

A Survey of Homelessness and
Homeless Services in West Dorset:
A Way Forward

Wendy Cutts
Dr Mark Redmond
Chris Ricketts

May 2003
ISBN: 1-85899-162-5

Institute of Health and Community Studies
Bournemouth University

ACKNOWLEDGEMENTS

The authors would like to acknowledge the work of Gillian Binet in the preparation and presentation of tables, and in providing administrative support to the team.

CONTENTS

	Page
List of Tables and Figures	4
Executive Summary	5
Introduction	8
Homelessness	9
National and Regional Picture	9
Homelessness Trends in West Dorset	12
Causes of Homelessness in West Dorset	13
Nature of Private Sector Housing in West Dorset.	14
Housing and Homelessness Agencies in West Dorset	19
A Snapshot of Agency Services	20
Recommendations	30
Recommendations arising from Homelessness	
Statistics	30
Recommendations for Existing Services	31
Recommendations for Service Developments	32
Recommendations Relating to Health	32
References	35
Further Reading	36

LIST OF TABLES AND FIGURES

	Page
Tables	
Table 1. Statutory Homelessness by Region	10
Table 2. Access to Basic Facilities by Housing Tenure	16
Table 3. Work Required on the Property by Tenure	17
Table 4. Local Agency Figures of Homeless Cases 2000- 2002	19
Figures	
Figure 1. Number of Homelessness Applications in Dorset 1996-2001	11
Figure 2. Number of Homelessness Acceptances in Dorset 1997-2001	11
Figure 3. Acceptances and Applications in West Dorset: 1996-2001	12
Figure 4. The Causes of Homelessness – West Dorset trends compared with North Dorset and the National Profile	13
Figure 5. Housing Tenure in West Dorset	14
Figure 6. A Comparison of the Housing Profile in West Dorset with the UK Average and North Dorset District Council	15
Figure 7. The Gross Annual Income of Households in West Dorset and North Dorset	17
Figure 8. The Population of West Dorset Earning Less than £20,000 by Housing Tenure	18

EXECUTIVE SUMMARY

Key Observations

- Between 1997/98 and 2000/01, the number of households in the South West, classified as unintentionally homeless and in priority need, grew by 25%. In the same period, the number of households deemed to be unintentionally homeless and in priority need in West Dorset dropped by 5%.
- The key causes of homelessness for those considered to be unintentionally homeless and in priority need in West Dorset appear to be:
 - parents no longer willing to accommodate their children;
 - domestic violence;
 - non-violent relationship breakdown;
 - end of assured shorthold tenancies.

The local authority needs to fund or support preventative strategies that address these issues.

- West Dorset has a smaller proportion of its housing stock in either the private rented or social housing sector than the national average. The standard of accommodation in both the private rented and social housing sector is poorer in West Dorset when compared with a neighbouring local authority.
- Over half of the households in West Dorset have an annual income below £20,000. While a significant number of these households will be retired and living in their own accommodation, many of the remaining households are unlikely to be able to address their housing needs other than within the rented housing sector.
- 'Capital rich/income poor' pensioner households are likely to need financial and practical assistance to maintain their own properties.

Key Recommendations

- Registered social landlords need to develop proactive systems in responding to rent arrears and potential evictions. They should seek to involve independent advice services in offering support to tenants.

- There is a need to encourage the expansion of the private rented sector.
- The Housing Benefit system, as it is locally administered, should seek to facilitate and encourage landlords and tenants in maintaining tenancies.
- There is a need to improve communication between Housing Benefit services, advice agencies, and claimants/potential claimants.
- There is a need to ensure that the level of support offered in supported accommodation is better reflected in Housing Benefit payments.
- There is a need to develop/fund specialist services offering representation at repossession hearings.
- There is a need to develop specialist advice services for vulnerable groups of people.
- There is a need to ensure that more advice services are available 'out of hours', i.e. weekends and evenings.
- Existing agencies should work together in a more co-ordinated manner to meet the diverse needs of those living within rural communities.
- There is a need to develop consistent data collection systems across agencies in the area.
- There is a need to develop low-cost/move-on housing options available to those living in supported accommodation. The development of low-cost housing options would act to reduce the need for additional supported accommodation.
- There is a need to undertake further work in developing alternative forms of temporary accommodation, other than B&B.
- There is a need to raise the standards of accommodation and services provided in temporary accommodation.
- There is a need to raise the standards of Households in Multiple Occupation (HMOs).

- There is a need to respond to the perceived lack of accommodation for drug and alcohol users, i.e. 'wet' houses.
- There is a need to consider the establishment of day-centres for homeless people.
- There is a need to consider establishing the means by which practical help with emergency food, toiletries and clothing can be provided.
- There is a need to respond to the perception that there is a shortage of supported accommodation for those with severe mental health problems/learning difficulties.
- There is a need to consider developing an Independent Living Support and Skills training scheme for young people and members of other vulnerable groups.
- There is a need to consider exploring the viability and interest in establishing an Emmaus Community.
- There is a need to develop further shared ownership schemes.
- There is a need to develop a local strategy around informing and supporting those who might be interested in undertaking 'buy to let' schemes.

INTRODUCTION

This report reviews the nature and extent of homelessness in West Dorset District Council (WDDC). In particular it focuses on:

- exploring current levels of homelessness;
- identifying the causes of homelessness within the local authority area;
- gauging current service provision for homeless people/households;
- identifying gaps in the provision of current services.

In an attempt to reflect the local authority's desire to develop a more proactive and preventative approach in addressing housing need, this report identifies a number of strategies that it may wish to adopt to ensure that this particular aspect of housing need is tackled effectively.

In order to gain a snapshot of the nature of the homelessness problem in West Dorset, this report draws upon a number of different sources of information. These resources include publications and statistics from:

- the Office of the Deputy Prime Minister;
- the Department of Transport, Local Government and the Regions (DTLR);
- WDDC publications and statistics, including Housing Investment Programme (HIP) submissions and P1E returns;
- other District Councils in Dorset;
- Dorset County Council, including Dorset Social Services and Dorset Youth and Community Service.

Information also came from a range of social housing providers, and voluntary agencies providing advice and support within the local authority's area.

HOMELESSNESS

National and Regional Picture

Calculating the size and characteristics that comprise the homeless population is a problematic task. Here, two significant factors always come into play, namely difficulties with data and definitions.

A problem with data

Ultimately, we do not know the size of the homeless population. The problem is exacerbated by the variety of organisations involved in working with the homeless (central and local government, social housing providers, voluntary agencies), their competing agendas, and the specific groups of homeless people they serve (such as families, single people and young, single people).

This, in addition to the differing methods of monitoring and data collection, has led to inconsistency in local, regional and national statistics. Subsequently, some homeless people appear in two or more agencies' data, while others may be ignored. At the same time, data collected on 'households' fail to identify or account for the precise number of individuals present within a given 'family'.

A problem with definitions

As the term '*household*' demonstrates, definitions pose stumbling blocks when calculating the number of people who are homeless.

At a fundamental level, the problem with definitions reflects the *rooflessness versus temporary accommodation* debate. The issue becomes confusing when we consider the different definitions used to define temporary accommodation, and how certain forms of temporary accommodation may leave the occupier at a greater risk of becoming homeless than others.

Among this general level of confusion, the most reliable indicator of general trends in homelessness is the information provided by local authorities through their HIP submissions and P1E returns. Every local authority is required to provide a consistent range of common statistical information, including data related to the number of households seeking support under the homelessness provisions of the Housing Acts 1985 and 1996.

Yet, while the data collected by local authorities may be consistent and reliable, they cannot be interpreted as representing an accurate level of homelessness. Given that local authority responsibilities towards different

categories of homeless people vary, those who are either intentionally homeless or not in priority need may self-select and fail to seek advice and support from the local authority concerned.

The most reliable indicator of the levels of homelessness, therefore, concerns those who are unintentionally homeless and in priority need. Table 1 (below) highlights that, between 1997/8 and 2000/1, the number of households that fell into these two categories in England grew by 11% from 102,650 to 114,350.

Table 1. Statutory Homelessness by Region.

