

Introduction

This factsheet highlights statistics and information on vulnerable adults on the Isle of Wight. These are groups at increased risk of social exclusion and health inequalities compared with the rest of the population.

Vulnerable adults

A vulnerable adult is defined as a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation in any care setting. This includes individuals in receipt of social care services, those in receipt of other services such as health care, and those who may not be in receipt of services.

Older Persons and the Elderly

Demographic and numbers

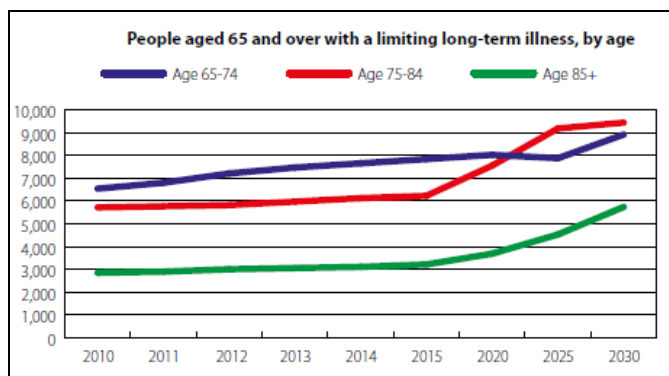
Based on the mid-2010 population figures the Island's has a population of 140,500. The 65+ population make up over 24% of this.

Further information regarding demographics and population on the Isle of Wight is available – [click here to view](#).

Long-term Limiting Illness

As people get older they are more likely to suffer a limiting long-term illness. The following describes the projected changes in the Island demographics and the impact this will have on numbers with long-term illness.

The graph below illustrates the projected growth in people over 65 with a limiting long-term illness over the next 19 years. The steepest rate of increase is seen amongst the 85+ age group which is projected to almost double by 2030:



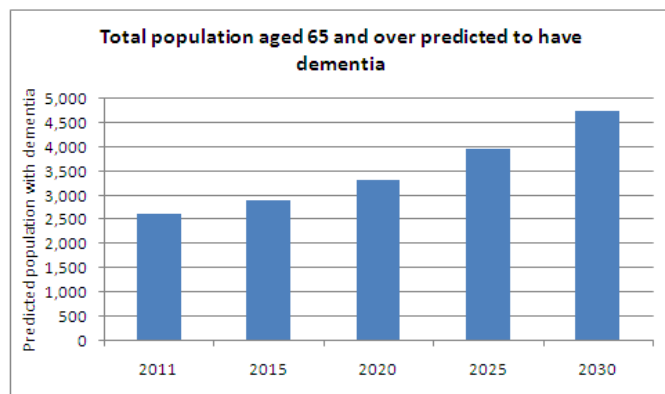
Source: 2001 Census – Table S016 Sex and age by general health and limiting long-term illness

Dementia

The term 'dementia' is used to describe a collection of symptoms, including a decline in memory, reasoning and communication skills, and a gradual loss of skills needed to carry out daily activities.

Dementia is a progressive condition whose symptoms become more severe over time. It can affect people of any age, but is most common in older people – 99% of people with dementia are aged 65 or over.

The number of Island residents (aged 65+) with dementia are predicted to increase by 27% between 2011 and 2020 - from approximately 2,600 to 3,300 people.



Source: POPPI

Predictions for early onset dementia suggest that between forty and fifty people aged between 30 and 64 will develop dementia in any one year between 2011 and 2030.

Source: PANSI

It has been identified that there is an imbalance in the supply and demand for dementia care on the Island, adversely affecting both the individuals and carers involved and providing a knock on effect to those statutory services responsible.

Source: [IWC / IWNHS / PCT Dementia Services Joint Commissioning Strategy 2009-13](#)

Housing

Amongst pensioners home ownership / mortgage is widespread, accounting for 83% of all pensioner households on the Island (compared to 76% in the South East and 70% in England). Only 9.6% of Island pensioners live in social housing (compared to 17% in the South East and 23% in England).

Source: [Office for National Statistics – Neighbourhood Statistics – Housing \(2001 Census\)](#)

Local Investment Plan 2010 (LIP)

The LIP is the way Home and Communities (HCA) agrees priorities and secures delivery at the local level in support of its national objectives.

The LIP brings together the evidence of the key infrastructure priorities for the Island needed to bring forward development and affordable housing in key Island locations.

The LIP sets out the deficiency in funding between what is available and that required to deliver the aspirations that have been identified.

The LIP 2010 identified that the Island should be bringing forward at least 38 units of affordable older persons accommodation per year in order to keep up with demographic changes. In addition, a backlog of 2,058 units of affordable housing for older people was also identified.

