulties faced by the community. When she visits Miss Lee she is unwilling to listen to her side of the situation as a colleague had told her that ‘all Travellers are liars’. Miss Lee is deemed incapable of looking after her two children, something which in the past she had been able to do with the support of her close-knit community, and so they are swiftly put into care. Miss Lee is told she must move into bricks and mortar before she can have her children back.

Miss Lee is put onto Homesearch and in time is moved into a small flat on the outskirts of Bath. She feels extremely isolated and claustrophobic in the house as she has lived in caravans and on site since the age of 13. She rapidly becomes extremely depressed and as a result falls back into using heroin (which she had given up with the birth of her children). The social worker decides that she cannot have her children back for this reason.

One day she overhears a nurse telling a colleague at the Mineral Hospital that ‘Travellers are always difficult’. When she tries to tell a doctor this she is ignored. Upset, Miss Lee stops engaging so well with the staff the hospital and is quickly labelled as a ‘difficult patient’. She decides to stop going to the hospital as she feels too unwelcome there.

Due to stopping her treatment, Miss Lee’s mobility decreases even further. She can now barely leave the flat. She has lost her home, her family, and the support of her community. She has turned back to heavy use of heroin to ease the depression and has disengaged with the few services she was using. She regularly calls the emergency services as she is scared and alone. She cannot see a way out of this situation.

## Pathway 2

Miss Lee and her family remain on the temporary site. She contacts Travelling Community Support and explains the difficulties they have been facing and the reasons she became upset with the housing representative. TCS arranges a formal meeting with the housing team and advocates for Miss Lee. Both sides are given a chance to explain themselves and the meeting results in Miss Lee getting her pitch back. TCS assist Miss Lee in getting a Credit Union for her pitch deposit, and help her navigate the housing benefit system for the first time to avoid her falling into rent arrears. The housing team agree to some basic training with TCS regarding New Traveller culture to better prepare them for the opening of the new site.

Miss Lee moves onto the new site with her two children, and the father of her youngest son moves onto a pitch nearby to help with the childcare. Miss Lee is still resentful of moving onto the site and misses the rest of the community, and she talks about moving the family up to Yorkshire some day soon to stay on a large site some of her friends have moved to. However, she is aware that the quality of life for her children has risen hugely due to good access to basic amenities. The utility blocks on each pitch act as a good space for the children to do their homework away from the hustle bustle of the caravans, and they continue to do well at school.

Miss Lee begins to settle in the new environment. She has remained in touch with TCS as they have supported her in accessing local services she previously did not use, such as the local doctors surgery. One day TCS bring a DHI worker to site using their outreach van. Miss Lee has been thinking about changing her drinking habits since moving onto the new site away from the chaos of her previous home. She comes to the van for a chat, which acts as a neutral space away from the children and the rest of site. In the van the DHI worker refers her for an initial assessment with an alcohol and substance misuse worker. TCS take her to her initial appointment to ensure she gets there.

A few months into her move onto site, Miss Lee really begins to see the benefits of the changes she is making for both her and her children. Her health improves and she regularly receives support from DHI. She decides that she'd like to stay in the area and so begins looking for a static to provide some more space for her and the children. TCS have been working closely with an Irish Traveller woman named Mrs Small. They are aware that she is trying to sell a static which is lying empty on her site. With permission from both sides, TCS put Miss Lee and Mrs Nevil in touch and they arrange the buying and delivery of the static between them. This deal not only provides Miss Lee and her family with a home and helps out Mrs Nevil financially, but it also improves inter-Traveller relations within B&NES. TCS arrange a grant from St John's Hospital to acquire furniture for the static.

## Scenario 3 (Liveaboard Boater)

Mr Pots is a 55 year old man, who has been living on his canal boat for around 15 years. He first contacted us in the spring needing support and advice with applying for PIP, which TCS helped with and attended the assessment interview with him. He was successfully awarded PIP, which meant he

could afford to employ a helper for a few hours each week to help with boat related tasks he could not longer perform alone. Mr Pots has a severe and degenerative back condition, which flairs up every so often, causing pain and generally limiting his mobility. He needed help with coal and wood sacks, moving his boat and mooring etc, emptying his toilet cassette and getting to the shops for food.

Mr Pots decided to move his boat into a nearby marina as he realised he could not continue as a continuous cruiser with his health deteriorating. TCS helped him apply for housing benefit to cover the cost of his mooring and his boat licence. Once all this was in place, TCS did not hear from him for several months. During this period, Mr Pots's mental health became increasingly unstable and he becomes more depressed and isolated, often not leaving his boat for days. He is in a lot of pain but his doctor will not change his medication. His housing benefit, ESA and boat licence payments have been stopped and he is too confused and depressed to sort them out, so is receiving no money or paying any bills. He becomes suicidal and rings the Crisis mental health team in desperation.