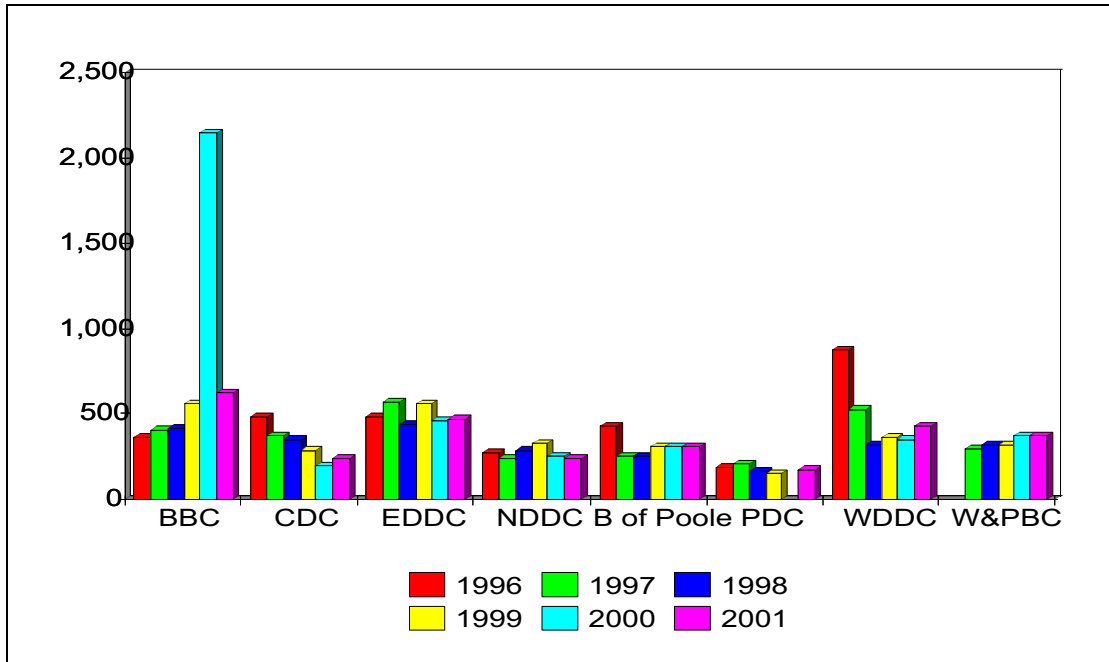
Region:	Unintentionally homeless and in priority need during 1997/8	Unintentionally homeless and in priority need during 2000/1	% Change	Number per 1,000 households in 2000/1
North East	4,380	5,220	19%	4.8
North West	13,060	13,350	2%	4.7
Yorks & Humber	9,130	9,150	0%	4.3
East Midlands	7,550	7,370	-2%	4.3
West Midlands	14,670	13,860	-6%	6.4
East of England	8,120	9,800	21%	4.3
London	24,570	29,630	21%	9.5
South East	12,170	14,760	21%	4.4
South West	9,000	11,210	25%	5.4
Total	102,650	114,350	11%	5.5

Source: DTLR (2002b).

This increase was not consistently experienced across England. The East Midlands region, for example, witnessed a reduction in the number accepted as homeless, while the figures for Yorkshire and Humberside were static. The remaining regions experienced an increase ranging from 2% to 25%. It is significant that the South West region experienced the highest growth in homelessness acceptances during this four-year period.

The homelessness situation within Dorset reflects the position across the whole of England. Indeed, as Figure 1 (below) demonstrates, the number of homelessness applications across the local authority areas within the county varies.

Figure 1. Number of Homelessness Applications in Dorset: 1996-2001.

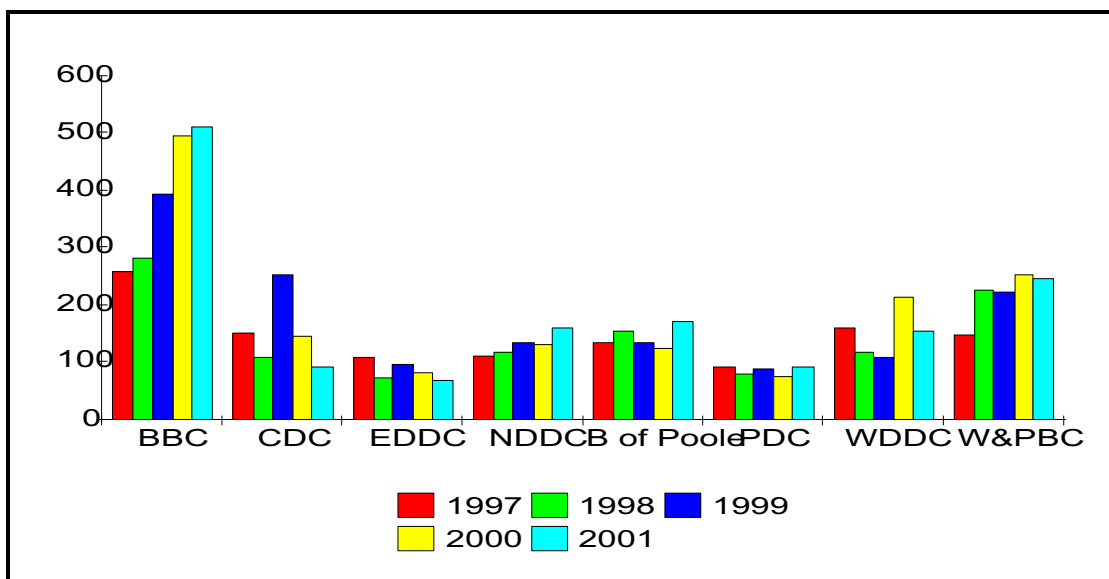


Source: Dobson (2002).

Key: BBC = Bournemouth Borough Council; CDC = Christchurch District Council; EDDC = East Dorset District Council; NDDC = North Dorset District Council; B of Poole = Borough of Poole; PDC = Purbeck District Council; WDDC = West Dorset District Council; W&PBC = Weymouth & Portland Borough Council.

Figure 2 (below) highlights that the number of acceptances by West Dorset has fluctuated significantly between 1997 and 2001, although the numbers have declined overall when those specifically relating to 1997 and 2001 are considered.

Figure 2. Number of Homelessness Acceptances in Dorset: 1997-2001.



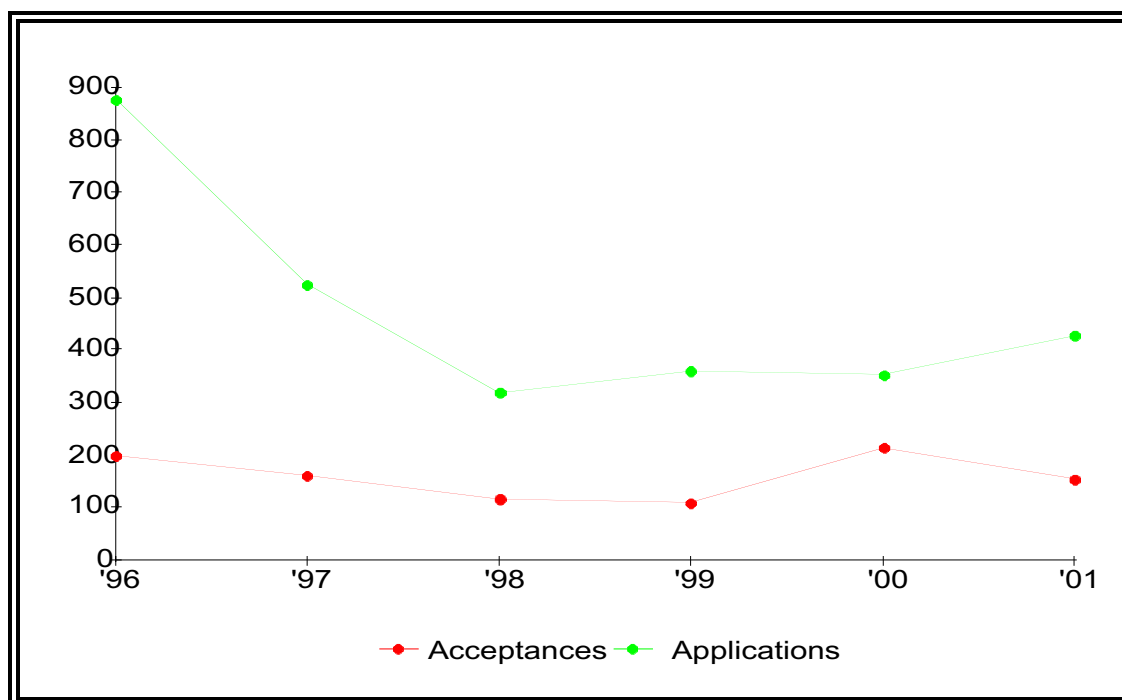
Source: Dobson (2002).

