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A Study of the Housing Requirements of Black and Minority Ethnic (BME) Households in Dorset and Poole

Executive Summary

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The study

The overall aims of the study were to increase the understanding of the housing needs of BME households across Dorset, as well as ensuring that existing providers gave equal access to their services and integrated the needs of BME communities into their everyday activities. In order to address this issue the local authorities within Dorset decided to work collaboratively on a study looking at the housing needs of BME communities across the county. The study included the Borough of Poole; Christchurch Borough Council; East Dorset District Council; North Dorset District Council; Purbeck District Council; West Dorset District Council; and Weymouth and Portland Borough Council. Bournemouth Borough Council was not included in this study as they had already carried out research on BME housing needs.

The research was commissioned by Bournemouth, Dorset and Poole Strategic Housing Group in August 2009 and was conducted by a team of researchers from the Salford Housing & Urban Studies Unit (SHUSU) at the University of Salford. The study was greatly aided by research support from a number of community interviewers and was managed by a steering group composed of officers representing the Borough of Poole, Dorset County Council, Magna Housing Association and North Dorset District Council.

The study has the following main objectives:

- To gain information on the current and projected BME population and households;
- To gain information on the current housing circumstances of BME households;
- To investigate the housing needs and aspirations of BME households, including any supported and sheltered housing needs;
- To assess the knowledge of BME households of the availability of current services and their ability/desire to access them;
- To identify any barriers to accessing housing; and
- To identify the best methods of continuing engagement with, and communication to, BME communities in the future.

Methods

- A review of existing data and literature on BME communities;
- Consultation with **27** key stakeholders and **7** RSLs across the study area;
- A survey of **469** BME households across Dorset carried out by interviewers from the BME communities; and
- Additional qualitative interviews with **20** BME households.

This summary outlines some of the key findings from the survey of BME households. A full analysis of all data sources can be found in the main report.

The survey sample

Local authority area

- Over half of the sample were currently living in Poole (56%); this was followed by West Dorset (15%). There were smaller numbers of interviews in the remaining local authority areas due to difficulties identifying and accessing participants in some areas.

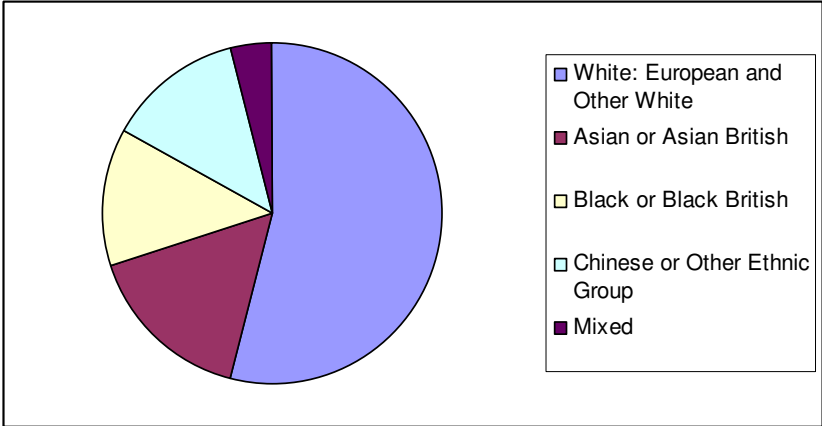
Number of interviews by local authority area

Local authority area	No.	%
Poole	264	56
West Dorset	71	15
Weymouth and Portland	39	8
Christchurch	31	7
East Dorset	31	7
Purbeck	18	4
North Dorset	15	3
Total	469	100

Ethnic origin

- Just over half of the sample (54%) were White (European or Other). This percentage was highest in Weymouth and Portland and North Dorset (72% and 80% respectively) and lowest in West Dorset (34%), where the sample included higher numbers of Black and Asian respondents.
- There was a diversity of respondents in all local authority areas. Poole, West Dorset and Christchurch, for example, had respondents from all of the ethnic categories.