### **Pathway 1**

After speaking over the phone to Mr Pots, during which he is also cut off several times due to bad signal in the marina, the MH intensive team decide not to make an urgent home visit. They make an appointment to see him but cannot get back in contact with him to tell him when it is. Mr Pots receives one more phone call from them, then nothing.

Mr Pots has a mountain of chaotic paperwork and no clear system for keeping record of who he has spoken to and when. He becomes more and more confused and isolated. Often his only other contact day to day is a neighbour on a nearby boat who tries to help him get to the shops. Mr Pots drinking also increases. As he has lost his benefit income he cannot afford to continue paying for the young man who comes to help with boat jobs, lifting coal and wood, cleaning out the burner, changing gas bottles and ensuring the boat is safe and sound and not in danger of sinking.

Mr Pots attends the first couple of counselling sessions he has booked with Revival and Turning Point but after that he lets it lapse as he cannot cope with them and finds it difficult to get to appointments on time as he has to find money for a bus or rely on lifts.

Neighbours try to help as best they can but Mr Pots's mental health is deteriorating and he becomes less open to accepting assistance from anyone. He runs out of gas and cannot cook hot meals for himself anymore. The area around his boat becomes messy with coal sacks and rubbish that he cant lift and remove himself and the marina management begin to complain.

Eventually Mr Pots is forced to leave the marina as he has not paid and his mooring has become a mess. He manages to find a friend to help him move the boat out of the marina and back onto the canal but he then stays in that one place for a lengthy period of time, which starts to attract the attention of Canal and River Trust enforcement officers. Due to his new isolated location Mr Pots can no longer easily leave the boat. He is now foraging in the nearby countryside for wood in order to keep his burner lit but still has no gas. He is loosing weight and running out of food stores. He has lost his address at the marina and no longer knows what is happening with his benefits etc. He

cannot easily get to the GP for more pain killers and anti depressants. He is embarrassed at his appearance and lack of cleanliness so does not go out much.

One night there is a bad storm and Mr Pot's boat, which now has flat batteries due to not moving and recharging, takes on water as the bilge pump does not work. The boat is now no longer habitable and Mr Pots has lost most of his personal belongings and is in shock.

He is now effectively homeless and has to present in the nearest town to the homeless hostel. He sleeps under a hedge beside his boat slowly salvaging what belongings he can from his boat. The boating community rallies around and manages to refloat his boat eventually but it is uninhabitable and in time unfortunately sinks again. Mr Pots continues to access homeless services but slowly falls into a cycle of declining mental and physical health. Ambulance services are called by concerned members of the public several times throughout the winter when Mr Pots is found in his makeshift camp suffering from the cold and ill. He has a number of overnight stays in the local hospital.

## **Pathway 2**

Mr Pots got back in contact with TCS in November. He was very distressed and mentally unstable, considering suicide. He had rung the Intensive Team at the hospital but they had decided not to come out and visit him. TCS went out to visit him the next day to talk and discuss how they could mediate with mental health services and get him the support he urgently needed. Over the next few days the TCS worker spoke to the MH team, the GP and with Mr Pots, resulting in a home visit by a duty nurse 4 days later. Mr Pots is currently being assessed and is now receiving support.

He has also been supported to enroll onto counselling with Turning Point (a substance misuse support provider) and Revival (counselling provider dealing with traumatic cases of abuse).

As a result of Mr Pots's deteriorating mental health, his housing benefit, ESA and boat licence payments had all been stopped and he was faced with a virtual papertrail of communications from the various agencies, which due to his state of confusion and depression, he could not cope with.

The TCS worker has mediated with all these agencies and resolved all the issues, resulting in a back payment of Mr Pots's housing benefit the following day, meaning he can pay his marina fee and boat licence.

The TCS worker also took Mr Pots up to the Job Centre in Devizes and arranged for his current sick note to be copied immediately, resulting in his benefits being reinstated a few days later. The worker also assisted Mr Pots in finding another boater from the canal community to come and help him with the jobs he cannot perform himself and to take him into town for shopping and appointments etc.

Mr Pots also realises he is no longer able to cope with living on his boat any more. He cannot manage the day to day tasks needed to keep the boat safe and afloat and he is struggling with personal hygiene and eating properly. He decides he needs to try and get onto the housing list and

move onto land, albeit reluctantly, so the TCS worker and the MH team arrange for an officer from Housing to carry out a home visit to assess Mr Pots with regard to prioritising him for social housing.