Key: BBC = Bournemouth Borough Council; CDC = Christchurch District Council; EDDC = East Dorset District Council; NDDC = North Dorset District Council; B of Poole = Borough of Poole; PDC = Purbeck District Council; WDDC = West Dorset District Council; W&PBC = Weymouth & Portland Borough Council.

Homelessness Trends in West Dorset

Figure 3 (below) illustrates the rate of applications and acceptances by, or on behalf of, the local authority between 1996 and 2001. As might be expected, there is a fluctuation in the number of people seeking assistance, and the number accepted as unintentionally homeless and in priority need. More significantly, however, the ratio of acceptances to applications is not consistent across the years. Thus, in 1996 only 22.5% of applications became accepted by the local authority. This rate changed in successive years to 30.9%, 36.5%, 30.8%, 60% and then 36% of applications in 2001. While there may be major reasons in the local housing market for this variation, it is likely that changes in the management of the homelessness services contributed to this discrepancy.

Figure 3. Acceptances and Applications in West Dorset: 1996-2001.



Source: West Dorset P1Es, 1996/97-2000/01.

Since November 2001, the West Dorset Housing Partnership has been responsible, under a contract, for managing many aspects of the local authority's housing duties. These concern:

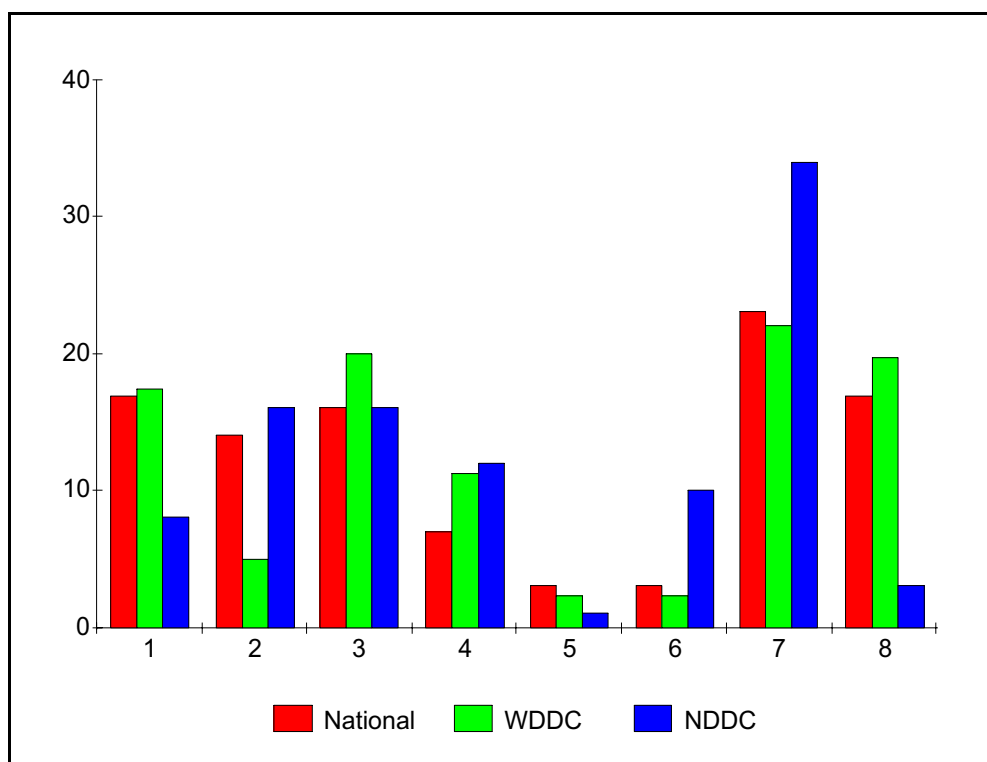
- administering the West Dorset Joint Housing Register and the Transfer Register;
- offering housing advice;
- services for homeless people;
- processing housing applications;
- nominating applicants;

- working with people placed in B&B and other temporary accommodation.

Causes of Homelessness in West Dorset

It is important to note that the major causes of homelessness are not consistent with the profile of homelessness in other parts of Dorset. Figure 4 (below) compares the reasons why people become homeless with the national data, and that provided by another local authority in Dorset (North Dorset District Council).

Figure 4. The Causes of Homelessness – WDDC trends compared with NDDC and the National Profile.



Source: DLTR (2002), David Couttie Associates (2002), David Couttie Associates (2003).

Key: 1 = Parents no longer willing or able to accommodate; 2 = Friends or relatives no longer willing or able to accommodate; 3 = Relationship Breakdown through Domestic Violence; 4 = Non-violent relationship breakdown; 5 = Mortgage arrears; 6 = Rent arrears; 7 = End of an Assured Shorthold Tenancy; 8 = Other reasons.

If the rate of homelessness varies across the country, the region and the county, Figure 4 demonstrates that the different local authorities in Dorset experience specific, local factors that contribute to homelessness. Indeed, with the exception of the crisis in the availability of private rented housing, it appears that there are few countywide issues. This suggests that a countywide response to addressing some of the issues related to homelessness may not be an appropriate way forward. The key factors surrounding homelessness in the WDDC area concern:

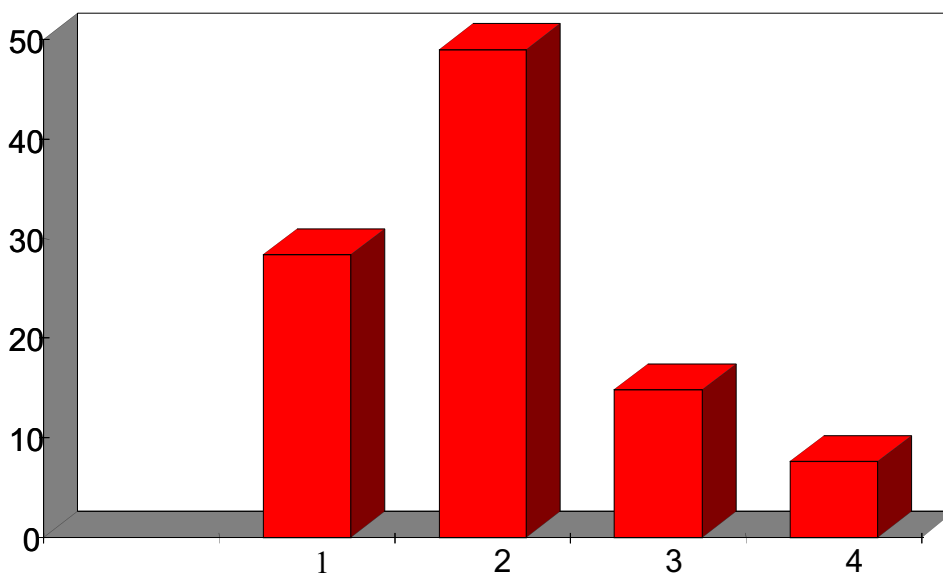
- parents no longer willing to accommodate their children (above national trends);
- domestic violence (above national trends);
- non-violent relationship breakdown (above national trends);
- end of assured shorthold tenancies (slightly below national trends).

These factors have been identified by the West Dorset Housing Partnership as key factors to be addressed. The evidence suggests that some of the common reasons contributing to homelessness are not significant in West Dorset. In particular, housing debt resulting in homelessness appears to be a small problem (this could be the result of a strong, preventative service in the area, and a readiness by registered social landlords to negotiate a suitable repayment package). By comparison, it has been suggested that the high rate of households fleeing domestic violence is a consequence of the awareness that has been raised by the Domestic Violence Forum that operates in the area.

Nature of Private Sector Housing in West Dorset

Almost 23% of West Dorset’s housing stock is located within the rented sector (Figure 5). This is split between Housing Associations (14.8%) and the private rented sector (7.9%).

Figure 5. Housing Tenure in West Dorset.

