

Towards Supporting Vulnerable People:  
A Needs Survey for the Borough of Poole  
Supporting People Partnership

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We also wish to thank the many organisations, their employees and volunteers for their different contributions to this report. We hope that it is representative of the views and experiences of those working at the 'coal face', and of their perceptions as to the solutions that might make life better for those with whom they work<sup>1</sup>.

Finally, but not least, we would like to acknowledge the work of Carol Bond, a colleague from IHCS, for her invaluable help in making sense of the quantitative data with which we have had to work, and thanks to Anita Somner for her help in formatting and editing the final report.

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<sup>1</sup> While the conclusions and recommendations made in this report are the authors', we do not take responsibility for the accuracy or the reliability of the information provided, or for the views and opinions expressed by those organisations that contributed to the report.

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## Executive Summary

### Common Themes and Cross-Group Issues

This report contains some core themes and underlying principles on which the authors have based their approach. These concern:

- Promoting a mixed economy in service provision;
- Moving from institutions in the community towards homes in the community;
- Meeting short, medium and long-term needs;
- Moving away from tenured-based towards people-based services.

Some common services are also recommended, which apply across many of the Supporting People population groups. These concern:

- The need for floating support services;
- Support for unpaid/informal carers;
- Home from hospital/rehabilitative care services.

### Recommendations

#### General needs housing and homelessness

Commission emergency accommodation and day centre facilities for rough sleepers and street homeless people.

Commission cross-tenured mediation and floating support services for young people living in their parental home. Within this there is a need to consider the possibility of cross-authority requirements and provision.

Commission mediation work between private sector tenants and their landlords when there has been a breakdown in tenancy to explore how the tenancy might be continued in the medium term.

Consult with landlords who accommodate difficult-to-place and vulnerable people to explore their needs in continuing to offer accommodation to these user groups, and include them as potential 'carers' who need to be supported.

#### Children and young people

Maintain the commission of 60 units of accommodation but increase the number of projects funded and ensure that the client group supported includes:

- Young people with mental health problems;
- Young people engaged with crime;

- Young people either leaving rehabilitative detoxification units or undergoing community detoxification;
- Young (post-18) asylum seekers and refugees.

Commission floating support services to move young people from supported housing to permanent accommodation.

Commission floating support services for young people/young parents living in the parental home under stress.

Commission carer support services for young carers.

Maintain the number of units of accommodation for young mothers/young pregnant women, but develop floating support.

Commission floating support services for young parents directly accommodated as priority and unintentionally homeless.

## Older people

### **Underpinning recommendations**

Ensure that there is a diverse range of organisations (a mixed economy) funded to deliver Supporting People services for older people and carers.

The Partnership needs to be satisfied that as wide a population of older people as possible in Poole have access to Supporting People funded services.

The Partnership should place an equal emphasis on providing services that meet and address short, medium and long-term needs.

### **Specific recommendations**

Establish clarity regarding definitions of accommodation type, 'frailty' and 'older people with support needs'.

Increase the number of providers offering services for frail elderly and those with sensory loss.

Commission more services for frail older people.

Commission further research into both of the above.

Reduce the overall number of commissioned units of accommodation provided for those with 'support needs'.

Commission carer services that support families and partners who accommodate and care for frail older people and those with dementia.

Commission floating support services that:

- Encourage older people to remain independent at home;
- Facilitate better 'home from hospital' organisation and transfer;
- Provide 'care and repair' type services for older people.

Commission for a generalist 'one-stop' service for older people and carers in the area.

## Domestic violence

Commission support services based at the A&E unit at Poole hospital.

Commission services to meet the needs of children whose mothers escape domestic violence.

As the Poole Refuge is in its infancy, it may be necessary to consider, in a year's time, whether it has been able to meet the needs of the 'non-traditional' survivors of abuse, including:

- Older women;
- Women who have mental health and/or drug or alcohol dependency problems;
- Women with teenage sons and large families;
- People escaping abuse from same sex partners.

Continue to fund and prioritise those services currently commissioned.

## Offenders and ex-offenders

Work closely with other agencies to:

- Ensure that there is sufficient service provision for newly released prisoners in the Borough (including temporary and permanent accommodation and floating support services);
- Identify current providers who accommodate ex-offenders whose primary housing and housing support needs are not linked to their offending behaviour e.g. where there are drug and alcohol misuse or mental health issues.

Continue to commission currently funded provision.

## People with HIV and AIDS

Work with the Cross-Authority Group to commission Supporting People services for those living with HIV/AIDS and AIDS related illnesses.

## Adults with mental health problems

Commission for an increase in accommodation-based services for people with mental health problems. This is likely to be in the region of a further 12 units. In particular there is a need to ensure that the following all have access to appropriate supported residential accommodation:

- Homeless people;
- People with substance misuse issues;
- Women;
- Members of the Black Minority Ethnic (BME) communities in Poole.

Commission for the development of move-on accommodation. This might include further temporary accommodation offering a lower level of support, in addition to permanent housing.

Commission for the provision of floating support services that are available across tenures.

Commission befriending or mentoring schemes that enable some people with mental health problems to link up with other sufferers and seek peer support.

## Substance misuse

Explore, as a priority, with the Cross-Authority Group the existing services. Also consider additional supported accommodation units (up to six places) for young men and women (and young women) who have recently completed rehabilitation and detoxification, with floating support for moving on to permanent accommodation.

Commission floating support services to help in moving people from supported housing towards more independent living, and also for those seeking to undertake community-based rehabilitative programmes.

## Refugees and asylum seekers

Work with other partnerships and the Cross-Authority Group to ensure that refugees' and asylum seekers' needs are established and that funds are maximised.

## Adults with learning disabilities

Undertake a review of provision to consider:

- The number of units it can fund in the long-term;
- The care and support charges made by providers;
- The shift towards floating support to help those:
  - Who wish to move towards independent living;
  - Living in parental/relative homes.

Attention must be given to those with complex and multiple needs.

Encourage competition in the provision of support services for adults with learning disabilities. Pay attention to whether accommodation providers should always provide support, or whether in the climate of social inclusion, service users might benefit from other providers offering a service. One way of facilitating this would be through an invitation to jointly bid for funds with a service offering floating support.

## Gypsies and travellers

Commission research with the Cross-Authority Group to assess the needs and views of potential users from these population groups.

## Adults with physical disabilities

Commission two, small-scale temporary/emergency supported housing units for people who can be discharged from hospital but require housing, or those who experience family breakdown. Ensure floating support is provided for the move to permanent accommodation.

Commission for 'home from hospital'/'home from care' services.

Commission for 'staying put' services similar to those seen for older people.

Commission carer support services.

Commission a service for people with a long-term need for supported housing.

Consider cross-authority needs and provision with the Cross-Authority Group.

## Introduction

How do we ensure that all those who are eligible to receive Supporting People commissioned services have access to such facilities and services? Indeed, on what basis should entitlement be made? How do we identify what services to fund and not fund? What groups need newly commissioned services and how might these services be organised? These are some of the fundamental questions that the Borough of Poole Supporting People Partnership need to answer and, as such, they represent some of the questions that we, as a team of researchers, have had to consider.

This report attempts to consider the level of 'need' that exists within the Supporting People population of groups that might require assistance in living independent and fulfilling lives. As such it makes use of a range of demographic, organisational and statistical data in attempting to identify the nature of different population groups. This information has come from various sources including:

- The 2001 Census;
- The South West Public Health Observatory;
- Dorset County Council;
- The Dorset and Somerset Strategic Health Authority;
- Poole Primary Care Trust;
- The Office of the Deputy Prime Minister;
- Dorset Police;
- Dorset Probation Service;
- Borough of Poole;
- Borough of Poole Supporting People Partnership Board;
- Local housing providers and agencies working with vulnerable people.

Using this information, we have made a number of recommendations and, while many are to establish new services, we are aware that if our recommendations are carried out, some agencies and groups may see services curtailed. We realise that our conclusions and recommendations might be contentious. However, while such decisions are not easy, we have always attempted to be guided by various principles. These include:

- Ensuring value for money;
- Ensuring diversity;
- Promoting social inclusion;
- Promoting user-led and individually tailored services;
- Promoting a mixed economy of service provision;
- Promoting equality of access.

These principles have guided some of the underpinning recommendations that appear in this document, such as the need to ensure that services are provided on the basis of need and not on the basis of housing tenure.

As researchers, we are aware that some of the recommendations are based on 'what it should be like' rather than 'what it is like at present'. A tension, perhaps, between vision and pragmatism. Moving from the latter to the former is a difficult transition, yet we believe that short-term disruption to services will result in the creation of long-term services for a greater number of people.

The researchers recognise that, due to budgetary restrictions, it will not be possible for the Borough of Poole Supporting People Partnership to action all of the recommendations made in this report. However, with the prudent use of Partnership mechanisms, a number may be realised.

As part of the consultation process, a multi-agency conference was held on 15<sup>th</sup> November 2004. This event will have identified further needs, recommendations and priorities for the Supporting People Board to consider in its five-year strategy.

Additionally, the Borough of Poole undertook a Housing and Housing-Related Support Snapshot Survey in September 2004. The 633 completed returns identified current and potential need for housing and supported housing services. The results of this can be found by visiting the Supporting People website [www.spkweb.org.uk](http://www.spkweb.org.uk) or use the URL below to look at the Poole area of the site:

[http://www.spkweb.org.uk/YourLocalArea/1.1.1LocalArea.asp?Region\\_ID=SW&LA\\_ID=107](http://www.spkweb.org.uk/YourLocalArea/1.1.1LocalArea.asp?Region_ID=SW&LA_ID=107). Then click on the 'Local Update' link.

## Poole's Demographic Profile

The Borough of Poole is a relatively small unitary authority, covering 25 square miles and located on Dorset's south coast. However, while it covers a larger geographical area than its close neighbour Bournemouth (17.83 square miles), it has a smaller population of 138,288 compared with 163,444. As such, Poole immediately appears to have a less geographically dense population than its neighbouring authority.

Poole also has a relatively stable population when compared with the rest of the county. According to the 2001 Census, 25.5% of the population are aged over 60 (as opposed to 29.3% for 'old Dorset') and 11.9% are aged less than eleven years (18.6% are aged less than 16 years against the county average of 17.9%). The average age of residents in Poole is 41.5 years. The ratio between the young and old populations is therefore more balanced than occurs in other parts of the county, such as in Christchurch. This balance has a number of benefits. The Dorset & Somerset Strategic Health Authority's Three Year Delivery Plan (2003), for example, reminds us that the older population '...makes the most intensive use of hospital and other health services' (2003, p4), to which we might add 'social care services'. Clearly the demands on services from the older population in Poole will be less than that which occurs elsewhere.