After the meeting the TCS worker liaises with the housing officer and writes a letter of support for Mr Pots's case, as well as speaking to his GP and requesting they write a similar letter, which she agrees to do.

At present, although still struggling with his depression, Mr Pots is now accessing the other counselling and support services he needs to try and work through his issues, and feels secure in that he knows the TCS team are on hand to assist him when otherwise there is no one else he can turn to.

## Scenario 4 (English Gypsy)

Mr Smith has been living with his 13 year old daughter, B, on a council site in Shropshire for the past 6 years. He has steady work in the surrounding areas and is happy, and B is attending the local school. The Smiths have family in the Bath/Bristol area who they visit regularly. On a trip to visit Mr Smith's sister in Keynsham, B falls ill. An ambulance is called and she is taken to the BRI. After some days in hospital B is diagnosed with Idiopathic Intracranial Hypertension. Mr Smith returns to Shropshire with B as he risks losing his pitch if he stays away too long.

### Pathway 1

B's condition is serious and as a result she is appointed specialist care. B is having regular blood tests, MRI scans and CSF pressure monitoring at the BRI and Mr Smith quickly finds himself struggling to cover the costs of travel between his site in Shropshire and the hospital. The local hospitals cannot offer the level of treatment B requires and so Mr Smith is eventually forced to let go of his pitch to move his caravan to the area so that B can be closer to the care she needs.

Mr Smith and B cannot stay at his sisters due to an ongoing planning application their presence might endanger, and so they move onto a cousin's pitch on a council site in Bristol. They are quickly moved off and so are forced to park up on the side of the road. They find themselves being regularly moved on around Somerset and the surrounding counties. Minimal access to clean running water and electricity, combined with the stress of constant eviction, start to have negative impacts on B's health and her condition rapidly worsens. Mr Smith finds that he has to call the ambulance for B every 1 to 2 weeks.

Mr Smith feels increasingly out of his depth and is struggling to keep on top of B's medication due to his illiteracy. He feels embarrassed to ask the ambulance staff and the doctors at the hospital, as he finds them critical of his living situation. One doctor tells him it is his 'lifestyle choice' that is worsening his daughter's health.

Mr Smith and his daughter are forced to stay on the roadside whilst they wait for a pitch. B cannot attend the local school without an address and Mr Smith becomes increasingly depressed at their

situation. He is prescribed anti-depressants. The doctor does not give Mr Smith the chance to tell him he is illiterate which means Mr Smith struggles with the prescription and takes the wrong dosage, leaving his moods volatile and making him less capable of caring for his daughter. He is also referred to a counsellor but fails to turn up as he is moved out of the area.

## Pathway 2

When Mr Smith decides to give up his pitch in Shropshire his sister puts him in touch with TCS as she has worked with them in the past. TCS put together a supporting statement for Mr Smith's permanent pitch applications. They assist him in applying for pitches at all local authority sites across Somerset. Whilst Mr Smith is on the waiting list TCS contact the council where Mr Smith is parked up and explain his situation to them. In consideration of B's poor health they do not move him on and provide him with basic amenities.

TCS give Mr Smith some '*I need help with...*' cards – on the back he ticks the box labelled 'reading and writing'. Mr Smith gives these to the receptionist and to the doctor so they understand that he can't fill out forms for his daughter or read the medicine instructions. On realising this, the doctor fully explains B's medicine as he prescribes it. The receptionist finds help for Mr Smith when he needs to fill out forms.

TCS contact the Children Missing Education Service and they visit B and Mr Smith at their caravan. The advisor has contacted the local school and arrives the school registration forms which she helps Mr Smith fill out. B is found a place in the school within a fortnight.

With supporting statements written by TCS and the BRI, Mr Smith soon finds that he is prioritised for a permanent pitch. B can now get to her appointments at the BRI much more easily, and access to clean running water and electricity has bettered her health significantly meaning she rarely has to use the ambulance service. Mr Smiths family in the area keep an eye on B if he is at work when she is at home.

## Costings and Calculations

The tables below show costs associated with each step of health and social care activity, or council led enforcement processes. Where a cost is long-term (e.g. residential care) the figures are quoted to cover 12 months. Sources for all costs can be found in the Annex.