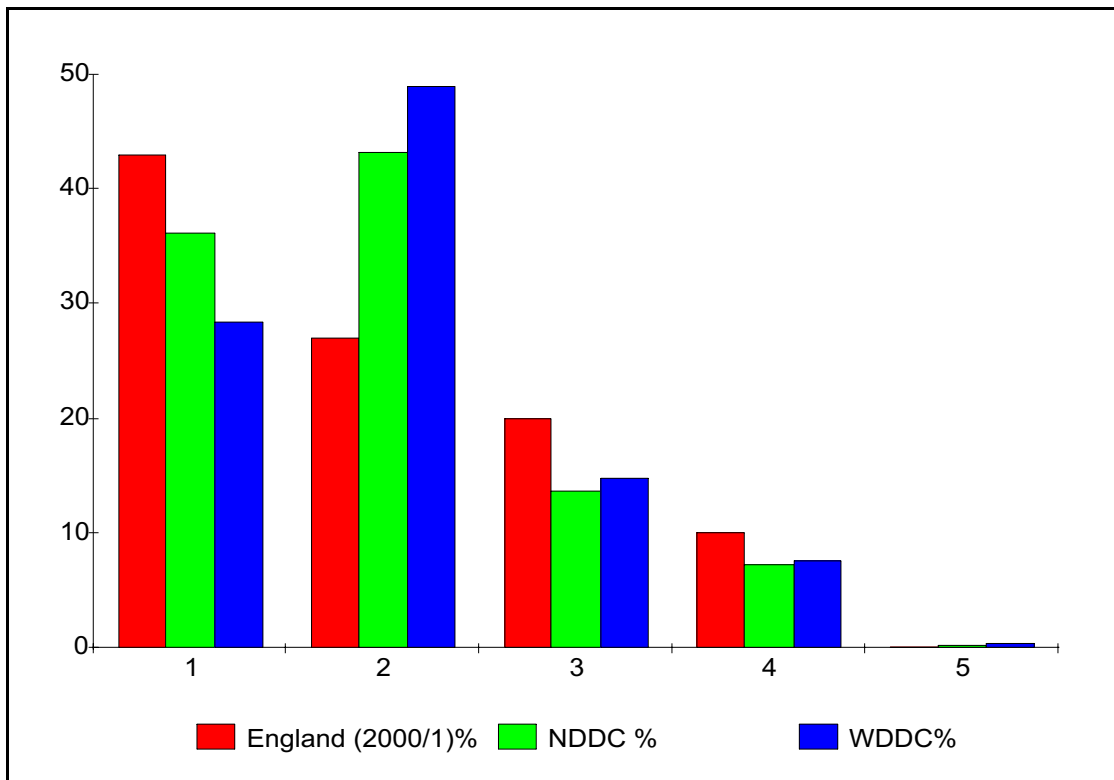


Source: David Couttie Associates (2003).

Key: 1 = Owner Occupied with Mortgage; 2 = Owner Occupied no mortgage; 3 = Housing Association; 4 = Private Sector.

If the causes of homelessness in West Dorset are at variance with national trends, Figure 6 (below) highlights that the nature of housing tenure within West Dorset is also significantly different to that within England as a whole, and also when compared with an authority such as North Dorset. In particular, West Dorset has a higher number of people living within the owner occupied sector. Indeed, the affluence of the area is demonstrated by a significantly higher number of people who own their property outright. This is higher than in North Dorset, whose figures are provided for local comparison. (This aspect of the housing profile in West Dorset may impact upon the options that are available to the local authority when responding to the need to prevent homelessness). In addition, the proportion of those living within the social housing and private rented sector is far lower than the national average, albeit slightly higher than in North Dorset. As a consequence, those in housing need in West Dorset have far fewer housing options available to them.

Figure 6. A Comparison of the Housing Profile in West Dorset with the UK average and North Dorset District Council.



Source: DTLR (2002c), David Couttie Associates (2002), David Couttie Associates (2003).

Key: 1 = Owner occupied with mortgage; 2 = Owner occupied no mortgage; 3 = Housing association; 4 = Private sector; 5 = Other.

The attraction of West Dorset as a place for the retired is demonstrated by the number of households living in owner occupied housing and who own their properties outright. It is clear that Figure 6 also highlights a need for the local authority to consider ways in which it might be able to

maintain or improve the number of properties in the private rented sector. It must be noted, however, that homelessness from those living in the private rented sector does not appear to be particularly significant, other than in the ending of assured shorthold tenancies.

The need to support the private rented sector is further demonstrated when we consider the standard of accommodation by tenure. These problems are likely to exacerbate the demand for homelessness services from those living in this sector. Indeed, Table 2 (below) explores the access that different occupiers have to basic energy saving facilities in West Dorset. It highlights that those living in the private rented sector experience a consistently poorer access to basic facilities than most other tenures and across all of the variables.

Table 2. Access to Basic Facilities by Housing Tenure.

Facility	All tenures	Owner occupiers with mortgage	Owner occupiers with no mortgage	Private rented	HA rented
Central Heating - Full	79.3	83.6	82.5	53.3	72.2
Central Heating - Partial	11.9	9.3	11.5	17.3	14.2
Hot Water Tank Insulated	74.3	72.9	80.8	72.3	55.5
Loft Insulation	75.3	81.1	86.3	54.0	57.0
Double Glazing - Full	61.7	64.0	68.3	30.7	50.9
Double Glazing - Partial	18.7	17.8	17.1	19.8	25.3
Water Pipes Insulated	52.3	57.2	60.1	32.6	24.9
Cavity Wall Insulation	31.1	31.3	34.2	10.1	30.3
Draught Proofing	25.8	26.1	28.6	20.7	19.1

Source: David Couttie Associates (2003).

It must be noted that the standard of rented housing (both social housing and privately rented) is poorer in West Dorset in almost all categories, when compared to standards in North Dorset (see Table 3 below).

Table 3. Work Required on the Property by Tenure.

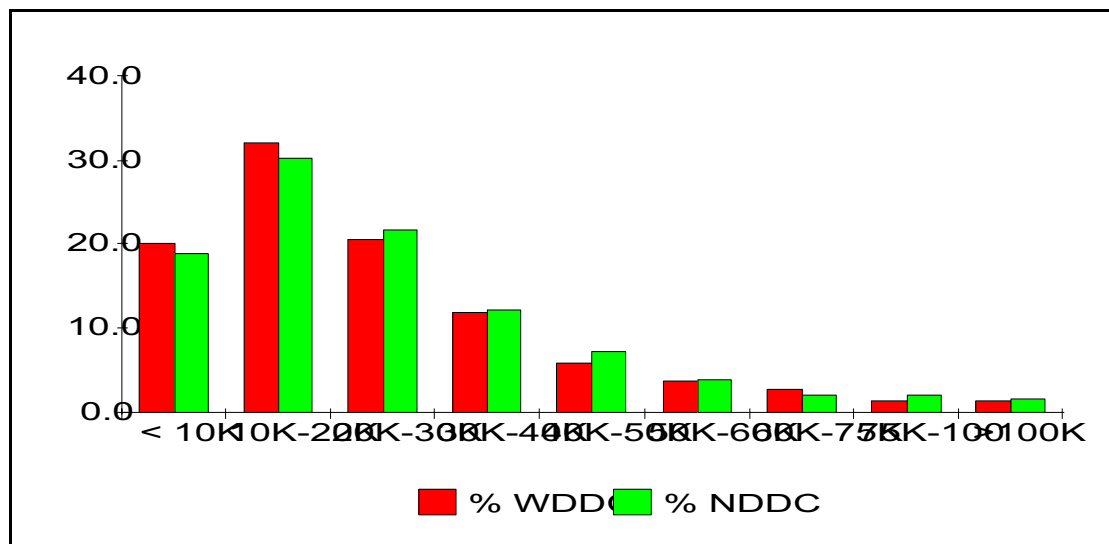
Work required	Owner occupier with mortgage	Owner occupier no mortgage	Private rented	HA rented
Additional Security	38.7	38.8	22.5	30.8
Improved Heating	20.4	19.6	46.0	25.1
Re-wiring	18.6	20.3	20.4	7.6
Damp Proofing	15.8	13.9	30.8	15.4
Roof Repairs	20.8	15.5	17.3	8.3
Window Repairs	33.5	27.5	54.7	56.5
Insulation	28.9	28.1	33.1	19.6

Source: WDDC (2003).

Clearly there is a need to devise a strategy that, while supporting landlords, also improves the standards of accommodation in this sector.

The most recent Housing Needs Survey highlights that over 50% of households in the area earn less than £20,000. Significantly, as Figure 7 demonstrates, there are more households earning less than £20,000 than in North Dorset.