Poole has experienced relatively little population change in the decade to 2001. According to the most recent census, its population increased by little more than 5,230, and while 7,494 people migrated into the area in recent years, some 6,748 moved out. This trend therefore suggests that one of the major reasons for the growth in population is through the number of live births.

The ethnic profile of the Borough is predominantly white; 98.2% of the population fall into this category (of which 0.6% are white Irish). The next largest identifiable minority ethnic groups remain those from the Asian/British Asian community, who comprise 0.5% of the population, and the Chinese and other ethnic groups (excluding those with black or black British/African and Caribbean descent), who comprise 0.4% of the population. It is important to note that the information supplied through the census data suggests that almost as many people with an ethnic heritage left the area as moved into Poole. This is likely to reflect on refugees and asylum seekers.

Of those who stated their religious affiliations, 0.4% of the population are Muslim, 0.3% are Jewish and 74.3% Christian.

While the BME population of Poole is significantly small, it is likely that some of the people in these population groups will reside close to each other, and that there will be a concentration of some ethnic groups in certain political wards. Despite their relatively small number, it must be acknowledged that all residents have an equal right to access the services provided by the Supporting People Partnership, irrespective of their background and number. As such, this report acknowledges and supports the view that all Supporting People funded services should reflect the cultural, ethnic and religious customs and needs of the different population groups present in Poole.

## Health Status of Poole's Residents

As Table 1 (below) demonstrates, life expectancy for those in Dorset is, in general, better than that in England as a whole. However, it remains the case that, while the male average for Poole is the same as that for Dorset, the average for women in Poole is slightly lower than that in Dorset.

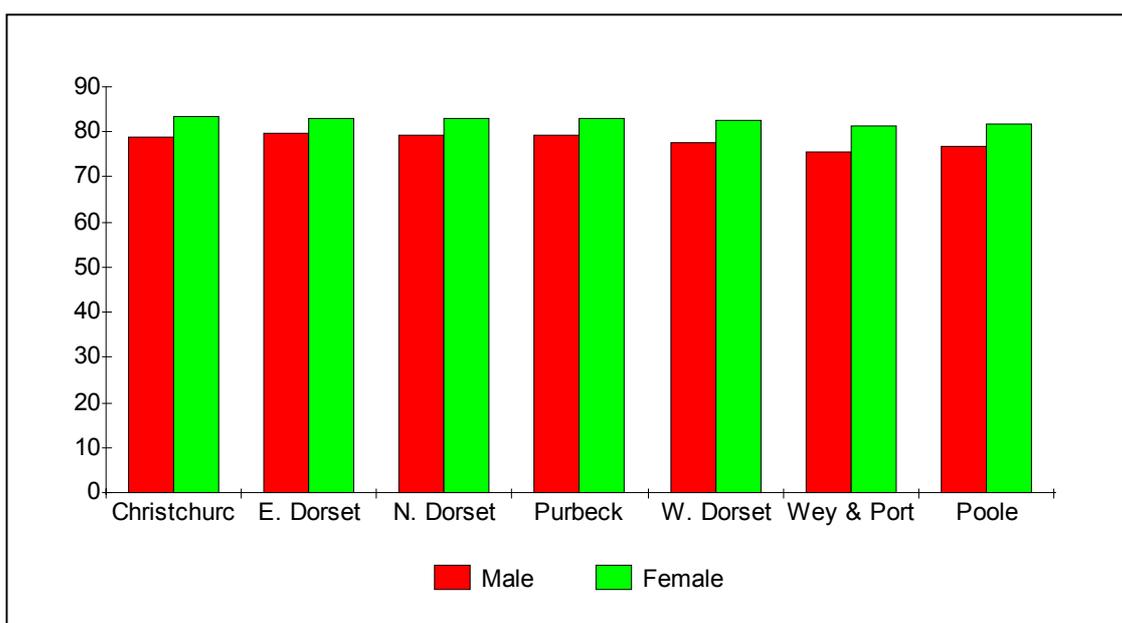
**Table 1: Life Expectancy at Birth 1997-1999 (Years)**

Gender	Poole	Dorset	England
Men	<b>76.9</b>	76.9	75.2
Women	<b>81.5</b>	81.9	80.1

Source: The Dorset and Somerset Three Year Delivery Plan 2003/04 to 2005/06 (2003).

Table 2 sets this information in a more local context. Specifically, it becomes evident that there are a number of local authority areas where life expectancy is considerably higher than for those living in Poole. Indeed, for men, East Dorset, Purbeck, North Dorset and Christchurch all have an average life expectancy of at least 79 years. For women in Christchurch and North Dorset, the average life expectancy is at least 83 years. This discrepancy between residents who may live less than 20 miles from one another is significant and suggests a degree of deprivation and ill health to which residents in Poole are more likely to succumb.

**Table 2: Life Expectancy Across Dorset**

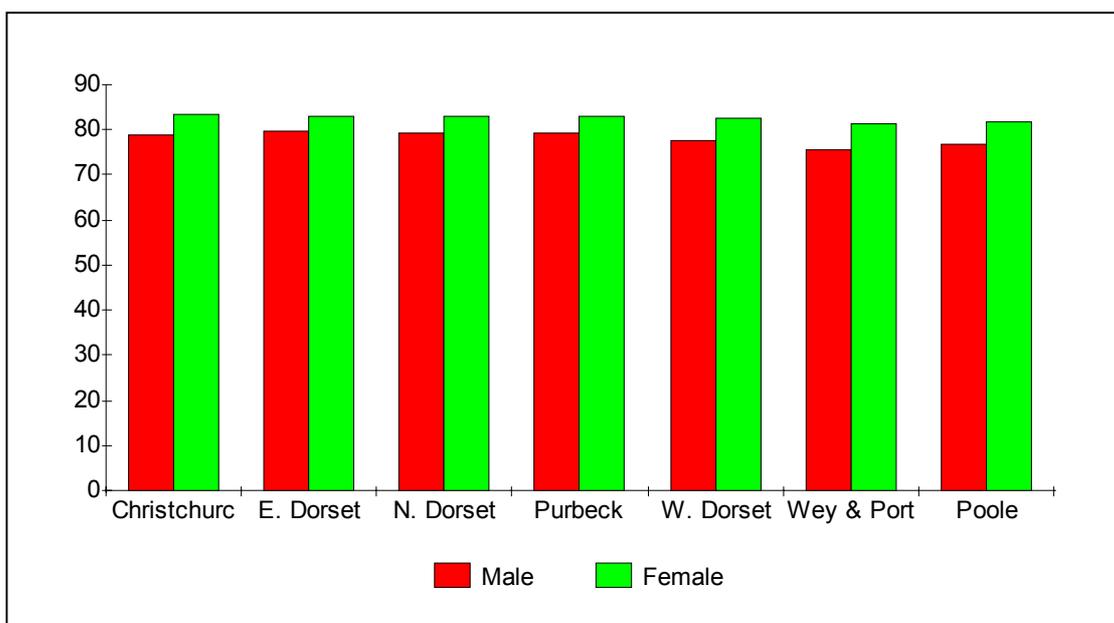


Source: Office of National Statistics (2003).

Generally, those in Dorset enjoy lower rates of death from certain cancers (such as stomach and lung cancers), circulatory diseases and suicide than the national average. However, death from accidents is higher in Dorset than the national average, and this may be as a result of the number of elderly people living alone and the number of workers employed in more dangerous occupations such as fishing and agriculture. However, while Dorset enjoys a lower rate of mortality from certain illnesses, it has a higher than average incidence of malignant melanoma, as well as colorectal, breast, prostate and bladder cancers.

Other health indices that are useful to consider include the Census 2001 question related to self-reported health conditions. Table 3 demonstrates that Poole residents reported that they were in good health. Indeed, only those in North and East Dorset had higher records of being in good health.

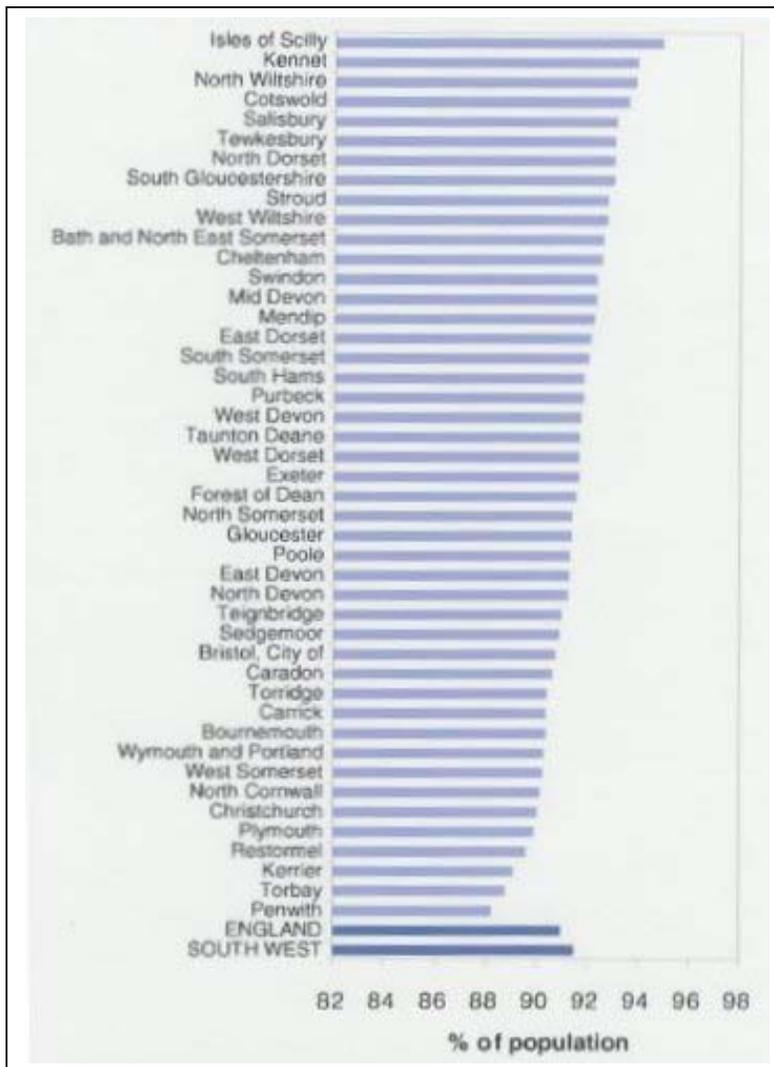
**Table 3: Census 2001 Returns for Reported State of Health**



Source: Office of National Statistics (2003).