ENFORCEMENT	COST £
Issue Fee in Country Court for Claim of Possession	175
Application for deemed service	45
High Court issue fee for Writ of Possession	60
Administration fees	295
Enforcement Officer x 2 for first hour	190
Enforcement Officer per hour	95
<b>Total</b> (average 4 hours per eviction)	<b>£1525</b>

### Scenario 1

#### Mrs Nevil's Pathway 1

EVENT	COST £	COMMENTS
GP appointment	45	Per short session (6 visits)
Prescriptions (repeat)	43	Per item (12 items)
Health worker visits	138	10 visits
Intervention from social services	1,117	Case worker and visits
Cost of Eviction from land	19,350	For entire process
Calls to 999 to police to attend incidents directed at the family on the roadside	510	3 calls to 999 for police to attend
Eviction from roadside	1,525	All court and enforcement fees, with 4 hours per eviction (4 evictions)
Social Housing and council tax	750pm	Per month - Covered by benefits
<b>Total</b>	<b>£29,612.6</b>	<b>Over 12 month period</b>

#### Mrs Nevil's Pathway 2

EVENT	COST £	COMMENTS
GP appointment	45	Per short session (12 visits)
Prescriptions (repeat)	43	Per item (15 items)
Health worker and children's services	138	4 visits
<b>Total</b>	<b>£1,737</b>	<b>Over 12 month period</b>

### Scenario 2

#### Miss Lee's Pathway 1

EVENTS	COST £	COMMENTS
Eviction from roadside	1525	All court and enforcement fees, with 4 hours per eviction (4 evictions)
Visit from social services per hour	79	2 visits

Decision to place child in care	346	Assumes 2 hours per child of client related work by social worker at £79 p.h. and two hours at £94 p.h. from team leader
Child in residential care:	250,000 (average)	Per year per child
Social housing and council tax	750	Per month - Covered by benefits
Hospital appointment	110	7 visits as outpatient
Missed hospital appointment	110	2 missed. No reduction for appointments not attended
Emergency services	263	Assumed call out 5 times
<b>Total</b>	<b>£518,255</b>	<b>Over 12 month period</b>

### Miss Lee's Pathway 2

EVENTS	COST £	COMMENT
Pitch fees	400	Per month
Hospital appointment	110	9 visits as outpatient
<b>Total</b>	<b>£5,790</b>	<b>Over 12 month period</b>

### Scenario 3

#### Mr Pots' Pathway 1

EVENT	COST £	COMMENTS
GP appointment	45	Per short session (12 visits)
Prescriptions	43	Per item (8 items)
Health and social services	1,631 pa	For mental health and debt issues
Intervention for psychosis	11,815pa	All MH support groups and team
Ambulance attendance	263	Per call out (3 callouts)
Taken to A&E	124	Per visit (3 visits)
Hospital Stay	415	Per day (10 days)
Homeless Services	42	Per day/overnight stay (20 stays)
Support worker in homeless hostel	120	Per session (5 sessions)
<b>Total</b>	<b>21,080.40</b>	<b>Over 12 month period</b>

#### Mr Pots' Pathway 2

EVENT	COST £	COMMENTS
GP appointment	45	Per short session (4 visits)
Prescriptions	43	Per item (6 items)
MH assessment	267	Home visit assessment (1 visit)
Alcohol misuse services	120	Per session (20 sessions)
Early detection for psychosis	3,058pa	Support and Counselling
<b>Total</b>	<b>£6,162.80</b>	<b>Over 12 month period</b>

## Scenario 4

### Mr Smith's Pathway 1

EVENT	COST £	COMMENTS
Hospital appointment	110	Outpatient (5 appointments)
Eviction from roadside	1525	All court and enforcement fees, with 4 hours per eviction (5 evictions)
Ambulance attendance	263	Per visit (5 visits)
Taken to A&E	124	Per visit (5 visits)
Hospital stay	400	Per day on hospital ward (11 days)
Prescription	43	Per item (8 items)
GP appointment	45	Cost of (short) GP surgery visit
CBT course arranged	708	Cost of 1:1 CBT, course of 12 sessions booked @ cost to NHS £59 per session
CBT failed to attend	0	(included in above – no reduction for sessions not attended)
<b>Total</b>	<b>£15,607</b>	<b>Over 12 month period</b>

### Mr Smith's Pathway 2

EVENT	COST £	COMMENTS
Hospital appointment	110	Outpatient (5 visits)
Ambulance attendance	263	Per visit (2 visits)
Taken to A&E	124	Per visit (2 visits)
Hospital stay	400	Per day on hospital ward (7 days)
Prescription	43	Per item (6 items)
<b>Total</b>	<b>£4425</b>	<b>Over 12 month period</b>

## Conclusions

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These scenarios demonstrate the greatly reduced costs to health, social and council services with the intervention of Travelling Community Support. This determines that some up-front investment in outreach work can pay for itself many times over.