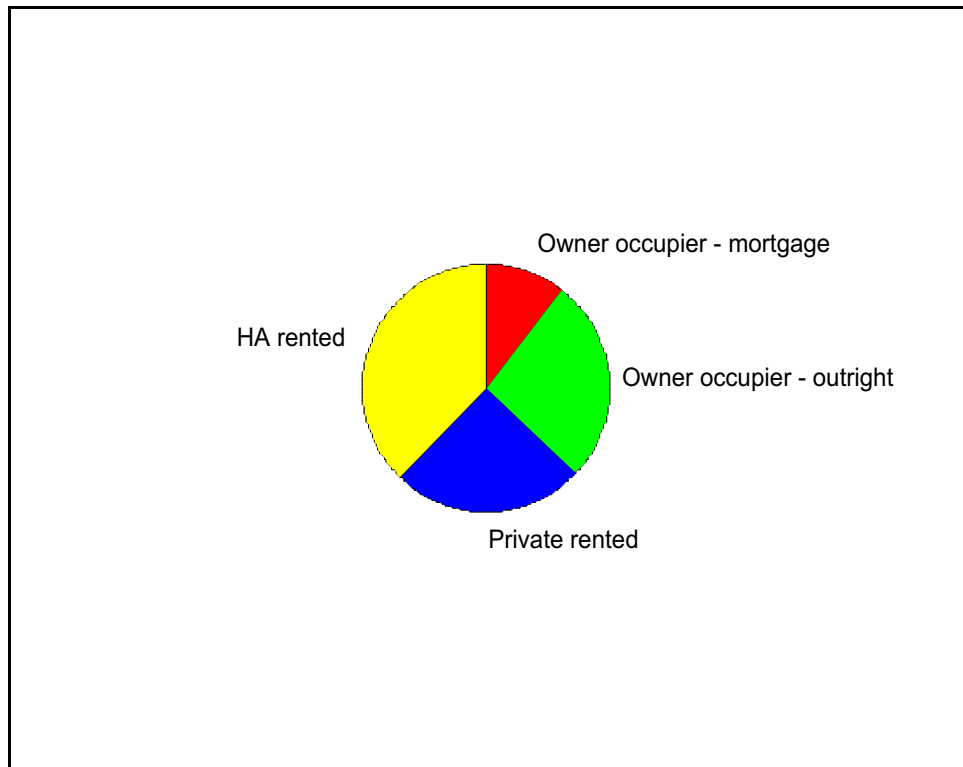
Figure 7. The Gross Annual Income of Households in West Dorset and North Dorset.



Source: David Couttie Associates (2002).

Thus, West Dorset has a higher number of people on low incomes living in a poorer standard of accommodation than in a neighbouring authority.

Figure 8. The Population of West Dorset Earning Less than £20,000 by Housing Tenure.



Source: David Couttie Associates (2003).

It is possible to assume that those living in owner occupied housing without a mortgage, with an income of less than £20,000, are likely to be retired. This 'capital rich/income poor' population are unlikely to be able to afford to maintain their properties. While this point may not impact upon levels of homelessness, it is, nevertheless, an issue the local authority might want to address.

HOUSING AND HOMELESSNESS

AGENCIES IN WEST DORSET

There are a number of agencies working throughout the West Dorset region with those who are either homeless or vulnerable to becoming homeless. All of these agencies appear to appropriately refer their service users to the West Dorset Housing Partnership, and will often liaise or advocate on their behalf. Many of these agencies also collect their own data on service users. This information, however, is not co-terminus and as a result there may be many duplications of cases between and within agencies. Nevertheless, it is worth reflecting on the data that has been collected.

Table 4 (below) outlines the data collected by local agencies. The statistics provided by Routes demonstrate a year-on-year increase of young people who appear to have some vulnerability in finding and securing accommodation.

The data provided by the different Citizens Advice Bureaux suggest that the number of people who are either homeless or are threatened with homelessness has either stabilised or decreased. This is reflected in the data provided by Dorset Drug and Alcohol Advisory Service (DDAAS).

Table 4. Local Agency Figures of Homeless Cases (2000-2002).

	2000	2001	2002
Routes			
Leaving home	140	133	216
Housing Issues	210	334	343
Dorchester CAB			
Actually homeless	33	37	28
Threat of homelessness	93	94	77
Bridport and District CAB			
Actually homeless	25	23	30
Threat of homelessness	96	85	59
Sherborne CAB			
Actually homeless	27	29	31
Threat of homelessness	38	36	23
DDAAS			
Homeless on contact	-	76	66
West Dorset Women's Refuge			
Women	10	12	16
Children	14	18	16

In addition to the data provided by the agencies listed in Table 4, the following agencies note that the number of homeless people they have seen are as follows:

Pilsdon Community

At the time of the request for information (February 2003), the Pilsdon Community had 40 residents who were aged 18 or over, and a further five people who were aged under 18 years. They provide accommodation for up to 50 people at any one time, and see approximately 200 people per year.

Hilfield Friary

During 2002, they accommodated 196 men, and estimate that they have accommodated around 400 people during the past three years. The average age of their service users is 45 years, and they see an average of eight new arrivals per week.

A Snapshot of Agency Services

West Dorset
Housing Partnership

As noted above, the key co-ordinating and management agency working within the sector in West Dorset is the West Dorset Housing Partnership. It has been operating since November 2001 and has a contract for the next four years. This will then be reviewed subject to performance. The Partnership has adopted a number of innovative strategies designed to respond to the levels of homelessness and the immediate housing options available. This includes an innovative scheme designed to place homeless households in 'holiday homes'. This scheme has a number of benefits, including:

- reducing the dependency on B&B facilities;
- reducing the cost of temporary accommodation;
- providing a better standard of temporary accommodation for homeless households;
- offering households a more stable lifestyle.

The evidence from the research conducted for this review suggests that the Partnership has a strong working relationship with most of the other agencies and is widely regarded for its professional approach to its work. The Partnership perceives the gaps in current provision to centre on:

- a lack of accommodation for drug and alcohol users, such as a 'wet' house;
- a shortage of accommodation for those with severe mental health problems.

West Dorset District Council

While many of the services and functions of the local authority have been contracted out to the Partnership, the local authority has also developed:

- an incentive scheme for landlords who will let properties to Housing Associations;
- a Landlord Accreditation scheme;
- a Rent in Advance scheme.

West Dorset District Council also hosts a District Operational Group where representatives from statutory agencies, the Council, and the voluntary sector meet to discuss housing issues. From the minutes of this meeting, it would appear that the key reasons for homelessness are that households are receiving notices to quit from their landlords and that families are no longer willing or able to accommodate them.

Where people may, at one time, have been assessed as having mental ill health, more individuals are becoming assessed with a dual diagnosis: this may incorporate drug and alcohol issues as well as mental health.

More vulnerable young people are finding themselves homeless – often they are 'homeless at home', or have spent time sleeping on friends' floors or 'sofa surfing'.

More resources are needed, particularly in respect of funding, to provide more/better supported accommodation, to widen the range of supported accommodation, and to fund more general needs accommodation through the District Council.

Dorset County Council

Dorset County Council Social Services become involved in homelessness cases if a referral is made by West Dorset District Council to the local office of Social Services, where issues have been identified such as mental ill health, vulnerable young people, drug/alcohol misuse, and learning disabilities.

The County Council assists service users in securing/maintaining accommodation by the provision of floating support and working with Tenancy Support Officers, of which WDDC is considering the recruitment of at least one. Support from the various Social Services teams is relevant to the service group.

During the development of the Supporting People Shadow Strategy, a number of gaps were identified for West Dorset:

- supported accommodation for single people with support needs;

- a high support scheme for vulnerable young people with chaotic and challenging behaviour;
- self-contained but grouped accommodation with daytime staff for people with physical disabilities.

South West Dorset Primary Care Trust

It is widely acknowledged that homeless people (particularly those sleeping rough) have more significant health needs than the general population (Crisis, 2002a). It has also been shown that a significant number of homeless people suffer multiple health needs that include drug and alcohol dependency problems and underlying physical health problems (Bevan & Van Doom, 2002). In addition, it must not be assumed that homeless people will access primary care services in the same way that others might. One survey found that the homeless people interviewed were almost 40 times more likely not to be registered with a GP than the average person (Crisis, 2002b). Those interviewed were also nearly three times more likely than the general population not to have seen a GP in the last year.