This information might be better understood when it is considered in conjunction with the remainder of the local authorities in the South West. Table 4 demonstrates that out of the 44 local authorities in the region, Poole comes 27<sup>th</sup>. While this position might be in the bottom half of the table, it has performed better than the average for the South West region as a whole.

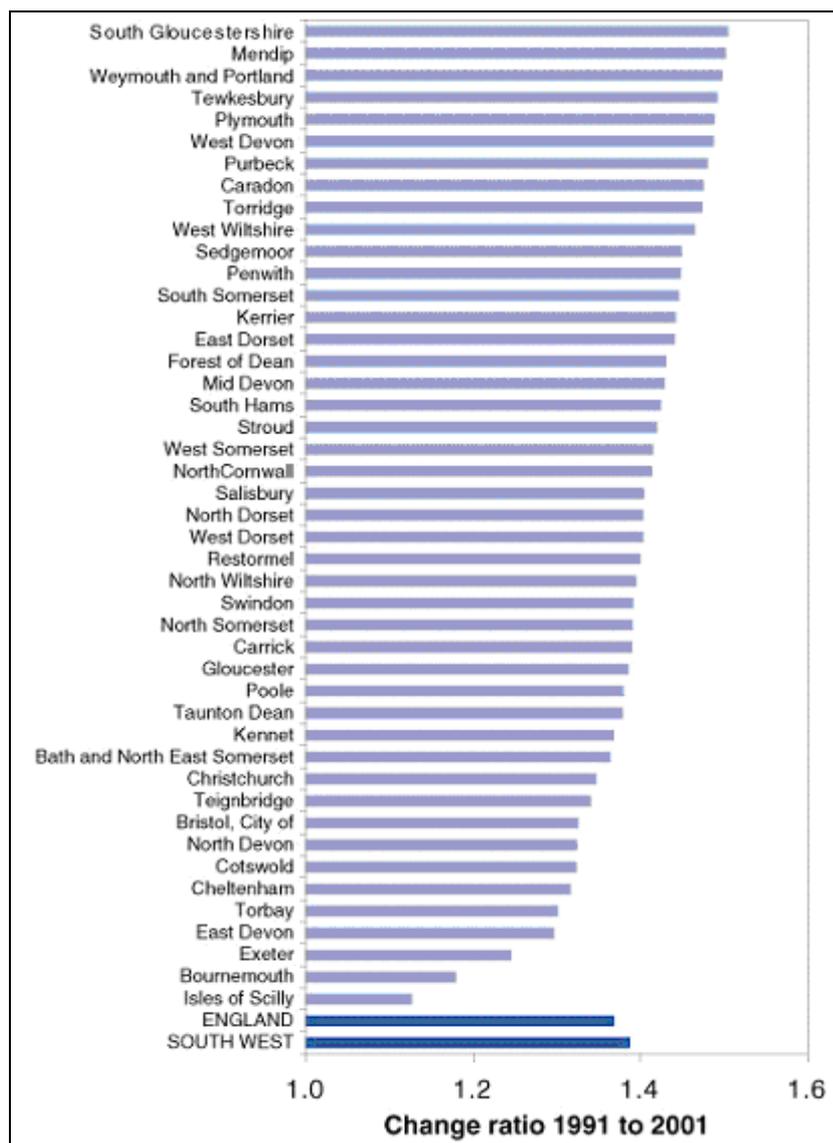
**Table 4: Percentage of 'Good' or 'Fairly Good' Self Reported Health (Across South West Local Authority Areas)**



Source: SWPHO (2003).

The information concerning self-reported health should be considered alongside limiting long-term illnesses, which is also useful when considering need and the level of health within a given location. Table 5 (below) illustrates the ratio of change within local authorities in the decade between 1991 and 2001.

**Table 5: Ratio of Change in Limiting Long-Term Illnesses 2001:1991 (Across South West Local Authority Areas)**

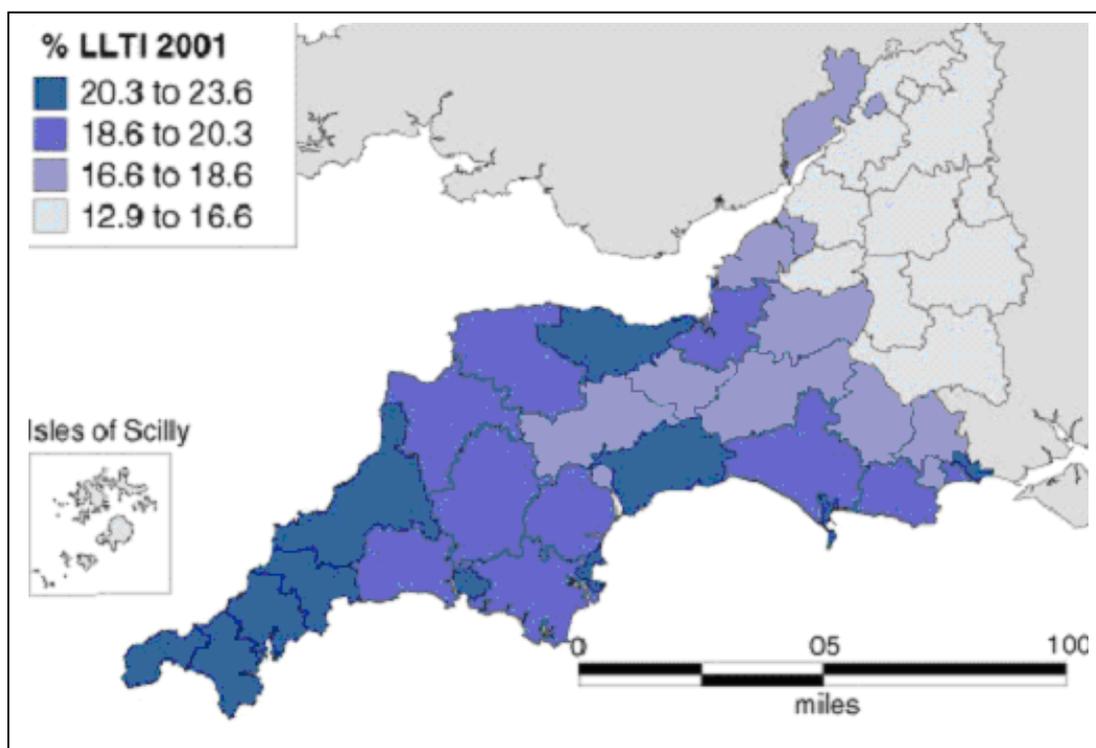


Source: SWPHO (2003).

It highlights that Poole is 15<sup>th</sup> and has had a small increase in the population with long-term limiting illnesses. The South West Public Health Observatory report (2003) suggests that the incidence of limiting long-term illnesses is closely associated with the population of those over 65 years. It is likely that the age profile of the Borough has influenced the

position of the authority in this table. Poole's position in relation to the remainder of Dorset and the wider South West is pictorially highlighted in Table 6.

**Table 6: Percentage of Residents with Limiting Long-Term Illness (Across South West Local Authority Areas)**



Source: SWPHO (2003).

### Key issues related to health

- Life expectancy for men in Poole is the same as the average for Dorset, and higher than the average for England.
- Life expectancy for women is lower than the average for Dorset.
- Men and women in other parts of Dorset have higher life expectancy than those in Poole.
- According to the 2001 Census results, Poole residents regard themselves as being in good health.

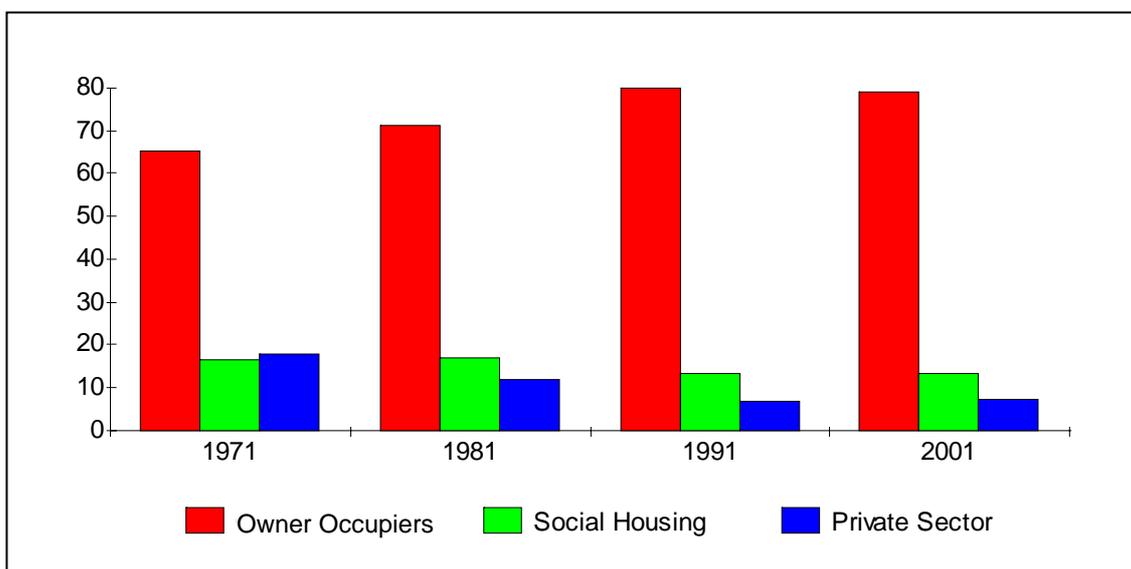
## The Housing Context in Poole

This section of the report considers the nature of the Borough's housing tenure, and explores need in relation to homelessness and vulnerability.

### Housing and housing tenure in Poole

Since 1971, Poole's pattern of housing tenure has followed national trends; yet it did so from a particularly unusual position (see Table 7, below). While the England and Wales average for owner occupation in 1971 was 50.1%, the rate in Poole was already 65.5%. Since that time it has grown steadily to the current 79.1% (against the England and Wales average of 68.9%)<sup>2</sup>.

**Table 7: Housing Tenure in Poole 1971-2001 (%)**



Source: Dorset County Council Facts and Figures (2004).