Source: [IWC Local Investment Plan 2010](#)

Extra Care housing

'Extra Care' housing are schemes that provide accommodation for those suffering dementia, usually self-contained and including a level of care support, enabling independent living to be maintained.

There are three such scheme on the Island currently offering Extra Care Housing – one a partnership between the Adelaide and Medina Housing Association (10 one bedroom flats), the others (34 units) are provided by Southern Housing at Ventnor and Newport.

Source: [IWC Local Investment Plan 2010](#)

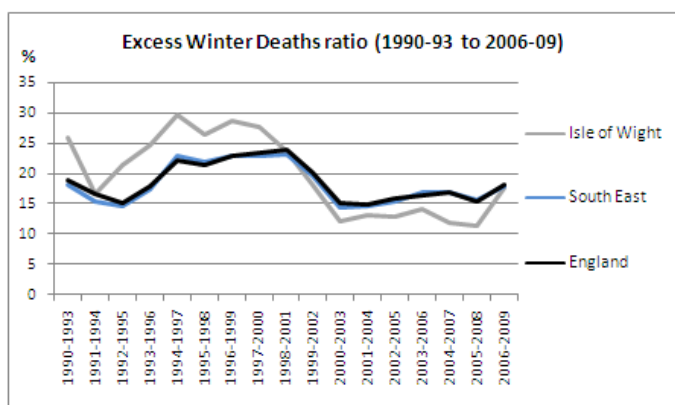
Excess Winter Deaths

Excess winter deaths is the term used to describe the number of additional deaths that occur in the winter months, compared with deaths in the non-winter months. This can be expressed as a ratio / percentage and does not refer to deaths of specific individuals.

The number of excess winter deaths depends on the temperature and the level of disease in the population, as well as other factors such as how well equipped people are to cope with a drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst older people.

In 2006-09, an (annual) average of 92 deaths of Island residents were counted as 'excess', and the Island's excess winter deaths ratio was 17.6%, very close to the England (17.8%) and South East region (18.1%) averages. However this represented deterioration compared with the previous period, covering 2004-08, when an (annual) average of 62 deaths were counted as 'excess' and the winter deaths ratio was 11.4%.

The following table shows the Excess Winter Death ratio since 1990-93 to 2006-09:

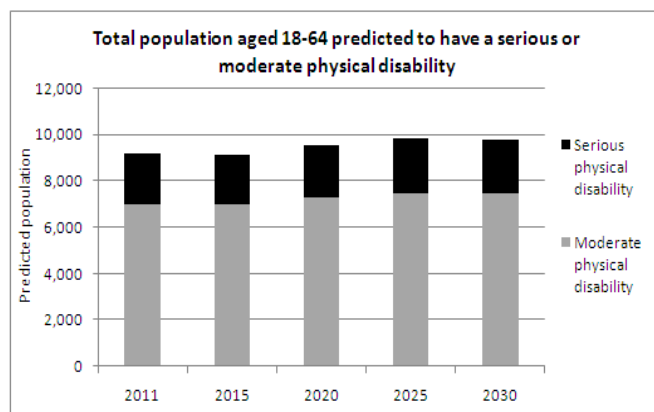


Source: [West Midlands Public Health Observatories – Excess Winter Deaths](#)

Physical Disabilities

The number of people aged 18-64 that have a serious or moderate physical disability on the Isle of Wight is predicted to grow by around 4% by 2020, and by just under 7% by 2030.

The following table shows that growth in people with serious physical disability is predicted to be slightly higher than the growth in moderate physical disabilities over the next 10 – 20 years:



Source: Projecting Adult Needs and Service Information System (PANSI) and Projecting Older People Population Information System (POPPI)

Learning Disabilities

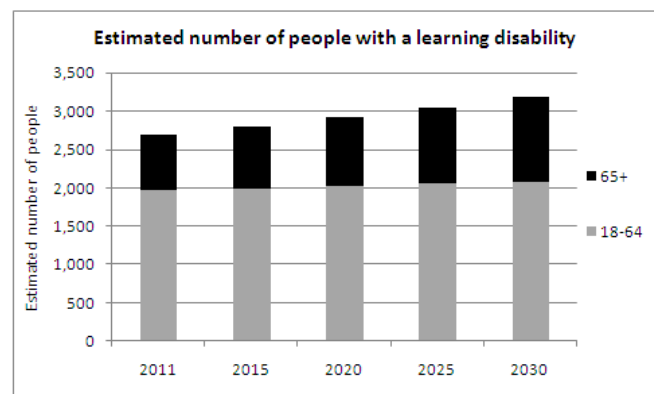
The first national 'Valuing People' strategy defined learning disability as including the presence of:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;
- A reduced ability to cope independently (impaired social functioning); which started before adulthood, with a lasting effect on development.