Homeless people often access primary care services through registering with a GP practice under the auspices of a 'temporary resident', as their care is often deemed 'immediately necessary'. Such procedures run contrary to the advice of The Royal College of General Practitioners, which states that, wherever possible, homeless people should be registered permanently (Statement on Homelessness and Primary Care, 2002). It has been suggested that while 'temporary' status may bring a reasonable level of one-off service, a person needing care for a longer-term, chronic condition will have problems in accessing ongoing care in the normal way. It is also unlikely that patient notes will be passed on from any previous surgery, thus affecting the continuity of care. Clearly, by definition, the nature of homelessness means that people are very mobile, so patient notes will always need to be passed on more regularly than those of other people. This process should become easier with the introduction of electronic patient records.

There would seem to be a number of reasons for continuing to register homeless people as temporary residents, and at least two of these should be recognised as significant factors when considering policies affecting services. First, for GPs, who are independent contractors of healthcare, there are greater financial incentives attached to signing up patients as 'temporary residents'. Second, temporary residents can be 'de-registered' within eight days without any reason being required. This offers a safety net to GPs who may find it difficult to deal with homeless people. Potential difficulties may include anti-social behaviour (we have already mentioned the higher rates of drug and alcohol dependency

problems among the homeless), but perhaps more importantly there may be difficulties in responding to complex health needs that cannot be dealt with independently of the individual's social needs.

Beyond the issue of registration, there are additional problems with accessing appointments. Many practices work largely on an appointment basis, which is likely to be off-putting to homeless people, so a policy of immediate access for the homeless is encouraged. A more complicated problem is that of appointments for secondary care services that rely on postal communication. The Prince of Wales Road Practice in Dorchester is setting the pace for change in seeking to respond to these issues. The practice has an inclusive homeless policy as part of their Practice Development Plan. They offer instant access to homeless people, and by working together with 'The Hub' (see p25), try to ensure that homeless people receive appointment letters, therefore enabling them to access secondary care. Their evolving work should be recognised as a valuable development in attempting to make services more accessible.

There is no clear understanding concerning how homeless people access healthcare services generally across South West Dorset. Local observation suggests that the situation is unlikely to be different from the picture nationally, in that homeless people often only sign up as 'temporary residents' in primary care, and that they are likely to use A&E departments and minor injury units when accessing GP services becomes problematic (Wilson, 2002). These 'walk in' services provide invaluable care to homeless people, but it can be argued that these services are not best placed to deal with the complex and multifaceted health needs which homeless people present. It is worth mentioning that analysis has shown that the use of A&E by the homeless can be up to three times more expensive than a GP appointment (Shelter, 1996).

North Dorset Primary Care Trust

North Dorset PCT provides mental health services to West Dorset. At least one in five homeless people suffer from a severe mental health problem (Crisis, 1999), and homeless people are eight times more likely to suffer from mental ill health than the general population (Centre for Housing Policy, 1994).

The Community Mental Health Teams that serve West Dorset actively work to prevent homelessness and support those who are homeless or who are at short-term risk of homelessness by:

- supporting clients' applications on the basis of their mental health;
- providing access to supported accommodation in Bridport and Dorchester which is managed by Bournemouth Churches Housing Association (see p24);
- assessing people with mental health problems when they are

referred to them;

- writing supporting letters to West Dorset Housing Partnership where appropriate;
- admitting to hospital or Social Services unit;
- negotiating with Housing Associations when bills are unpaid and eviction threatened;
- introducing tenants to agencies that will support them and help them to maintain their tenancies.

Dealing with clients who are already homeless in West Dorset is rare, and it is estimated that about four to five people per year are seen in these circumstances. The Teams perceive their client's homelessness to be caused by:

- mental illness;
- not enough available housing stock;
- transient population which does not immediately qualify to be housed by law;
- relationship breakdown;
- escaping from abuse.

Where homeless people have severe mental health problems they are either hospitalised or cared for in an appropriate community setting. Workers use local refuges and other homeless services, and the Trust itself has recently developed four new units of respite accommodation in Dorchester provided through Magna Housing Association and supported by Bournemouth Churches Housing Association. Two units provide accommodation to patients who need long-term care, and two are used for short-term tenancies of between three and six months. Two further units are in the pipeline. This is an example of good interagency planning and provision of targeted local housing. Further developments of this type may be required, depending on future patterns of need. The West Dorset Housing Partnership perceives that there is a lack of accommodation for those with severe mental health problems in West Dorset.

Bournemouth Churches Housing Association (BCHA)

Within the WDDC area, Bournemouth Churches Housing Association currently provides:

- 25 units of general needs accommodation (flats and houses), of which nine are owned by BCHA. The remainder are leased from private owners or public bodies. Properties are predominantly located in Bridport and Dorchester.
- In 2001/2, BCHA had seven vacancies in this accommodation. The figure for 2000/1 was one vacancy. Nominations come via the local authority as vacancies arise. BCHA does not hold details of enquiries nor does it maintain a waiting list for these properties.

Voids are generally low.

- A ten-bed semi-supported dry house in Dorchester for people undergoing recovery from addiction (via management agreement with Knightstone Housing Association). In 2001/2, there were 63 referrals (20 accommodated). In 2000/1, there were 36 referrals (15 accommodated). The occupancy rate was 97% in 2001/2. On average there were seven times as many males as females accommodated.
- A seven-bed project in Dorchester for people with mental health and/or with drug and alcohol issues. This project opened in 2001. During the first year there were 16 referrals and 13 acceptances. The occupancy rate for the year was 82%, although BCHA note that referrals are much higher now and that, as a result, the occupancy rate will be higher in this financial year. Generally, twice as many males as females are accommodated.
- The Hub - a drop in centre for rough sleepers and single homeless people in Dorchester (one worker). The Hub opened in September 2002 and statistics are not yet available.
- Support for people with mental health issues in a new Magna Housing Association project in Dorchester is due to open shortly.

BCHA are funding accommodation projects via the rental stream. New accommodation is funded by capital grants from the Housing Corporation. Support for the dry house, Bridport Mental Health and Dorchester Mental Health Projects comes from Transitional Housing Benefit/Supporting People funds. Supporting People contracts are likely to last for three years. The Hub and Prison Liaison Workers are funded via short term funding sources.

The majority of people accommodated by BCHA are residents of West Dorset, some having been discharged from the local prisons. Referrals have been taken from Weymouth or Bournemouth in some of the supported projects where local agencies have not been able to provide nominations.

Not all people who are referred are homeless, but they do have some degree of housing need. In terms of the supported projects, the housing need arises from either discharge from an institution, prison, hospital etc., or as a result of needing somewhere settled to overcome addiction.

Dry house referral sources are specialist statutory or voluntary agencies in the drug/alcohol sphere, such as Genesis, CADAS, DDAAS as well as HM Prison Dorchester and the Community Mental Health Team.

Mental health referral is via the Community Mental Health Team although

occasionally via St Ann's Hospital (Bournemouth) and Dorset Drug and Alcohol Advisory Service (DDAAS).

**Dorset Drug and
Alcohol Advisory
Service (Ltd)
DDAAS**

DDAAS is funded by local health and Social Service agencies. They offer drop-in services for those who are misusing drugs and/or alcohol. Many of their service users are homeless. DDAAS is often involved in referring service users to a range of housing agencies.

In line with opinions expressed by other agencies, DDAAS note that the majority of their homeless service users are homeless because:

- they have recently moved into the area;
- there are few accommodation options available;
- they have little or no finances.

**Citizens Advice
Bureaux (Sherborne,
Dorchester, Bridport)**

The Citizens Advice Bureaux in the area provide advice, information, advocacy and referral opportunities on a range of general and specialist subjects. Bureaux are funded by local authorities, the Primary Health Care Trust and Parish Councils. Some funding is received for special projects. Funding levels and continuation depend on the service level agreement. Funding for the service in Bridport has not been increased in line with inflation. As a consequence, costs are exceeding the income and a reduction in services is deemed unavoidable.

Across the region, the different Bureaux have noted many causes of homelessness. In part, these reflect the issues identified above. Problems in the rented sector are exacerbated by:

- rent arrears;
- a lack of affordable housing options for single people and vulnerable groups, especially in rural areas;
- tenancy failures of those with mental health problems due to lack of support. This can be exacerbated by rural isolation;
- the general low wages in West Dorset.