While the slight shift in Poole from owner occupation to private rented and social housing between 1991 and 2001 is to be celebrated, concerns remain regarding the impact of insecure assured shorthold tenancies (ASTs), rent levels, housing conditions and the current projections regarding interest rates and house prices. These factors leave the private rented sector in particular in a vulnerable situation, but it remains the only option for many of Poole's residents. Indeed, irrespective of the needs of vulnerable people, private sector renting is the only option for many. The average household income in Poole was £23,314 in May 2003 (*Daily Echo*, 14 May 2003). However, given that the average price for a one-bed flat in Poole was £86,000 in May 2003, even this was out of the reach of those on average incomes when considering the typical mortgage multiplier of three times salary.

<sup>2</sup>The drop in the rate of owner occupation from 79.8% in 1991 to the current 79.1% is due to a slight increase in social housing new build during the decade, and a slight jump in private sector rented housing (from 7.1% to 7.5%).

This situation has led the authority to estimate the need for 1,148 units of affordable housing per year. However, the general use of the housing stock in Poole compares well with Bournemouth, Dorset County Council and the England and Wales averages. Thus, as Table 8 (below) demonstrates, Poole has less empty property and fewer second holiday homes than the average in Bournemouth and Dorset County Council and fewer empty properties than the England and Wales average.

**Table 8: Comparisons Regarding Empty and Holiday Homes in Poole**

	% empty homes	% second holiday homes
<b>Poole</b>	<b>2.4</b>	<b>1.8</b>
Bournemouth	3.9	2.1
Dorset County Council	2.9	2.8
England and Wales	3.2	0.7

Source: Dorset County Council Facts and Figures (2004).

The Borough's housing profile presents as a challenge to the Supporting People Partnership Board, which at present funds many services for those living exclusively within either social housing or the private sector. Consequently, most residents in the Borough do not get access to Supporting People services.

The Board will need to explore how the allocation of funding is based on need, rather than initially through the prism of tenure before need is considered.

It is also the case that, as a consequence of Supporting People funding mechanisms, some people may have access to Supporting People services even though they do not necessarily need or want them. This comes as a result of funding being accommodation-based, and not relating to the needs of the individuals who live within that accommodation. This issue will be discussed further in the different sections relating to Poole's population groups.

## Homelessness and housing need in Poole

In recent years, the number of households accepted as homeless by the authority has fluctuated with the number applying for assistance. In the year to March 2003, 159 households were accepted as homeless, of which 125 included either a pregnant women and/or dependent children. For homeless people, the average length of stay was seven weeks in a B&B, and 90 weeks in hostel accommodation. This is almost two years. The size of the problem in the Borough is matched by the local authority's Homelessness Strategy, which has been informed by the service review

conducted in 2001/2002. This strategy responds to the Government's aims to reduce rough sleeping to zero, and to end the use of B&B accommodation for homeless families, except in short-term emergencies.

Like most of the local authorities in the county, the data for 2002/2003 suggests that the most common reasons for homelessness were:

- Parental evictions (30%);
- Termination of an AST (22%);
- Eviction by friends and relatives (13%);
- Domestic violence (11%).

The local authority is working hard to respond to the reasons why homelessness takes place, and has instituted an effective recording system to inform policy and procedures. Indeed, the authority has identified that 10% of those who approached the authority had made an earlier approach. To help the authority focus on preventative policies and procedures concerning those who become homeless, there may be a need explore:

- Rates and levels of sibling homelessness;
- The nature and regularity of homelessness as it occurs in streets and areas;
- The nature of homelessness as it occurs by private sector landlords.

## Other agency data

Poole Accommodation and Support Scheme, which works with non-priority homeless groups, has seen 529 households in the previous year, of which almost half considered themselves homeless.

Data from Shelter for the first quarter of 2004 highlights that, among their work in Poole during that period, they dealt with seven enquiries from elderly people and nine enquiries from young people aged less than 18 years. Homelessness and the risk of homelessness were the most common problems across all age groups, with over 90 such cases seen in this period. This is equivalent to more than one case per working day.

A recent survey, conducted by the Housing Needs Manager for the Borough of Poole, identified that of those on the waiting list the following vulnerable groups were identified:

• Alcohol:	40
• Care leaver (young):	11
• Drugs:	26
• Ex-offender:	24
• Learning disability:	78
• Mental illness:	173
• Person violence risk:	32
• Physical disability:	145
• Refugee:	5
• Sheltered/general needs:	6
• Social priority:	4
• Special elderly need:	65
• Vulnerable person and baby:	36
• <b>Total:</b>	<b>645</b>

Source: Borough of Poole (2004)

Clearly there is significant demand from people with mental health problems and people with disabilities.

## Recommendations

The local authority has compiled a thorough and integrated homelessness strategy, with priorities and headlines for targets already set. As such there is a sense that there is little to add for Supporting People purposes. However, it is recommended that the Partnership considers the following:

Commissioning emergency accommodation and day centre facilities for rough sleepers and street homeless people.

Commissioning cross-tenured mediation and floating support services for young people living in their parental home. These services may:

- Help reduce the incidence of this type of homelessness;
- Help to make the move towards independence a more natural stage in the young person's life, without recourse to emergency measures;
- Offer the opportunity to ensure that the young person maintains a relationship with his/her parents, and therefore reduce the incidence of serial homelessness from occurring.

Commissioning mediation work between private sector tenants and their landlords to explore how tenancies might be continued in the medium term<sup>3</sup>.

Consult with landlords who accommodate difficult-to-place and vulnerable people to explore their needs in continuing to offer accommodation to these user groups, and include them as potential 'carers' who need to be supported.

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<sup>3</sup>The local authority needs to treat a private sector landlord who withdraws from the private sector market in the same way that it might regard a business failure in the high street. It is the same thing and requires the same level of resources to identify solutions.

## Vulnerability and Vulnerable Groups

This section of the report considers the demographic profile of particular Supporting People population groups, and explores them with regard to the current funding arrangements that exist<sup>4</sup>.

Before considering the individual groups, it is worth noting that the authors have identified a few common themes and issues. These relate to some of the underlying principles behind our discussion and to cross-group services that we identified as being important to many groups of people.

### Underlying Principles

During the compilation of this report, we as authors have been guided by some key principles. These relate to:

Promoting a mixed economy in service provision

The Supporting People Partnership Board should try to ensure that, through the grants it offers and the services it provides, it promotes a mixed economy of providers. The competition created through having a mixed economy of providers is likely to have cost savings<sup>5</sup>. It is also likely to have a positive impact on service users, offering them further choice and opportunity.

Moving from institutions towards homes in the community

Reflecting on the trend in other health and social care services, we have based some of our conclusions on the notion that smaller units of accommodation (for example, four in a house) are better for residents/tenants than larger buildings/units of accommodation. This is because they are likely to be less institutional and should promote social inclusion and participation in local communities<sup>6</sup>.

Meeting short, medium and long-term needs

Many of the current Supporting People funded projects appear to focus on those user groups with permanent or long-term care needs. While this category of people remains central to the Supporting People programme, it needs to be acknowledged that those with short and medium-term needs also require assistance with their day-to-day lives. Without such

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<sup>4</sup>The current funding regime is heavily skewed towards a minority of user groups. The number of services funded, their location, and the number of users whose needs are met, are not equal or consistent. The Partnership, therefore, has a very difficult task in ensuring that all groups of people who remain eligible for funding have equality of service provision and access.

<sup>5</sup>In particular, the Partnership is encouraged to consider whether it is appropriate or always necessary to fund housing providers to undertake non-accommodation Supporting People services such as floating support. It might be worth exploring whether a more socially inclusive strategy would be to commission joint bids so that other organisations might provide services for those housed in supported accommodation.

<sup>6</sup>We acknowledge that smaller units may be difficult for emergency accommodation, such as homeless hostels and night shelters.

assistance, many may progress with long-term health and social problems.

Moving away from tenured-based to people-based services

Supporting People has, generally, been tenured-based in its funding. Consequently, some people have received services or been provided with access to services irrespective of whether they need them. At the same time, vulnerable people have gone without because they own their own homes, and do not live in social housing. There is a need to move away from the type of approach that focuses on bricks and mortar towards one that considers individuals.

## Common Cross-Group Services

As the authors of this report, we have identified the need for services that cut across population groups such as older people, children and adults with mental health problems. These services could be commissioned on a cross-sector or an individual group basis. They concern:

The need for floating support services<sup>7</sup>

There is a need to ensure that individual, tailor-made packages of support can be provided to vulnerable people to help them live independently. This is best offered through floating support. As a model, floating support is more common and widespread as a means of service delivery to young people. However, it is now appropriate to consider how such models can be better used to deliver more specific and user-focused care. Importantly, floating support needs to take into account the need for:

### **Cross-tenured services**

As above, there is a need to ensure that services are focused, organised and targeted to user need and do not discriminate on the basis of the housing tenure of potential service users.

### **Meeting short, medium and long-term needs**

Floating support services can be specially tailored and organised in a way to address the needs of the client. As such, some services will only need to be short-term while others could be organised to meet the medium and long-term needs of users.

Support for unpaid/informal carers

Informal carers, usually partners, parents, siblings and children, undertake the bulk of work that ensures a vulnerable person can remain in the community. The value of the support they provide is immense. However, the support offered to informal carers varies across the

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<sup>7</sup> The term floating support is used here in a generic manner, and could include a range of services and activities; from help with budgeting and cooking, personal care, basic DIY to befriending and mentoring.

different user groups in Poole, and in general there is a need to improve the support that these carers receive. This not only means services such as meeting other carers, but provision for a sitting service, to allow carers to go shopping for example.

**Home from hospital/  
rehabilitative care  
services**

The move from hospital or rehabilitative care (such as for people with substance misuse problems) to home is a time when people are at their most vulnerable. Assistance with moving back into the community, and help with benefits, household chores, budgeting and so on, can make the difference and stop someone from relapsing or needing more intensive care.

## Children and Young People

The welfare of children and young people remains a central aspect to Supporting People. This is because not only are children and young people regarded as being vulnerable, they also have a wide range of needs.

This section explores these different needs in relation to child protection, disability, young carers, children at risk and teenage pregnancy<sup>8</sup>.

### Young people in care

In 2001, Poole had 140 young people in care. By 21 October 2004, this number had reduced slightly to 134. What is clear is that it seems that the number of children and young people in care is constantly changing as a result of focused work by the local authority. However, it is also evident that, although many young people return home, many more replace them. Indeed, in 2003 there were 100 registrations alone, of which 10 were subsequently looked after and 20 were re-registrations by the same authority. During the same period, there were 70 de-registrations, making a net gain of 30 registrations during the year. By the end of 2003 there were 70 children registered, and by 21st October 2004 there were 71 registrations.