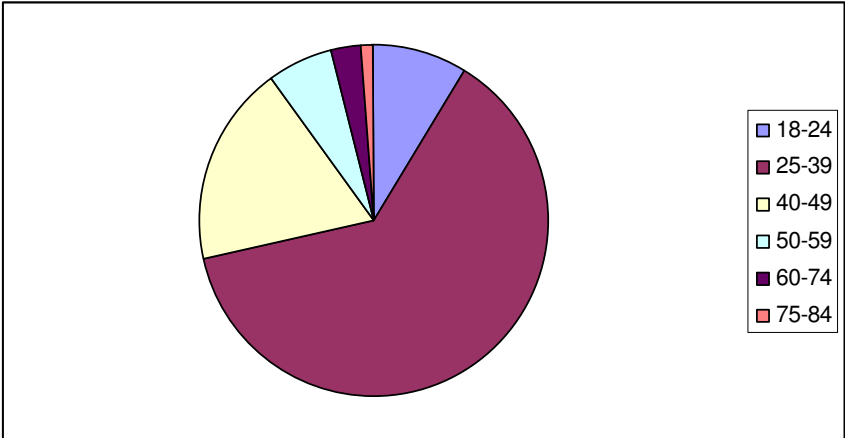
Ethnic origin of respondents



Age and gender

- The majority of respondents were aged 25-39 (63%); this was followed by 40-49 (19%). Only around 4% were over retirement age, compared to ONS figures for Dorset and Poole (2008) which suggest that around 28% of people were of retirement age (ONS mid-year population estimates 2008).
- This dominance of the 25-39 age range is not surprising given the number of White European respondents. Official statistics for Central and Eastern European migrants – for example, Worker Registration scheme data – shows that this age range has dominated arrivals to the UK.
- With regards to gender, 45% of the sample were male and 54% female. One respondent indicated that they were transgender/transsexual.

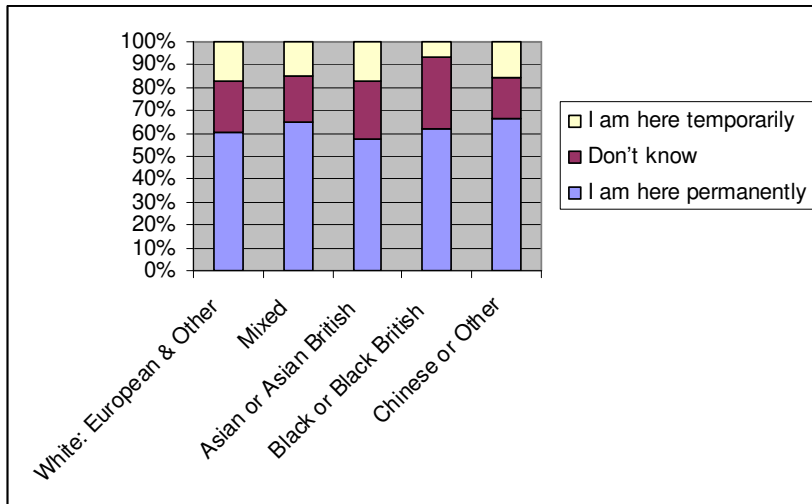
Age of respondents



Temporary or permanent resident

- 61% of the sample indicated that they intended to live in Dorset permanently; while 15% were here temporarily. The respondents interviewed in North Dorset had the highest percentage of people who indicated that they were permanent residents.
- With regards to those who were in Dorset temporarily, over a third (38%) did not know how long they would remain.