Bureaux also note that a significant number of people seen are vulnerable to homelessness as a consequence of:

- divorce/relationship breakdown;
- relationship breakdown between parent and child;
- the number of people moving into the area without a local connection.

In recent years, the Bureaux note that there have been some changes in homelessness trends. In particular there are:

- fewer travellers;

- more households experiencing difficulties with the interface between Housing Benefits and Working Families' Tax Credit;
- unsuitable temporary accommodation offered by the local authority.

However, they also note that the services to homeless people have been greatly improved since the West Dorset Housing Partnership has been in operation.

Routes

Routes is an advice and information shop/drop-in for young people in Dorchester managed by the Dorset Youth Association. There is a part-time Housing Support Worker supporting young people who are either homeless, leaving home or experiencing general housing difficulties. The post is funded on a short term basis through Connexions and the Office of the Deputy Prime Minister.

Routes reports that a majority of the homeless young people it works with have been made homeless as a result of:

- family breakdown;
- non-payment of bills;
- relationship breakdown;
- unplanned pregnancy.

To some extent this trend reflects the key causes of homelessness identified earlier in this report.

Routes had an Independent Living Support Project funded by the Housing Associations Charitable Trust. This Project ran for three years until the funding stream came to an end in November 2002. Routes considers that there is still a need to develop independent living support and family mediation.

Dorchester Municipal Charities

Dorchester Municipal Charities was set up for the poor and needy of Dorchester. The constitution stipulates that it must benefit those over 55 years old, of modest means, who have lived in Dorset (preferably Dorchester) for the last three years. The charity advertises once a year and keeps its own waiting list. It is listed on the West Dorset District Council Housing Register.

Funding comes from residents' contribution towards rent and utilities and the charity's own invested monies.

The accommodation consists of 24, one-bedroomed flats and seven bedsits situated at three different complexes with easy access to Dorchester. On average there are between one and four vacancies a

year which occur when someone moves into residential accommodation or dies. The flats are refurbished and the vacancies filled as soon as possible.

An on-site warden contacts the residents on a daily basis to make sure that they are well, to deal with any problems that they may have, and then perhaps refer to medical services. The intercom is linked to the Magna Careline for 24-hour service.

West Dorset Women's Refuge

The refuge provides accommodation, advice and support for women and children fleeing domestic violence. It is managed by Raglan Housing Association and is funded through Supporting People, a grant from West Dorset District Council, and various other small grants and donations. The refuge recently applied for funding for floating support but it was refused on a technicality.

In order to help the women to secure and maintain accommodation the refuge will:

- discuss options and the legal situation with regard to returning home;
- liaise closely with West Dorset Housing Partnership;
- continue support after re-housing;
- refer to other agencies.

Approximately 50 women are seen per year who do not need or want accommodation. In recent years there has been an increase in the need for additional help with drug and alcohol problems.

Hilfield Friary

Hilfield Friary is a Christian community run by 14 brothers and a dozen residents. It caters for homeless men and provides a ten-bed shelter. The accommodation can be free if it is for a night during the week, or for the weekend. Residents may stay longer if the weather is inclement, if they are sick or if they are willing to work in the garden.

With an average of eight new residents per week, Hilfield accommodates approximately 400 men per year. Given that many return during the course of the year, this figure relates to nearly 200 different men. Most are aged over 40. Their homelessness is mainly due to drug and alcohol problems and mental illness. Some are unable to settle after being on the road for years. Indeed, for some, being homeless may be by choice.

The Friary considers that there are fewer men arriving than ten years ago. Discussions with the residents suggests that Hilfield is attractive in a number of ways when compared with other hostels and nightshelters. In particular, it is regarded as being less 'oppressive' in the way that it is run

– residents are always given a 'second chance', and allowed to improve their health while staying at the Friary. The main factor that influences the decision to stay at Hilfield Friary is that it is not attractive to younger homeless men. This makes the atmosphere in the accommodation less violent or fractious.

Hilfield enjoys a good relationship with other agencies and is able to refer men to the Dorset Drug and Alcohol Advisory Service, Emmaus Projects in other counties, Melcombe House in Weymouth and the dry house in Dorchester. Many requests for accommodation are received from Social Services and hospitals on Friday nights.

Pilsdon Community

Pilsdon is a mixed Christian community in rural West Dorset funded by charitable donations. It offers:

- accommodation and support to people with many different needs, with guests staying for varying lengths of time (months or years);
- hospitality to people from all walks of life who seek respite from the stress of life, depression, alcoholism, addiction and broken relationships;
- accommodation for wayfarers;
- a move-on scheme called Brook House;
- referral to other agencies.

Pilsdon considers that it enjoys a good relationship with other agencies.

The reasons for the homelessness of those arriving at Pilsdon are:

- alcoholism;
- mental illness;
- drug use.

RECOMMENDATIONS

Recommendations arising from Homelessness Statistics

In order to develop a preventative approach to the key homelessness trends, the local authority needs to consider funding/developing or exercising an influence on the development of a number of specific services, some of which might be considered as having little association with a traditional housing management function. In particular, the evidence suggests that the local authority needs to consider preventative mediation work with:

- parents and their children;
- couples experiencing relationship difficulties;
- landlords/tenants (this might reduce the number of tenancies finishing at the end of an assured shorthold tenancy).

It must be noted, however, that with regard to the above, there is a significant number of households that become homeless as a consequence of domestic violence. Arguably, the local authority will not expect or want to encourage a woman and her children to remain in a violent household. In this case, there are a number of observations that should be considered when responding to the consequential homelessness application:

- West Dorset has a significantly high number of households that own their property outright;
- those fleeing domestic violence are likely to include many from this sector of housing.

The local authority may wish to consider how the longer term housing needs of households escaping domestic violence, and who have an interest in a property, might be met, other than via the provision of accommodation in the social housing or private rented sector.

The type of support may include working with local solicitors and encouraging clients to register an interest in a property, and to ensure that this interest is realisable.

Encouraging registered social landlords engaged in shared ownership to work with those agencies/landlords engaged in providing supported housing/refuges to develop shared ownership opportunities for women escaping domestic violence.

Recommendations for Existing Services

Having reviewed existing services providing support for those who are either homeless or vulnerable to homelessness, a number of recommendations are made:

- There is a need to develop consistent data monitoring and collection systems across all agencies in the area.
- Whilst West Dorset Housing Partnership has worked hard to eradicate or minimise the use of B&B accommodation, there is a need to undertake further work in developing alternative forms of temporary accommodation, other than B&B.
- In conjunction with the above, there is a need to raise the standards of accommodation and services provided in temporary accommodation.
- There is a need to raise the standards of Households in Multiple Occupation (HMOs) and effectively 'police' private landlords.
- There is a need to review whether the level of support offered in supported accommodation can be better reflected in the Housing Benefit awarded.
- Many agencies suggest that there is a need to improve communication between Housing Benefit Services and advice agencies, and between Housing Benefit Services and claimants/potential claimants.
- There is a need to consider changes to the ways in which Housing Benefit is locally administered so that it might facilitate and encourage landlords and tenants to maintain tenancies.
- Local advice agencies suggest that registered social landlords need to develop more proactive systems in responding to rent arrears and potential evictions. In particular, the current systems are perceived to be too slow, and do not always actively seek to involve independent advice services or appear to engage with those other agencies involved in offering support to tenants. This is increasingly regarded as good practice (see *The Guardian* 26/2/03, Guardian Society p12).
- There is a need to review the need for a further 'train and decorate' scheme.
- There is a need to ensure that advice services are available 'out of hours', namely weekends and evenings.
- There is a need to consider how existing agencies might work together in a more co-ordinated manner. The establishment of a 'one stop' advice service has been suggested. This will not easily cater for those living in more rural/isolated communities, however. One way forward is via greater inter-agency co-operation and co-ordination to facilitate consistency in advice standards.
- Easily accessible, timely, improved and substantial information

should be available to women escaping violence.

- Training is needed for Domestic Violence Workers regarding their legal options.