### Young people leaving care

The Borough of Poole Leaving Care Team currently works with 93 young people, and unlike neighbouring authorities, the team takes referrals at the earlier age of 16 years to help ease the transition towards independent living. At present, the evidence suggests that this group of young people is well served. Firstly, this comes as a result of the Borough's approach to working with young care leavers, and the consequential policies and strategies underpinning this work. Secondly, current Supporting People funding has been earmarked for this group. In total, the Supporting People Partnership Board funds 60 units of accommodation from four projects. The general range of services available to care leavers in the Borough includes:

- Exemption from the single room regulations;
- Care leavers have 10% nomination rights to Borough of Poole housing stock;
- Access to housing with visiting support, such as that provided by Simon Matthews in Parkstone, which consists of four self-contained units;
- Access to Poole Foyer;
- BCHA/HYPED offer eight self-contained units.

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<sup>8</sup> The needs of children and young people also appear in the sections relating to Domestic Violence and Asylum Seekers and Refugees.

However, it has to be noted that while the quantity of some services remains high, it is also the case that some groups of vulnerable young people remain marginalised from accommodation, and the fundamental question of the appropriateness of the services funded has not been answered.

### Supported housing for problematic and marginalised young people

The submission from the Leaving Care Team Manager highlights the need for:

- Supported housing for young people with mental health problems (which may not be diagnosed or might be borderline);
- Supported housing for post-18 year old asylum seekers.

These points are reflected in the submission made by Hyped. They note that there is a need for high support accommodation for young people aged under 18 years with:

- ADHD/behavioural problems;
- Difficulties around drug/alcohol misuse.

This accommodation might also require 'sleep-in' staff and a formal presence in buildings that goes beyond a Monday-Friday/9-5 regime.

Alternative forms of accommodation that were suggested include more lodging opportunities with funding for those young care leavers aged over 18 years.

### Refocusing funding

Traditional forms of supported accommodation have proved to be both beneficial and problematic for young people, funders and providers. Specifically, what were originally regarded as short-term housing opportunities have become semi-permanent ones. Turnover has reduced and projects have 'silted up'. As such, young people find themselves compromised in getting on with their lives by the services that were designed to help them. This can lead to difficult behaviour and, on occasion, eviction.

There is a need for the Partnership to consider moving away from an approach that block funds a large number of units of accommodation for 'general' young people at risk, towards considering how this population might be better supported when living within the wider community. Here the focus shifts to short-term emergency accommodation with the provision of both move-on accommodation and floating support services that are short, medium and long-term in nature<sup>9</sup>.

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<sup>9</sup> Submission from Dorset and Somerset Strategic Health Authority, for example, notes the need for befriending and mentoring schemes for isolated young people.

Floating support services are also needed for some vulnerable young people who live in parental accommodation, irrespective of the tenure of that accommodation. The current fixation among Supporting People services with people in social or rented housing leaves many vulnerable people excluded from relevant funding. This group would require short-term help with moving towards independent living.

### Young substance misusers

In the year to March 2004, YADAS (Young Adults Drug and Alcohol Service) worked with 158 young people from Poole, of whom 122 were new. Most service users were male (by a ratio of 3:1), and most were aged between 14-17 years. The most common drugs being used were cannabis and alcohol.

### Disabled children and young people

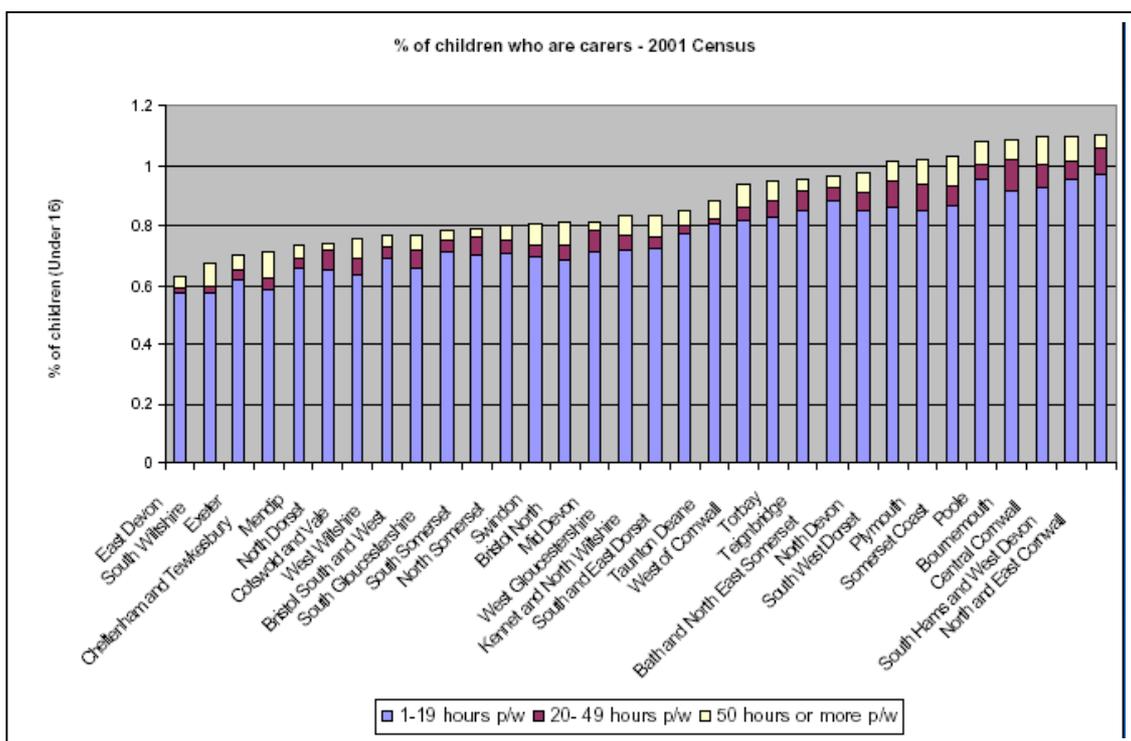
The 2001 Census identified that there were 1,214 children in Poole with a limiting long-term illness. More specifically, in 2003 there were 100 children identified in nationally collected statistics who were not looked after by the local authority but who received a service from Poole. An additional 50 looked-after children with a disability also received services at the same time.

### Young carers

Young people are not always patients or service users. Instead, many contribute to the care of a sibling, parent or grandparent. It is not clear how Supporting People currently supports young carers or the cared for, but it is evident that there is a gap in provision. Current evidence suggests that young carers may not have access to the same types of services that are available to adult carers.

Table 9 (below) taken from a report by the South West Public Health Observatory, identifies that Poole has one of the largest percentage of child carers in the South West.

**Table 9: Percentage of Young Carers in the South West**



Source: SWPHO (2004).

## Teenage pregnancy

Pregnant teenagers and teenage parents have particular support needs surrounding parenting, housing and a range of other practical, emotional, educational and employment issues<sup>10</sup>. Poole's performance in reducing teenage conceptions has varied. In recent years, however, the evidence suggests that its underlying strategy is working well. The under-18 conception rate per 1,000 of the wider population in 1999 was 40, and while it dipped during 2000 and 2001, by 2002 it had risen again to 36.3. However, the data for under-16 conception has improved significantly from 1998 (7.3 per 1,000) to 2002 (3.4 per 1,000). Similarly, data relating to termination of pregnancy for young women aged under 18 years is significant. There has been a drop from 208 abortions in 1998 to 31 abortions in 2002. At the same time, the percentage of terminations performed before 13 weeks rose to 93.5% in 2002.

The recent performance evaluation for the teenage pregnancy strategy notes that resources to tackle teenage pregnancy are targeted at Alderney, Hamworthy East and West, and Newtown. These resources include a joint Youth and PCT project, and services based in the Quay Advice Centre.

<sup>10</sup> Submission from Dorset and Somerset Strategic Health Authority, for example, notes that the social, financial and health outcomes for young mothers in the short, medium and long-term are not as good as the wider population.

The Poole Teenage Pregnancy Partnership has representation from the Council's Housing Needs team. Teenage pregnant women appear to be able to access:

- Six units of supported accommodation from Stoneham Housing. This project receives funding from Supporting People.
- A further six units of accommodation, but these are shared with Bournemouth Borough Council.

Data from the evaluation shows that three under-18 lone parents received floating support, while a further six were in unsupported housing.

There is very little information about the experience of teenage mothers in Poole. However, using other studies, the South West Public Health Observatory (2003) notes that young mothers tend to live in vulnerable housing situations. One study by Torbay Health Visitors noted in their sample that:

- 377 (13%) moved three or more times in the last year;
- 609 (21%) live in temporary accommodation;
- 435 (15%) live in poor housing;
- 1,566 (54%) live in a low income situation.

At the same time, figures from The Avon Longitudinal Study of Parents and Children (ALSPAC) data suggest that:

- 2,088 (72%) live with parents;
- 232 (8%) live on their own;
- 580 (20%) live in other arrangements;
- 1,073 (37%) live in housing where damp, condensation and mould are a problem;
- 1,334 (46%) share a bathroom;
- 1,769 (61%) do not have access to a car.

The submission from Dorset and Somerset Strategic Health Authority notes the need for mediation services between the teenage mother/pregnant young woman and her family. This might reduce estrangement and the need for (emergency) accommodation options to be pursued. The Dorset and Somerset Strategic Health Authority also notes that, while supported accommodation is valued and needed, there is a need to ensure that such services do not create dependency. Consequently, they identify the need for permanent accommodation as a natural 'next step' to supported housing. They also note that many teenage mothers will not have received good parenting, so many will struggle with identifying good parenting skills; as such, there is a need for short-term parenting support for young parents.

## Recommendations

Maintain the commission of 60 units of accommodation but increase the number of projects funded.

Ensure that the client group supported includes:

- Young people with mental health problems;
- Young people engaged with crime<sup>11</sup>;
- Young people either leaving rehabilitative detoxification units or undergoing community detoxification;
- Young (post 18) asylum seekers and refugees.

Commission floating support services to move young people from supported housing to permanent accommodation.

Commission floating support services for young people/young parents living in the parental home under stress.

Commission carer support services for young carers.

Maintain the number of units of accommodation for young mothers/young pregnant women, but develop floating support.

Commission floating support services for young parents directly accommodated as priority and unintentionally homeless.

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<sup>11</sup>There is a need to support young people with Anti-Social Behaviour Orders (ASBOs) who might be barred from returning to their family home.