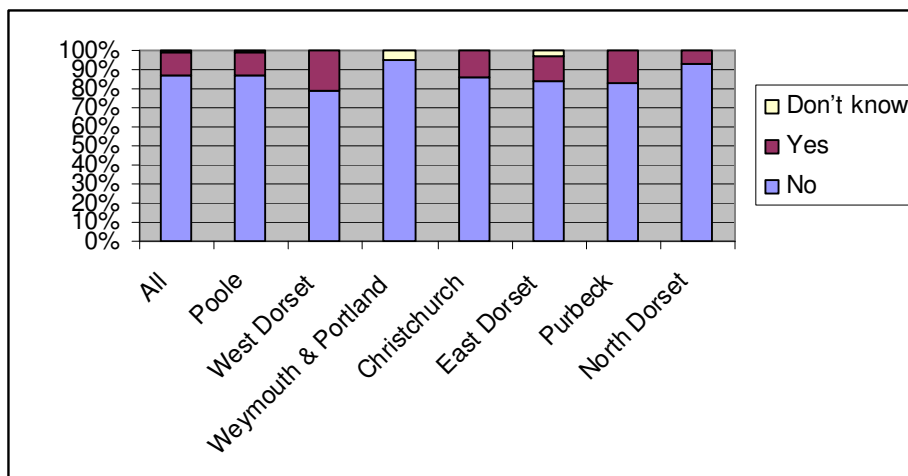
Temporary or permanent resident



English language skills

- 12% of respondents had an adult in their household unable to speak English; this percentage was highest in West Dorset (21%). The White (European and Other White) group were most likely to have an adult in their household without English language skills

Adult in household unable to speak English



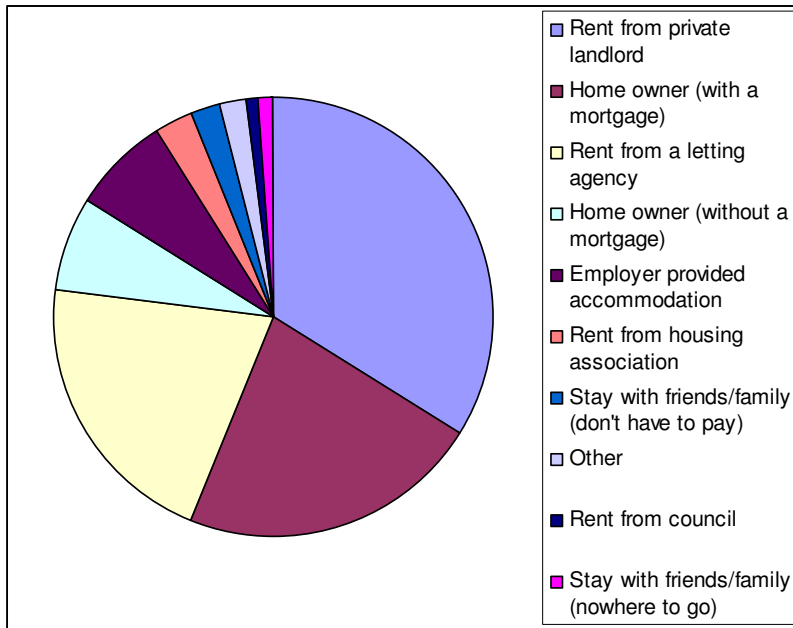
Current accommodation

Tenure

- Over half of the sample (55%) were living in private rented accommodation, either through a private landlord or a letting agency. This percentage was highest in Poole (65% of respondents) and lowest in Purbeck and West Dorset (23% and 34% respectively).
- Owner occupation (with a mortgage) was the second most common form of tenure (22% of respondents).

- Only four respondents (just under 1%) across the whole sample indicated that they were living in a Council property. A small number of people (3%) were renting a Housing Association property.