Travelling Community Support has had an incredible journey over 2015. The workers have been committed to the aims and objectives of the remit and as a result the service has become a respected and valued resource, not just among the communities it represents and works with, but with all the other organisations and support groups it has linked up with.

The task of setting up a pilot project such as this seemed daunting at the beginning. Not only were the workers called upon to make the initial links to other agencies and organisations, they also had to build good relationships based upon trust and fairness with the service users. A particularly hard group to engage with were the New Travellers living on the temporary site on the outskirts of Bath.

This group was initially sceptical, mistrustful and despondent, having been let down in the past by services which, for whatever reason, could not deliver upon promises they made. Through clear communication and consistent delivery of results throughout the year, the TCS workers have ensured strong relationships with all their service users. In many cases service users have no one else they can turn to for support with their issues. Having successfully laid the foundations of the project the TCS workers would now like to continue building upon the work done so far. TCS would seek to concentrate on supporting clients with improving mental and physical health. The Outreach bus programme is key to this aim.

Cultural awareness training offered by TCS to GP surgeries and other Local Authority departments has proved difficult to implement in the first year. It is only just now beginning to gain momentum through word of mouth and positive feedback. The workers firmly believe that this is a crucial part of the service and that such training is invaluable. If awarded further funding TCS would also be able to concentrate on targeting training to GPs and surgery staff. Clients continue to have issues with their GP surgeries, and the TCS workers want to prioritise this area of the service, particularly with regard to receptionists and front line staff.

Finally, the workers have asked some of the organisations and clients they work with for feedback. The tables in Appendix 1 are from other services TCS has worked with over the course of this year. Listed below are a number of comments they have received from service users.

## Service User Feedback

*“I would like to thank you both for your assistance and valued support whilst I was experiencing difficulties with my mental health and back pain earlier this year and for supporting me to the ATOS interview which helped ease my anxiety about this (they are quite a frightening experience). The outcome was positive and I received PIP as a result. I think that the service that you have provided is of great value to boaters on the cut and the reassurance that help is available from people who know how CRT operates and the difficulties that are encountered in the health care sector as a result of continuous cruising.”* **Liveaboard Boater**

*“No one has ever been there to help me with all of this before. I couldn’t do this if it wasn’t for them. I wouldn’t have known who to talk to or where to go.”* **Irish Traveller**

*“There needs to be more people like you cos there isn’t anyone else who can do all these things for us Travellers. No one else wants to know.”* **Irish Traveller**

*“I was completely lost and confused before, but since you guys came along I feel like my old self again. I’m on top of everything now... I feel much more independent.”* **New Traveller**

## Annex

<b>Cost Used</b>	<b>Amount</b>	<b>Source</b>
Total average cost of enforcement process	1525	Whatdotheyknow.com Freedom of Information Request
Short GP surgery visit	45	Unit costs Of Health and Social Care 2014 (LSE PSSRU) p183
GP prescription (average per consultation)	43	Unit costs Of Health and Social Care 2014 (LSE PSSRU) p183
Health worker visit	138	Unit costs Of Health and Social Care 2014 (LSE PSSRU) p86
Intervention from social services	1,117	Unit costs Of Health and Social Care 2014 (LSE PSSRU) p86
Social worker for client related work (per hour)	79	<i>Unit costs Of Health and Social Care 2014 (LSE PSSRU) p 190</i>
Decision to place child in care	346	Unit costs Of Health and Social Care 2014 (LSE PSSRU) p86
Child in residential care (average)	250,000	Unit costs Of Health and Social Care 2014 (LSE PSSRU) p86
Hospital appointment	110	<i>Unit costs Of Health and Social Care 2014 (LSE PSSRU) p109</i>
Emergency services	263	<i>Unit costs Of Health and Social Care 2014 (LSE PSSRU) p 109</i>
Early detection for psychosis	3,058pa	<i>Unit costs Of Health and Social Care 2014 (LSE PSSRU) p57</i>
Intervention for psychosis	11,815pa	<i>Unit costs Of Health and Social Care 2014 (LSE PSSRU) p57</i>
Hospital Stay	415	Unit costs Of Health and Social Care 2014 (LSE PSSRU) p109
Homeless Services	42	<i>Unit costs Of Health and Social Care 2014 (LSE PSSRU) p263</i>
Mental Health assessment	267	<i>Unit costs Of Health and Social Care 2014 (LSE PSSRU) p221</i>
Alcohol misuse services	120	<i>Unit costs Of Health and Social Care 2014 (LSE PSSRU) p64</i>
1:1 CBT assessment and course	708	<i>Unit costs Of Health and Social Care 2014 (LSE PSSRU) p94</i>