## Older People

Assessing, understanding, identifying and forecasting current and future Supporting People associated needs for the Borough's population of older people is fraught with problems. In particular, it is exacerbated by a number of issues surrounding:

- Defining the type of accommodation that is both available and required for older people (for example, sheltered, extra sheltered and extra care);
- Identifying the age ranges of those occupying these different forms of accommodation, and in particular those aged less than 60 years<sup>12</sup>;
- Understanding the use of certain definitions to categorise older people (for example, 'frail elderly' and 'older people with support needs').

This last point is important because currently the services funded under Supporting People are split between these two categories of people as follows:

- Frail elderly: 2 services, 22 units;
- Older people with support needs: 20 services, 1,291 units<sup>13</sup>.

It is difficult to distinguish what the particular differences might mean practice.

However, it seems clear that, historically, funding patterns have followed a 'scatter gun' approach whereby attention has focused on funding private sector and social housing units and projects en masse, and where the priority has been on the number of units covered and not on the individual needs of those occupying the units. This leads to a number of problems and an assumption that need is being met, yet the population of frail elderly and those needing support in the Borough who currently do not receive services, is likely to be far in excess of those housed in these units. Many of these will either be living on their own or with their partner in owner occupied accommodation, or living with relatives.

The current accommodation type/tenure-based approach to addressing need, whereby all tenants of a given private sector or social housing project or housing unit are provided with Supporting People services, needs to be reviewed. Primarily, the Partnership Board needs to consider

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<sup>12</sup> There is a concern that, in some developments, people in their 50s are accessing supported housing so that they might get care at some point in the future rather than in the present.

<sup>13</sup> There is likely to be considerable duplication of services within this group of funded projects.

the best way of providing Supporting People services to as many older people as possible, irrespective of the tenure of the accommodation they occupy, so that they can remain active members of a wider community. Some schemes that might facilitate this already exist, and they encompass 'care and repair' projects and traditional services such as community alarms and meals on wheels. However, the Floating Support model of providing services, evident in supporting young people, is also of practical use and benefit here to meet the short, medium and long-term needs of older people, thus helping to maintain them in their own home whatever their accommodation arrangements.

#### **Submission from Poole Lifeline Alarm Systems**

In the year to March 2004, the service received the following calls:

- Faulty equipment: 622
- Fallen: 593
- Reassurance: 493
- Doctor/nurse requested: 262
- Home care requested: 199
- House manager requested: 168
- Key holder requested: 98
- Fire brigade: 26
- Locked out: 11
- Mobile night care requested: 8

This service clearly provides the support to enable people to maintain an independent life.

#### **Dementia and mental health**

There are currently no Supporting People funded projects that specifically work with older people with dementia or mental health problems. Despite this, it is likely that older people with dementia are included in those accommodation-based services that are currently funded and noted above. They may also feature in the extra care services being developed in the Borough. However, to ensure that the wider population is served, community-based organisations such as Help & Care or Age Concern would be more appropriate providers of services to meet the individual needs of both people with mental health problems and/or dementia and their carers.

#### **Sensory loss**

It appears that there is no exclusive accommodation or floating support-based services that provide support for older people with sight and hearing loss, although this group might be included in the category of 'frail'. Even so, there is need for a small number of units to meet the requirements of this group.

**Home from hospital/  
care services** It appears that there are no services funded to offer a 'home from hospital' service, similar to the one run by Help & Care at the Royal Bournemouth Hospital. Under this scheme, workers visit those being discharged from hospital and discuss their needs, thus obviating the involvement of a social worker unless necessary and speeding up patient discharge with support.

## Recommendations

**Underpinning  
recommendations** Ensure that there is a diverse range of organisations (a mixed economy) funded to deliver Supporting People services for older people and carers. This could include encouraging organisations to come together to make joint bids for funding.

The Partnership needs to be satisfied that as wide a population of older people has access to Supporting People funded services. Attention needs to be given to breaking the tenure-based approach to care.

The Partnership should place an equal emphasis on providing services that meet and address short, medium and long-term needs.

**Specific  
recommendations** The Partnership needs to establish clarity regarding definitions of accommodation type, and that surrounding 'frailty' and 'older people with support needs'. Despite this, there is a need to increase the number of providers (although not necessarily number of units) offering services for frail elderly and those with sensory loss.

There is a need to increase funding for the number of units offering services for frail older people.

There is a need to reduce the overall number of units of accommodation provided for those with 'support needs', although the Partnership needs to balance this with ensuring that as many different organisations as possible remain funded so as to ensure competition and a mixed economy of provision.

Commission carer services that support families and partners who accommodate and care for frail older people and those with dementia.

Commission floating support services that encourage older people to remain independent at home, and facilitate better 'home from hospital' organisations and transfer.

Towards Supporting Vulnerable People:  
A Needs Survey for the Borough of Poole Supporting People Partnership

Commission 'care and repair'/'staying put' adaptations and DIY services.

Consider developing a generalist 'one-stop' service for older people and carers in the area, which could be joint funded with other Supporting People Partnerships in the county.

## Domestic Violence

In recent years, the reportable rate of women and households escaping domestic violence has grown significantly. Indeed, the domestic violence incidents recorded for Poole in the year to 31 March 2004 totalled 884. In comparison, Bournemouth had 1,623 incidents, there were a further 853 incidents in the Eastern Region, and 749 in the Western Police region. Poole's Crime and Drugs Audit Summary (2004) shows that during the period of the audit (2001/2-2003/4) the number of reportable incidents increased by 10.5%, which is in part due to women feeling more safe and comfortable in coming forward to report the crime. However, the number of women reporting domestic violence cries in Poole is still lower than national estimates, prompting the belief that under-reporting continues. The audit summary also shows that the number of women who were previous victims in the past 12 months increased by 34.1%. Clearly domestic violence in the Borough is a major issue and, on the whole, the Borough and its partners are serious about tackling the crime.

Poole has a range of services to meet the needs of those fleeing from such violence. They include:

- A refuge in Poole;
- An outreach service for children whose mothers have escaped domestic violence;
- Facilities for men escaping domestic violence<sup>14</sup>;
- A pipeline service due to start in autumn 2004.

These are supplemented by a range of other services across Dorset that women in Poole can access. They include:

- Refuges in North Dorset, West Dorset and Weymouth, Bournemouth and Yeovil;
- Dorset Women's Outreach Project in Weymouth & Portland and West Dorset;
- One support worker covering North Dorset and another part-time worker covering Christchurch and East Dorset.

It is difficult to consider domestic violence services for women in Poole without paying attention to those in the rest of the county. This is because women escaping domestic violence do not always consider local geographical boundaries, and will cross into neighbouring authorities, if not further, to find somewhere where they might feel safe.

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<sup>14</sup> This is a recently opened service and the first of its kind in the county.

Reports and interviews from the different services across Poole and the wider county suggest that there is a lack of facilities for:

- Women escaping domestic violence who have mental health or drug/alcohol dependency problems;
- Women and men escaping domestic violence from a same-sex partner;
- Older women escaping domestic violence.

In addition, it should be noted that most hostels will find it difficult to help women with a larger number of children than average (four or more). Similarly, the communal nature of many projects means that they are unable to take women with teenage sons.

Further gaps in provision include the need to offer advice and support for women admitted to A&E facilities.

### **Supporting People funded projects related to domestic violence**

Supporting People currently funds two projects with 18 units in total. There is not, historically, a significant turnover in these units as a result of the women's needs and the lack of permanent accommodation available for them.

## **Recommendations**

There is a need to work with other partners and consider:

- Developing support services based at the A&E unit at Poole hospital. Such support might help women to consider their options and make arrangements prior to fleeing their accommodation. Consequently this may help reduce the pressure on refuge-based accommodation.
- Commissioning services to continue to meet the needs of children whose mothers escape domestic violence.

As the Poole Refuge is in its infancy, it may be necessary to consider, in a year's time, whether it has been able to meet the needs of the 'non-traditional' survivors of abuse, including:

- Older women;
- Women who have mental health or drug/alcohol dependency problems;
- Women with teenage sons and large families;
- People escaping abuse from same sex partners.

All of these services could be developed through joint funding by Supporting People Partnerships across Dorset. There is also a need to continue funding those services currently commissioned.

## Offenders and Ex-Offenders

While Poole does not have any prisons, Dorset is home to a number of penal establishments. These are:

- HMP Dorchester, West Dorset;
- HMP Guys Marsh, North Dorset;
- HMYOI Portland, Weymouth & Portland;
- HMP The Verne, Weymouth & Portland;
- HMP The Weare, Weymouth & Portland.

Hudson (2004) conducted some of the most recent and comprehensive research into the nature of prisoners being released from these and other prisons in the South West, and notes that during the first quarter of 2004 the number of releases from the prisons was:

- HMP Dorchester: 138
- HMP Guys Marsh: 199
- HMYOI Portland: 169
- HMP The Verne: 79
- HMP The Weare: 407

The age profile of these offenders is listed in Table 10, below.

**Table 10: Age of Prisoners Released From Dorset Prisons, First Quarter 2004**

	<b>16-20 (YO)</b>	<b>21-30</b>	<b>31-40</b>	<b>41-50</b>	<b>50+</b>	<b>Total</b>
Dorchester	6	66	45	15	6	138
Guys Marsh	47	107*	35	10		199
Portland	149	20**				169
The Verne		35	28	15	1	79
The Weare		159	182	52	14	407
<b>Total</b>	<b>202</b>	<b>387</b>	<b>290</b>	<b>92</b>	<b>21</b>	

\* This includes five offenders who were 21 years old on their date of release and were classified as young offenders.

\*\* All 20 prisoners were 21 years old on their date of release and were classified as young offenders.

Source: Hudson, 2004.

The majority of prisoners released during this period were under 30 years of age.

As Table 11 demonstrates, it is evident that a significant number of these ex-offenders had insecure housing options available to them<sup>15</sup>. Indeed, of the 956 prisoners whose housing status was known to the researcher, over 25% had no fixed address (NFA) and over 10% had transient or short-term housing available to them.

**Table 11: Accommodation Status of Prisoners Discharged from Dorset Prisons Immediately Before Release**

HMP	Permanent	Bail and probation hostel	Supported housing	Transient/ short-term	NFA	Total
Dorchester	80	2	2	5	45	134
Guys Marsh	87	5	3	49	55	199
Portland	119	9	9	19	10	166
The Verne	30	9	1	3	12	55
The Weare	227	16	4	23	132	402
Total	543	41	19	99	254	956

Source: Hudson, 2004.