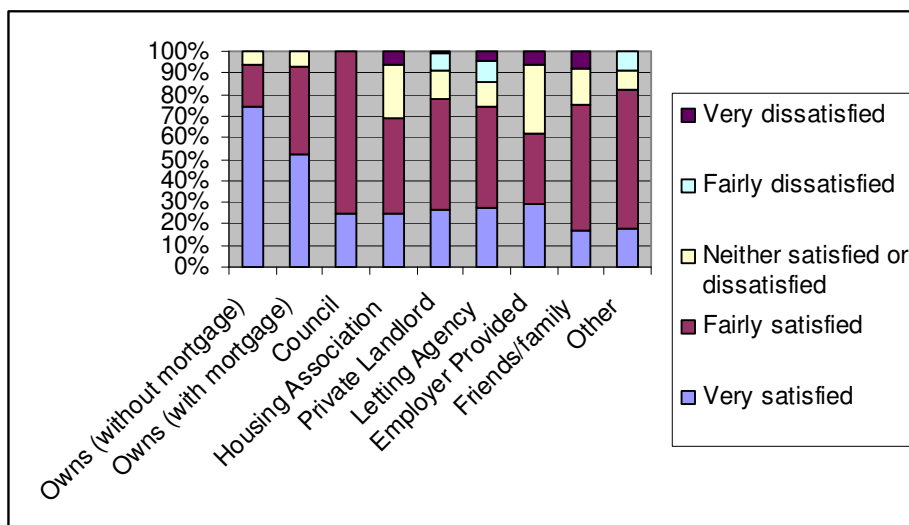
Current tenure



Satisfaction with accommodation

- The majority of the sample (80%) were satisfied with their current accommodation; 7% indicated that they were dissatisfied.
- No one who owned their own home or lived in a Council property was dissatisfied with their accommodation. The respondents who were dissatisfied with their accommodation were primarily living in private rented accommodation.

Satisfaction with accommodation by tenure



Intention to move to different accommodation

- 60% of the sample intended moving to a different property in the future. This percentage was highest in Weymouth and Portland (77%).
- The most common reason for wanted to move to another property related to accommodation being too small (25% of those who intended moving).
- The other reasons given for wanting to move included, wanting a better quality of life; wanting more affordable accommodation; and the current accommodation being in poor condition.

Health and social care needs

- The data suggests that very small numbers of people across the sample had any ill-health or disabilities (3% of the sample or less).
- A small number of respondents indicated that there was someone within the household who needed help or support with daily tasks such as cooking, shopping and personal hygiene (3% of the sample or less).
- The facilities that people did not currently have but felt they needed, included a walk-in shower or accessible bath, a bathroom grab rail, a stair lift and access ramps outside the home. Again, this was a small percentage of the sample (4% or less).

Adaptations to accommodation

Adaptation	Already have		Don't have but need		Don't have & don't need	
	No.	%	No.	%	No.	%
Downstairs toilet	104	23	8	2	350	76
Handrail on stairs	62	13	7	2	395	85
Walk-in shower or accessible bath	49	10	17	4	398	86
Tap adaptations	20	4	8	2	435	94
Bathroom grab rail	16	3	14	3	434	94
Access ramps (outside home)	12	3	10	2	441	95
Alarm pull	10	2	8	2	434	96
Stair lift	9	2	12	3	443	95
Commode	7	2	7	2	449	97
Access ramps (inside home)	6	1	7	2	449	97
Fixed hoist	5	1	7	2	451	97
Portable hoist	5	1	7	2	451	97

Awareness and use of housing related services

- The services that were most commonly used were the Citizens Advice Bureau (CAB) (34%); Housing Benefits (17%); and the council housing register (16%).
- The service that people had least awareness of was floating support (49% of respondents were not aware of this service).