Recommendations for Service Developments

- There is a need to develop low-cost housing options that are available to those living in supported accommodation. These residents often have little opportunity to acquire move-on accommodation. The development of low-cost housing would act to reduce the need for additional supported accommodation.
- There is a need to respond to the perceived lack of accommodation for drug and alcohol users such as a 'wet' house.
- There is a need to consider the establishment of more day-centres for homeless people.
- In addition to the above, there is a need to consider establishing the means by which practical help with emergency food, toiletries and clothing can be provided.
- There is a need to respond to the perception that there is a shortage of supported accommodation for those with severe mental health problems/learning difficulties.
- There is a need to develop/fund a specialist service that could offer representation at repossession hearings.
- There is a need to develop specialist advice services for vulnerable groups of people (those with mental health problems/learning difficulties/older people).
- There is a need to consider developing an Independent Living Support and Skills training scheme for young people and members of other vulnerable groups.
- There is a need to consider exploring the viability and interest in establishing an Emmaus Community.
- There is a need to develop further shared ownership schemes.
- There is a need to develop a local strategy for informing and supporting those interested in undertaking 'buy to let' schemes.
- There is unanimous support for the need to further develop and expand the range of affordable accommodation in the private rented sector. This is especially the case for those who might be willing to take DSS recipients, and includes housing for young people, vulnerable groups and older people.

Recommendations Relating to Health

All healthcare services have to work hard to ensure that the health needs of homeless people are adequately met. It has shown that primary care services, if unchecked, are liable to precipitate the inverse care law (Hart, 1971) in serving people who are homeless. The law states that the availability of medical care tends to vary inversely with the need for it in the population served. This is undesirable not only from the perspective of homeless people; it is also incompatible with the Government's public health drive to redress health inequalities. Despite there being no direct reference to homelessness in the Department of Health's *Priorities and Planning Framework*, considering many other objectives within that document, it would appear to be critical that the needs of the homeless population are recognised in PCT Local Development Plans.

Access into primary care is clearly a major issue for homeless people. South West Dorset PCT could start to address this by developing a policy of inclusion which states its intention to register homeless people as permanent residents. Administratively, this could be done by using the GP practice address as the person's home address. Financial incentives to encourage the registration of homeless people may also be needed.

Elsewhere across the UK, specialist services have been developed to meet the needs of homeless people. There is some disagreement as to whether the development of such services has a positive effect in influencing mainstream services to become inclusive of the homeless, or whether mainstream services feel 'let off the hook' in terms of their response. This poses the question: if mainstream services are sensitive to the needs of homeless people, is there a need for specialist services? A previous homeless review in North Dorset came up with what would seem to be a pragmatic solution in suggesting the employment of a detached worker (probably most realistic would be a Nurse Practitioner), dedicated to working with people who are homeless. This raises several issues, not least of which is how the worker would effectively access and serve homeless people. However, it is clear that they would need to link effectively with all GP practices, facilitating access to the full range of services, and be part of a wider strategy to improve accessibility for homeless people. The Prince of Wales Road Practice has shown particular interest in developing this type of work.

All GP services need to be equipped with knowledge and resources to ensure that they are able to meet the often complex health needs of homeless people. This could include the provision of training to Primary Care Teams on homelessness and the needs of homeless people. It is

likely that homeless people will also be in contact with other service providers, so a co-ordinated provision of healthcare should be sought that involves working closely with other agencies.

Walk-in providers of healthcare, such as the A&E departments and minor injury units, should actively seek to link homeless people into primary care. Ideally, they could be armed with a local services pack for homeless people.

Primary Care Trusts are well positioned to help with mapping incidences of homelessness. This is due to their advanced and constantly updated IT data collection systems. At the moment there may be some difficulty in interrogating databases to identify the homeless due to the registration issues already mentioned. This problem would be solved by registering homeless people as 'permanent residents', as described above.

The local PCTs are doing valuable work in drawing together other agencies. A 'Homeless Subgroup' has been set up under the 'Rural Health Action Group' for North and South West Dorset. Strategic planning and an interagency approach to the problem of homelessness is clearly required and agencies should be keen to get involved with this group.

REFERENCES

BEVAN, P & VAN DOOM, A. (2002) *Multiple Needs, Good Practice Briefing*. Homeless Link.

CENTRE FOR HOUSING POLICY. (1994) *The Health of Single Homeless People*. University of York, York.

COUNTRYSIDE AGENCY. (2002) *Preventing Homelessness in the countryside...what works?* Countryside Agency Publications, West Yorkshire.

CRISIS. (1999) *Pressure Points*. Crisis, London.

CRISIS. (2002a) *Critical Condition: Vulnerable Single Homeless People and Access to GPs*. Crisis, London.

CRISIS. (2002b) *Hidden Homelessness and Healthcare*. Crisis, London.

DOBSON, A. (2002). *Housing Affordability Basket of Indicators. Annual Report, April 2002*. Unpublished.

DTLR. (2002a) *Homelessness Strategies: a good practice handbook*. HMSO, London.

DTLR. (2002b) *More than a roof. Report into Tackling Homelessness*. HMSO, London.

DTLR. (2002c) *Housing in England 2000-2001*. HMSO, London.

HART, JT. (1971) The inverse care law. *Lancet* **1**, 405-412.

NORTH DORSET DISTRICT COUNCIL. (2002) *North Dorset Housing Needs Survey*. David Couttie Associates.

SHELTER (1996) *Go Home and Rest*. Shelter, London.

WEST DORSET DISTRICT COUNCIL. (2003) *West Dorset Housing Needs Survey*. David Couttie Associates.

FURTHER READING

AINLEY, P. (1991) *Young People Leaving Home*. Cassell Educational Ltd, London.

ANDERSON, I, KEMP, P & QUILGARS, D. (1993) *Single Homeless People*. HMSO, London.

BRENNAN, M & LANCASHIRE, R. (1978) Association of childhood mortality with housing status and unemployment. *Journal of Epidemiology*, **32**

BUCK, N, GERSHUNY, J, ROSE, D & SCOTT, J. (eds) (1994) *Changing Households: The British Household Panel Survey 1990-1992*. ESRC Research Centre, University of Essex, Colchester.

BYRNE, D, HARRISON, S, KEITHLEY, J & MCCARTHY, P. (1986) *Housing & Health: The Relationship between Housing Conditions and the Health of Council Tenants*. Gower Publishing Company Ltd, Aldershot.

CHARTERED INSTITUTE OF ENVIRONMENTAL HEALTH. (1994) *Amenity Standards for Housing in Multiple Occupation*. CIEH, London.

CONWAY, J. (1998) *Prescription for Poor Health: The Crisis for Homeless Families*. London Food Commission, The Maternity Alliance, SHAC & Shelter, London.

CROOK, A, HUGHES, J & KEMP, P. (1995) *The Supply of Privately Rented Homes*. The Joseph Rowntree Foundation, York.

DEPARTMENT OF THE ENVIRONMENT, TRANSPORT AND THE REGIONS. (1999a) *English House Condition Survey 1996: Houses in Multiple Occupation in the Private Rented Sector*. DETR, London.

DEPARTMENT OF THE ENVIRONMENT, TRANSPORT AND THE REGIONS. (1999b) *Housing Benefit and Private Landlords*. DETR, London.

DEPARTMENT OF THE ENVIRONMENT, TRANSPORT AND THE REGIONS. (1999c) *Licensing of Houses in Multiple Occupation – England (Consultation Document)*. DETR, London.

DEPARTMENT OF THE ENVIRONMENT, TRANSPORT AND THE REGIONS. (1999d) *Protocol for the Assessment of Housing Needs of Single Homeless Young People under the age of 25*. DETR, London.

FURLEY, A. (1989) *A Bad Start in Life: Children, Health and Housing*. Shelter, London.

GOLDSCHIEDER, F & GOLDSCHIEDER, C. (1993) *Leaving Home Before Marriage*. The University of Wisconsin Press, Wisconsin.

GOSS, S & KENT, C. (1995) *Health and Housing Working together? A Review of the Extent of Inter-agency Working*. Joseph Rowntree Foundation, Bristol.

GREEN, H. (1994) *Shared Accommodation in Five Localities*. HMSO, London.

MACLENNAN, D, MEEN, G, GIBB, K & STEPHENS, M. (1997) *Fixed Commitments, Uncertain Incomes: Sustainable Owner-Occupation and the Economy*. Joseph Rowntree Foundation, York.

MORRIS, J & WINN, M. (1990) *Housing and Social Inequality*. Hilary Shipman Ltd, London.

RAUTA, I. (1986) *Who Would Prefer Separate Accommodation?* HMSO, London.

RUGG, J. (1999) *Young People, Housing and Social Policy*. Routledge, London.