However, the evidence suggests that the different prisons have varying success in ensuring the prisoners have accommodation to go to. Thus, Portland YOI sees just 6% of the young people released during this period having no fixed address, while nearly 33% of those from nearby HMP The Weare are released as NFA. Significantly, given the different purposes and functions of these establishments, there is a much higher number of prisoners being released from HMP The Weare than HMYOI Portland.

Of course the data in Table 11 (above) needs to be tempered by the fact that many of the prisoners released during this period as NFA had no intention of staying within the Dorset area. Indeed, Hudson notes that, of those released from HMP Dorchester, 84% intended to resettle in the South West region, along with 36% from HMP The Verne. Clearly, those who stated their intention to settle are more likely to have accommodation options available to them. Irrespective of whether they stay in the Dorset region or not, the high numbers of prisoners released with little or no housing options available to them are more likely to make immediate, if short-term, demands on those services based in the towns closest to the prison. One of those is likely to be Poole, given the proximity of the Borough to the rest of Dorset and the nature of the rail network system.

<sup>15</sup> The Home Office report *Reducing Re-offending* (2004) highlights the links between crime, recidivism and housing, and identifies a number of strategies designed to further reduce homelessness and housing insecurity.

Hudson (2004) suggests that, of those released during the first quarter of 2004, 193 intended to resettle in Dorset. Of these, 56 had no fixed address and a further 15 had short-term/transient accommodation. If these figures are replicated over the course of a year, it would mean that over 200 prisoners are released with no fixed address in the county in which they intend to resettle. This figure appears reliable. Data provided by the Probation Service identified that 180 offenders attended an accommodation interview during 2003/2004, of which 14 had a further interview. The areas requested for accommodation were:

- Bournemouth: 36%
- Weymouth: 32%
- Poole: 22%
- Other Dorset: 9%
- Out of areas: 1%

Deposits totalling £6,000 were given out by probation staff during 2003/2004.

Currently the Dorset Probation area has an accommodation unit comprising two accommodation officers working two days each. The prisons have housing officers with targets for placing released prisoners into accommodation.

Dorset Probation notes that accommodation is one of the key motivators to help stop re-offending, and a common problem experienced by ex-offenders is that the accommodation offered to them rarely caters for their wider family needs and child care responsibilities. The opportunities for offenders/ex-offenders to have their children stay with them are reduced, and this contributes to family breakdown and estrangement. Dorset Probation adds that current housing providers are reluctant to accept referrals directly from prisoners or prison housing officers. This exacerbates the low level of accommodation available and the high demand by service users, and means that service users are not always able to have the most suitable accommodation for their needs.

The Home Office report *Reducing Re-offending* (2004) acknowledges these problems and identifies the need for:

- Housing advice and development of joint NOMS/local authority services as part of homelessness strategies;
- Spreading best practice in improving accommodation outcomes for offenders;
- Increasing the number of newly released offenders with accommodation available;
- Mapping the provision of services.

Dorset has a Multi-Agency Public Protection Panel (MAPPP) to consider the most serious offenders and where risk of serious harm is considered to be imminent. There are 16 MAPPP registered sex offenders in Dorset and 14 MAPPP registered violent and other sex offenders. A further 39 offenders were dealt with under MAPPP during the year to March 2003. These were considered to pose a risk of serious harm to the public but did not fall into the relevant categories.

#### **Submission from HMP Dorchester**

HMP Dorchester admits that, in the past, housing issues had been dealt with on an ad-hoc basis. More recently, it has established a resettlement team to meet the needs of prisoners, and this primarily works with those serving less than 12 months. The submission suggests the need to develop a county-wide resource directory for those wanting to access housing and housing-related services.

#### **Submission from Langley House Trust**

Langley House Trust provides Langdon House, a 13-bed unit for men aged over 25 years. In the year to April 2004, 15 residents left the accommodation and seven returned to their home area, were recalled to prison or absconded. The remaining eight were moved on within the area. Of these:

- 1 moved to independent accommodation;
- 1 returned to the family home;
- 2 moved to less supportive hostels;
- 3 went to live with other family/friends;
- 1 moved to B&B accommodation.

Langley House Trust notes that of the three who returned to friends or family, all were looking for move-on with support, but were frustrated by the length of time this took. This was exacerbated by the fact that move-on opportunities do not always accept people with convictions or the particular convictions held by these men.

#### **Offender/Ex-offender projects funded through Supporting People**

Supporting People currently funds two projects in Poole offering a total of 18 units in supported housing. However, it should be noted that ex-offenders are likely to be included in those commissioned/funded projects working with people with substance misuse issues, mental health problems and those sleeping rough or homeless.

## Recommendations

There is a need to work closely with a range of agencies including Police, Housing, Probation, Social Services and the Prison Service to ensure that there is sufficient service provision for newly released prisoners in the Borough (including temporary and permanent accommodation and floating support services).

It is recommended that currently-funded provision continues.

## People Living with HIV and AIDS

For reasons of confidentiality and a fear of reprisal in many aspects of the daily lives of people with HIV and AIDS, data relating to the number and profile of people with these conditions is difficult to assess. The Health Protection Agency notes that, in 2002, 1,071 people in the South West were diagnosed with HIV infection. This has increased from 916 in 2001 and 803 in 2000. Most transmission of the disease would have been the result of drug use or unprotected sex.

Data supplied by Body Positive Dorset states that 246 individuals accessed their services in the years to 31<sup>st</sup> March 2004. Of these, at least 34 came from Poole, although the figures may be inaccurate given that diagnostic services for this client group are based in Bournemouth, and residents might access particular services located in that Borough rather than in Poole.

Body Positive Dorset provides the following help to users:

- Help in setting up and maintaining a home or tenancy;
- Advice, advocacy and liaison;
- Help in managing finances and benefit claims;
- Emotional support, counselling and advice;
- Help in gaining access to other services;
- Help in establishing social contacts and activities;
- Help in establishing personal safety and security;
- Peer support and befriending;
- Help with shopping;
- Liaison and advocacy support to gain access to cultural or ethnic activities.

The 34 known users from Poole are likely to be dispersed across the Borough and, as a result, are vulnerable to the types of social isolation noted elsewhere in this report.

There are currently no Supporting People funded services in Poole. However, despite the low numbers in the Borough, there is a need to ensure the support needs of this group of people are met. Currently Borough of Poole ASSCU provides £5,500 per year to Body Positive.

## Recommendations

To work with the Cross-Authority Group and currently-funded bodies to fund Supporting People services for those living with HIV/AIDS and AIDS-related illnesses.

## Adults with Mental Health Problems

Adults with mental health problems remain central to the Supporting People programme. The ODPM (2004) report notes that support for this group might include:

- Prevention from mental health problems escalating through early access to appropriate services;
- Resolving housing crisis;
- Resettlement and rehabilitation.

The reason for this is that the links between mental health and housing-related problems are significant. The ODPM (2004) report notes that people with mental health problems are:

- One and a half times more likely to live in rented accommodation;
- Twice as likely to be dissatisfied with their accommodation.
- Four times more likely to say that their health has been made worse by their housing.

While the South West has one of the smallest regional levels of psychotic disorders, the rate of neurotic disorders in 2000 was approximately 170 per 1,000. This was higher than the West Midlands, South East, Trent and Eastern regions. Indeed, the number of people in Poole admitted to hospital as a result of psychiatric illness in the period 1995/1996-1999/2000 was 2,539, a rate of 5 per 1,000 of the population and 500 admissions per year. This was the second highest among the PCTs in Dorset, and will only represent the 'tip' of the mental health 'iceberg' in the Borough.

The Supporting People Partnership Board currently funds 11 projects that supply 59 units of accommodation, representing just over 10% of the Borough's hospital admissions. This is unlikely to be enough for the population, which is likely to be disproportionately represented among the homeless, people with substance misuse and ex-offenders. It is likely that this accommodation will have a slow turnover because of the lack of move-on accommodation available, which could, in itself, exacerbate some mental health issues experienced by the residents. Similarly, homeless people with mental health problems are unlikely to receive the care and support they require within the current services offered for homeless people, and may even be reluctant to access those services. However, attention should also focus on those who have either been discharged from hospital or who are receiving community-based treatments but who are living in owner-occupied accommodation and

who might receive the floating support services they need to maintain their home and lead more independent lives.

#### **Submission from PAS Ltd**

PAS users are people with mental health issues, such as paranoia, schizophrenia, bi-polar disorder, depression and Asperger's syndrome. Some also have issues with substance abuse. User needs vary but may include help with shopping, someone to talk to, motivation, encouragement and mentoring. They try to move users towards independent living.

The main issue they experience is the lack of suitable, affordable, quality move-on accommodation with floating support. While few users are well enough to be able to live independently, there is little accommodation available to move them on to.

The Borough of Poole's Draft Joint Mental Health Strategy acknowledges that there are smaller groups who also have problems accessing services, and these might include:

- People from Poole's BME communities;
- Women;
- Gay men and lesbian women

Other interrelated problems that people with mental health issues might encounter include:

- Opportunities for employment and volunteering, which need to be developed;
- The need to provide support for those with substance misuse problems;
- The need to provide support for ex-offenders and those recently released from prison;
- Poor training and management of staff and services in the supported housing field.

Clearly, much of this work remains outside the remit of the Supporting People Partnership Board. However, work needs to be undertaken with the Dorset & Somerset Strategic Authority, Poole PCT and other statutory agencies as they implement the National Framework for Mental Health Services, whose objectives are not dissimilar in outcome to those pursued by Supporting People.

## Recommendations

Notwithstanding concerns regarding the appropriateness of some of the currently-funded services, there is a need to increase accommodation-based services for people with mental health problems. This is likely to be in the region of a further 12 units. In particular, there is a need to ensure that the following people all have access to appropriate supported residential accommodation:

- Homeless people;
- People with substance misuse issues;
- Women;
- Members of the BME communities in Poole.

However, such services may need to be audited to ensure that they meet the needs of Poole's diverse communities.

Commission for the development of move-on accommodation. This could include further temporary accommodation that offers a lower level of support, in addition to permanent housing.

Commission for the provision of floating support services that are available across tenures.

Commission befriending or mentoring schemes that enable some people with mental health problems to link up with other sufferers and seek peer support.

Consider whether 'rehabilitation' might include commissioning the development of a volunteer link, similar to that which exists in Bournemouth, to enable people with mental health problems undertake worthwhile community-based activities, although this might be better achieved through the joint commissioning of services.