Awareness of housing related services

Service	Used service		Not used service		Not aware of service	
	No.	%	No.	%	No.	%
Citizens Advice Bureau (CAB)	160	34	238	51	68	15
Housing Benefits	81	17	318	68	66	14
Council housing register	75	16	269	58	121	26
Housing association (HA) register	27	6	264	57	171	37
HA maintenance service	8	2	263	57	192	42
Council home repair grants	7	2	264	57	189	41
Service for people with mental health problems	7	2	314	68	142	31
Other homelessness service	7	2	280	61	172	38
Council homelessness service	5	1	308	67	148	32
Service for people with drug/alcohol problems	3	1	329	71	130	28
Floating support	3	1	231	50	229	49
Service for older/elderly people	2	<1	334	72	126	27
Service for people with learning disabilities	1	<1	316	68	145	31
Service for ex-offenders/those at risk of offending	1	<1	301	65	160	35
Service for vulnerable young people	-	-	297	64	165	36

Views on local area

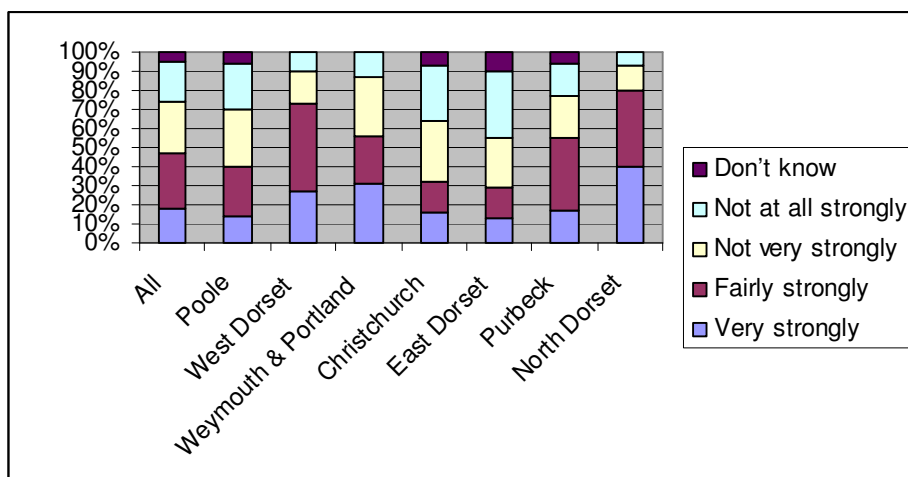
Overall satisfaction with local area

- 87% of respondents indicated that they were satisfied with their local area as a place to live. This percentage was highest amongst those living in Christchurch and Weymouth and Portland (93% and 92% respectively).
- The Chinese or Other, Asian/Asian British, and Mixed ethnic groups had the highest level of satisfaction with their local area (92%, 91% and 90% respectively). The Black/Black British respondents had the lowest level (69%).

Sense of belonging

- Just under half of the sample (47%) had a fairly or very strong sense of belonging to their local area. This percentage was highest amongst respondents in North Dorset.
- Black/Black British respondents were least likely to feel a sense of belonging to their local area (34% felt 'not at all', compared to sample average of 21%).

Sense of belonging to local area



Conclusions and ways forward

The following provides a summary of the main conclusions and ways forward based on the findings of the study.

Recognising and monitoring diversity

The evidence from this study confirms that the BME population within Dorset is ethnically diverse, with both established or British BME communities and new and emerging communities. This includes British BME populations; for example, Black British, Asian British and Gypsy and Traveller communities. It also includes foreign nationals; for example, asylum seekers and refugees, overseas students, and those identified as 'migrant workers', particularly from Central and Eastern Europe. The BME population is therefore not one homogenous group, from which generalisations can be made.

This study represents a 'snap shot' of a potentially dynamic population. New communities will move into an area while others will move out. Consequently there is a need for better ethnic monitoring at a local level, as well as a sharing of information between different agencies.

Ways forward: Councils and partners should develop a common approach to ethnic monitoring – including recording nationality – which all service providers should be encouraged to use to monitor the take-up of services.

Qualitative interviews with BME households suggested that some respondents were suspicious of ethnic monitoring. It therefore needs to be explained that such monitoring is an important part of ensuring that services are able to meet the diversity of needs.