## Substance Misusers

According to the Office of National Statistics, the South West has a higher than average rate of alcohol consumption than that for England. This is the same for both men and women. However, data relating to the wider subject of substance misuse within Poole is hard to ascertain, even if we know that it is closely linked to incidences of crime, mental health and homelessness.

What is clear is that the Poole Crime and Drug Audit Summary (2004) notes that, in 2003, 400 people accessed specialist treatment services and over 200 new referrals were made to local drugs agencies. Indeed, during 2003/2004, Poole Drug Action Team (DAT) commissioned 15 in-patient treatment programmes, 17 residential rehabilitation places, 359 specialist prescribing programmes, 17 structured day programmes and 56 structured counselling programmes. This totals 457 treatment places. The total number of treatment places is expected to grow by a further 91 places in 2004/2005. Further, the DAT provided needle exchange facilities for an average of 254 people per month during 2003/2004. There were also two drug-related deaths in the area in the same period.

Data from EDDAAS in Poole confirms the prevalence of substance misuse amongst the population, witnessing 193 referrals in the year to March 2004.

The drugs problem in the Borough is exacerbated by the reduction in the cost of illegal drugs. The Crime and Drug Audit Summary (2004) notes that an ecstasy tablet costs between £2-£10 and Crack costs between £7-£10 per 0.1g. Illegal drugs are now affordable to many.

Supporting People funds two projects offering a total of nine places for people with alcohol-related problems. However, it does not currently fund any projects for people who are still drinking.

## Recommendations

There is clearly a need to support people who have recently completed rehabilitation programmes and are seeking to re-establish their lives. Current levels of service do not meet demand, nor do they meet the needs of young people and women who are likely to be accommodated in other supported housing provision. The lack of specialist support is likely to prove problematic for those seeking to remain free from substances.

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Explore, as a priority with the Cross-Authority Group, the existing services and consider additional supported accommodation units (up to six places) for young men and women (and young women) who have recently completed rehabilitation and detoxification, with floating support for move on to permanent accommodation.

Commission floating support services to help in moving people from supported housing towards more independent living, and also for those seeking to undertake community-based rehabilitative programmes<sup>16</sup>.

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<sup>16</sup> It is noted that the majority of treatment and support services are based outside of Borough in neighbouring Bournemouth. This has put excessive pressure on Bournemouth as demand is outstripping the supply of housing and associated services. Clearly, developments need to be planned and conducted in association with the Supporting People Partnership Board for Bournemouth.

## Refugees and Asylum Seekers

The number of refugees and asylum seekers in the Poole area is difficult to identify, and the problem is exacerbated by the flow of people who seem to move out of and into the area.

Data from the Borough of Poole, however, identifies that in the 12 months to October 2004 the local authority received five applications for housing from families seeking asylum. Of these, three were granted leave to remain and were re-housed. In addition, the local authority assisted 21 young unaccompanied asylum seekers with their subsistence and housing costs.

Recent figures from ICN identify that they have 34 units (32 of which are funded under Supporting People), housing a total of 47 people (27 single men, 2 single women, 5 families with 13 dependent spouses and children). Most of these will be located in Bournemouth. Another 30 households live in independent housing.

The main problem experienced by these individuals is access to housing once refugee status is granted. They lose previous accommodation but have no money for a deposit or rent in advance, nor do they have references or pay slips.

Home Office research identifies that, of those refugees questioned, better access is required to:

- Housing services (64%)
- Health services (37%)
- Employment (33%)
- Education and training (23%)

## Recommendations

Work with other partnerships and the Cross-Authority Group to ensure that refugees' and asylum seekers' needs are established and that funds are maximised.

## Adults with Learning Disabilities

Services working with adults with learning disabilities are hampered by the lack of data relating to the number of people with learning disabilities in the wider population. One reason for this remains the problem with definitions; just what counts as a learning disability varies from professional group to professional group, and this is compounded by a general lack of data. Most Government and statutory agencies are left using administrative figures for calculating numbers in the general population.

It is estimated that Poole has 691 people with severe learning disabilities, and while most (up to 63%) will be living at home with a relative, many will live in residential accommodation such as group homes. A further 3,457 people are estimated to have a mild learning disability and, while many of these will be living in the above accommodation, some will either live independently or will be working towards independence. However, this group of people is open to abuse and is at risk of being taken advantage of. It is noted that Social Services in Poole works with some 350 adults with learning disabilities, and so a large number of people cope with their daily lives without input from this statutory provider.

The assumption that those living with a relative are not in housing need is mistaken. A small minority might experience abuse from such relatives, and more significant is the fact that this client group is increasingly outliving relatives as a consequence of improved access to health care and screening. As a result, many older people with learning disabilities find that their housing and care arrangements have to change when a relative, usually their parent, dies. Indeed, 93 were identified as being in housing need in 2002.

Currently, the Supporting People Partnership Board funds 16 projects working with people with learning disabilities and it provides a total of 127 units of accommodation. These are exclusively in the social housing and private sectors. Consequently, a vast majority of people within this population go without access to Supporting People services. Many of these homes have de-registered as residential homes to access Supporting People monies.

The Borough has found that, as a result of a high number of people moving into accommodation from outside the area prior to the initiation of the Supporting People programme, it is responsible for working with more adults with learning disabilities than it might otherwise have had.

## Recommendations

The Supporting People Partnership Board has to undertake a review of provision. This needs to consider:

- The number of units it can fund in the long term;
- The care and support charges made by providers;
- The shift towards floating support to help those:
  - Who wish to move towards independent living;
  - Living in parental/relative homes.

In considering the number of units it should fund, attention must be given to those with complex and multiple needs.

The Partnership Board should consider encouraging competition in the provision of support services for adults with learning disabilities. In particular, it should pay attention to whether accommodation providers should always provide support, or whether in the climate of social inclusion, service users might benefit from other providers offering a service. One way of facilitating this would be through an invitation to jointly bid for funds with a service offering floating support.

Consideration should be made as to whether Supporting People should consider commissioning places with Bournemouth COAST for citizenship, independence, risk and safety training.

## Gypsies and Other Travellers

Gypsies and travellers tend to be proud and self-reliant people, and are consequently reluctant to access services used by and offered to those who live in permanently fixed accommodation. At the same time, these communities and individual members experience significant abuse, harassment, labelling and suspicion from the wider population, compounding any sense of isolation and misunderstanding regarding their culture and way of life. As a result, it is difficult to access reliable data relating to the number of gypsies and travellers in the area.

While there might be reluctance and an inability for gypsies and other travellers to access services that are available to the wider community without abuse or assumptions being made, it is evident that there are a number of issues related to their health and welfare. These include:

- Services for gypsy older people who, due to infirmity and frailty, may have problems using their caravans and on-site facilities at authorised sites;
- Substance misusers among the gypsy and traveller population;
- Support for those experiencing family breakdown.

## Recommendations

Commission research with the Cross-Authority Group that assesses the needs and views of potential users from this population group.

## Adults with Physical Difficulties

Very little is known about the general population of adults with physical disabilities. While some might be receiving care in nursing homes or residential homes because of the nature of their disability or because of other secondary factors, most will be living in their own homes scattered across the Borough.

It is probably due to the long-term inability to identify and respond to the needs of this population group that adults with physical disabilities remain the second largest group of people on the local authority's waiting list.

While some of the most serious and fundamental aspects of physical and social care are the responsibility of statutory health and social care organisations, day-to-day support will come from relatives, neighbours and voluntary agencies working within the area.

### **Submission from Headway**

Headway, a voluntary organisation based in Poole, supports people who are recovering from head injury. It is funded in a variety of ways, from service level agreements with PCTs and Social Services, to awards and grants from the Lottery (Community Fund) and Roald Dahl Trust.

The agency employs 26 people both on a full and part-time basis across a wide range of services, including two rehabilitation centres based at Poole (five days) and Dorchester (three days). The Poole centre works with 67 people a day, although these come from a wide area, including Blandford, due to PCT arrangements. Most of the clients are male and the age range of current service users in the Poole centre are:

- Under 25: 12
- 25-40: 26
- 41+: 29

Headway also provides:

- A community befriending scheme where volunteers befriend sufferers;
- A brain injury liaison nurse and 'home from hospital' scheme (from acute to community) and discharge assessment with occupational therapists at Poole, Dorchester and Bournemouth Hospitals;
- A charity shop in Dorchester;
- Work assessment;

- Pre-vocational study and work assessment at Bournemouth and Poole College in such subjects as cookery and conservation;
- Education for young people regarding the wearing of bike and motorbike helmets, and with Youth Offenders through the YOT, offering insight into the possible consequences of their assaults on the victim.

Headway regards the following issues as being important:

- Service users need care plans/pathways from statutory agencies.
- People with head injury find it stressful to be put into occupational, support or housing situations with people whose main diagnosis is that of learning disability or poor mental health.
- Categorisation is an issue regarding brain injury. Poor and severe mental health issues may follow suicide, assault and drug or alcohol abuse due to lack of oxygen to the brain. Thus there are dual diagnosis issues where it is uncertain whose responsibility the sufferer is.
- Carers need more support. They need to be seen at hospital and home and not in the company of the patient. In particular, the need for fast diagnosis, combined with temporary or long-term personality differences after brain injury, lead to stress in the family which may lead to domestic violence.
- The sufferer needs support in business matters, such as housing, benefits and legal matters, because the part of the brain that integrates information (the executive) is not functioning properly. Citizens' Advice Bureaux, while knowledgeable in these matters, are not necessarily aware of how to impart information in a way that the patient can assimilate.
- Headway claim that not all supported housing providers give the support they say they are, and Headway suggest that they have to provide this support instead.

Gaps in provision include:

- Counselling;
- More day centre accommodation because current accommodation is under threat as day centres are no longer deemed desirable;
- A shortage of suitable accommodation. The process of accommodating people is taking a long time. One concerning feature is that the breakdown of accommodation or family relations can lead to sufferers being admitted to psychiatric

hospital. Once there, they cannot be discharged until they have somewhere to go to;

- Small dedicated units with a communal lounge for people to live in until they are able to live independently.

## Recommendations

Commission two small-scale temporary/emergency supported housing units for people who can be discharged from hospital but require housing, or those who experience family breakdown. Ensure floating support is provided for the move to permanent accommodation.

Commission for 'home from hospital'/'home from care' services.

Commission for 'staying put' services similar to those seen for older people.

Commission carer support services.

Commission a service for people with long-term need for supported housing.

Consider cross-authority needs and provision with the Cross-Authority Group.

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