While the study endeavoured to be as inclusive as possible in terms of ethnic groups and local authority coverage, in some areas it was difficult to engage with BME communities, despite working with community interviewers. On reflection, this was perhaps overly ambitious in that very little was known about the nature and location of some of the smaller and especially 'hard to reach' communities within the County.

It must be recognised that further work may be required to build on this study at a local authority level, particularly in terms of those communities or districts where there was less representation.

Ways forward: there is a need to consider how to engage with the more hard to reach communities.

Accommodation issues

Although it is difficult to predict the impact of the growth of BME communities on the housing sector, it is recognised that the needs and aspirations of BME communities are important considerations. This study has highlighted the importance of the private sector, with over half of the people interviewed living in private rented accommodation (either through a private landlord or letting agency). This sector was important for *all* BME groups, not just those identified as White European. While people were generally satisfied with the private rented sector, the more narrative responses in the survey revealed that some people had experienced poor conditions or issues with landlords not carrying out repairs.

Ways forward: Given the importance of the private sector, Councils and partners should ensure work continues in relation to standards of accommodation and licensing of HMOs.

Furthermore, what was interesting was the low level of take-up of socially rented accommodation, with just twenty people across the whole sample living in this form of tenure (4% of the sample). Information provided by local authorities in relation to registrations by ethnic group also confirms this small percentage of BME communities living in the social rented sector. This finding appears to contradict the public perception of the demands placed on social housing by different BME communities – particularly foreign nationals – and the perception of preferential treatment with regards to housing allocation, which can sometimes create, or add to, tensions between communities.

Local authorities need to consider the implications of people's accommodation aspirations. Around 60% of the households interviewed in Dorset had aspirations to move to a different property in the future; 15% of these indicated a preference for socially rented accommodation. Furthermore, there is a need to consider that a number of the Central and Eastern European migrant communities had intentions to stay in the UK, which may also impact on demand for accommodation.

Ways forward: there is a need to consider the implications of any increase in demand for socially rented properties in future years, not only in terms of availability, but also from a community cohesion perspective, as raised above.

At the same time, stakeholder consultation raised the issue of Choice-Based Lettings. Further investigation would be required in order to explore the implications of CBL particularly as previous studies have highlighted that the complexity of CBL can be an issue.

Ways forward: there is a need to consider the effects of the Choice-Based Lettings system on BME households' ability to access socially rented accommodation.

Finally, over half of those who had aspirations to move to a different property expressed a preference for owner occupation. Similar to the wider population, affordability of housing was seen as a key issue and a large proportion of the sample indicated that they had no or very few savings. Lack of savings combined with the tighter rules on lending that have resulted from the economic downturn may mean reduced access to owner occupation, leading to reliance on other sectors.

Raising awareness of housing related services

In line with many previous studies, there was evidence of a lack of awareness of various housing related services ranging from housing registers to services specifically for vulnerable people (for example, those experiencing mental health problems, drug and alcohol misuse, and homelessness). There is a strong tendency for people to find out about different services through their social networks (i.e. through friends and family). This reliance on more 'informal' means of information, however, could result in miscommunication or misinformation about options and entitlements.

With regards to specialist accommodation (i.e. accommodation without stairs, accommodation with alarm call system, etc.), the study revealed a very low level of need. This may in part reflect the younger age range of the sample. However, we also need to recognise that there is a lack of appreciation about the nature of housing-related support and its availability. Furthermore, the study highlighted that some respondents were undertaking a caring role for other family members. Such individuals need to be aware of the types of support they can receive to assist them with their caring role.

Ways forward: providers of specialist accommodation and support for carers should ensure promotion of services to BME communities.

Dissemination of information is, in many respects, more important than increasing provision or creating new services. The qualitative interviews with BME households, for example, suggested that printed information on various services should be available in public places, such as: health centres, churches/places of worship, community venues and transport hubs.

Ways forward: Councils and partners who do not currently provide a resource pack summarising key services and agencies should be encouraged to do so. Those Councils that have already produced an information resource need to ensure that it is being targeted at those communities that are harder to reach.

What has also emerged from the study is that more people are aware of, and use, the Citizens Advice Bureau (CAB) than other services. Indeed, over a third of respondents indicated that they had used the CAB at some point, with a further 51% of people being aware of the CAB as a source of information and advice.

Ways forward: The CAB is an important resource and Councils, housing providers and other service providers should be encouraged to develop links with the CAB in order to provide information and assistance to BME communities.

As well as ensuring that information is disseminated at organisations and community venues where known populations are, the Internet is also a very useful means of disseminating information and there are already a number of websites providing information on work, housing, health care, money, etc. in a variety of languages (see for example, *myUKinfo.com*).

What is apparent is that authorities need to explore multiple methods of disseminating information to communities, once again recognising the diversity of communities; for example, the information needs of asylum seekers and refugees, migrant workers, overseas students and British BME communities may differ.

Language

Acquisition of English language remains a pervasive issue for some BME households. English language ability affects the types of jobs people can obtain and the wages they can command. However, language is not just an issue in the work place, but a feature in other interactions; for example, accessing key services such as housing, health care and education, as well as the amenities that are accessed every day, such as shops and banks.

Both BME households and key stakeholders in this study made reference to issues of language, particularly in relation to language as a barrier to effective engagement with the local services and facilities. Indeed, 12% of the sample indicated that there was an adult in their household who was unable to speak English, while 16% had an adult in their household unable to read or write English. This was most common amongst the White European and Other group. The majority of this group were Central and Eastern European migrants who had come to the UK primarily for employment. The issue of language has been highlighted in previous studies with migrant workers, where it has been found that people's work commitments make it difficult to access language courses. However, it has also been highlighted that migrant communities do not always prioritise acquisition of language, and therefore more needs to be done to encourage people to access English language courses.

Furthermore, from the perspective of both BME households and key stakeholders, there appeared to be inconsistency in access to language support when accessing key services. Some services were praised in their provision, while others were viewed more negatively (a number of comments were made in particular around health care services).

Ways forward: there is a need to ensure that staff are fully trained in the use of language services if their role requires contact with non-English speaking service users.

Ways forward: there is also a need to ensure that service providers make better use of existing language services (including language line and interpreters). There are language services based in Dorset that can provide a range of services.

Future considerations

In many respects the study provides a starting point for key stakeholders to begin looking at how to take the findings forward and where further information is required. As highlighted above, local authorities and service providers, need to ensure that they are constantly monitoring population changes within their local area and sharing this information at a wider level. Regardless of the size of a community, if BME households are living, or move into, an area and are accessing particular services, these providers should have an understanding of diversity and cultural differences. Rural service providers in particular can sometimes have little experience of addressing the requirements of ethnically diverse populations.

Past debates in relation to BME communities have discussed the issue of whether or not separate services are required for particular communities. This study suggests an overall view that BME households do not want separate or specific provision, which can actually add to the sense of separation or isolation that people can sometimes feel as members of a minority community. Those who supported the idea of separate services generally talked in terms of the benefit of knowing that they would not be discriminated against, rather than suggesting that it was needed from the perspective of a gap in service provision.

In terms of specific 'needs', what has emerged is that it is more about ensuring that existing services promote their services to BME communities, making better use of existing BME networks, community development work, newsletters, language schools, etc. and ensuring that information is disseminated as widely and accessibly as possible. Engagement is a two-way process – it is not just about BME communities knowing where to go to access services, it is also about ensuring that service providers continue their efforts to engage with different communities.

Ultimately, BME households have the same vulnerabilities and concerns as the White British population – affordability of accommodation; unemployment; needs of older people, children and families; domestic violence; homelessness; drug and alcohol abuse, etc – it is therefore about knowing where to go when these issues arise.