People's learning disabilities will range from mild to severe, and the degree of severity will determine their need for support and services. While people with severe disabilities are more likely to be known to and in receipt of health and social care services, people with moderate or mild disabilities might still need support and adjustment to services to enable access to them.

On the Island, it is estimated that approximately 2,700 adult residents (18 and over) have a learning disability (ranging from mild to severe). The majority of these are people with mild learning disabilities (around 80%), with only around 540 (or around 20%) people with moderate or severe learning disabilities.

As the following graph shows, it is projected that the number of adults with learning difficulties on the Island is to increase by around 9% by 2020 and 18% by 2030, with growth predicted to be highest in the 65+ age group:



Source: POPPI & PANSI

Housing Adaptation

Disabled Facilities Grants and Minor Adaptations

The IWC may be able to assist residents remain in their own home. The types of works may include, for example, widening doors and installing ramps:

- To be eligible for these adaptations residents must be substantially or permanently disabled.
- Minor adaptations cover work up to £1,000, those above this amount are considered Major when the cost is above this amount.
- Major adaptation work requires assessment by an Occupational Therapist. If appropriate this will then be presented to a panel for consideration.

Mental Health

People with mental health problems are at risk of social exclusion through, for example, experiencing employment and housing problems.

The latest available IMD figures for mental health (2007) show that the Island is significantly more deprived on a measure of mental ill health than on the overall measure of deprivation.

The mental health IMD measure includes the percentage of people who receive Incapacity Benefit because of a mental health problem. 3% of the Island's working age population (2,360 people) fall into this category. On the Island 58% of claimants are male and 42% female. The largest single group of claimants among both male and females are aged 35-44, with numbers fairly stable in the older age groups. Claim rates are higher in the more deprived areas of the Island.

Mental health incapacity benefit claim rates have been consistently higher on the Island than England (2.5%) and the South East region (1.8%).

Source: [Department for Work and Pension \(DWP\) / Isle of Wight Public Health Department – Mental Health](#)

It is difficult to measure the mental health and well-being among adults in a local area. However, surveys suggest that one in six adults experience a common mental health problem (e.g. anxiety and/or depression) at any one time. By applying this to the Island's population suggests that nearly 19,000 Island adults (18 and over age group) could be experiencing a mental health problem.

The national data suggests that mental health problems are likely to be more common among women than men, in the 35 to 54 age groups, and among people on the lowest incomes.

Source: [Office for National Statistics - Adult Psychiatric Morbidity in England, 2007: Results of a Household Survey](#)

Autism

Autistic Spectrum Disorder, or Autism, is defined as a lifelong condition that affects an individual's social communication and interaction and how they make sense of the world around them.

It is estimated that the prevalence of Autistic Spectrum Disorder is around 1% of the UK population (for both adults and children), with the rate among men (1.8%) being higher than women (0.2%).

By applying these national prevalence models to the Island population, it is estimated that around 1,400 Island residents of all ages have a condition on the Autistic Spectrum, of whom approximately 300 are aged 0 to 19.

Source: [NHS Information Centre for health and social care](#) / Office for National Statistics

Sight Impaired

18 to 64

In 2011, of the 18-64 aged population predicted to have a serious visual impairment was 53 persons. This is predicted to increase to 54 persons by 2020 (an increase of 1.9%) and 56 persons by 2030 (an increase of 5.7%).

65 and over

In 2011, of the 65 and over aged population predicted to have a serious visual impairment was 3,108 persons. This is predicted to increase to 3,913 persons by 2020 (an increase of 25.9%) and 4,990 persons by 2030 (an increase of 60.6%).

Source: PANSI and POPPI

Hearing impaired

18 to 64

In 2011, the 18-64 aged population predicted to have a profound hearing impairment was 35 persons. This is predicted to increase to 38 persons by 2020 (an increase of 8.6%) and 39 persons by 2030 (an increase of 11.4%).

In 2011, the 18 to 64 aged population predicted to have a moderate or severe hearing impairment was 3,819 persons. This is predicted to increase to 4,041 persons by 2020 (an increase of 5.8%) and 4,117 persons by 2030 (an increase of 7.8%).

65 and over

In 2011, the 65 and over aged population predicted to have a profound hearing impairment was 419 persons. This is predicted to increase to 515 persons by 2020 (an increase of 22.9%) and 722 persons by 2030 (an increase of 72.3%).

In 2011, the 65 and over aged population predicted to have a severe hearing impairment was over 15,000 persons. This is predicted to increase to over 19,000 persons by 2020 (an increase of 26.5%) and over 25,000 persons by 2030 (an increase of 67.7%).

Source: PANSI and POPPI

Carers

The 2008 National Carers Strategy described a carer as someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

There is a clear relationship between caring and poor health, with those providing high levels of care twice as likely to have poor health (compared to those without caring responsibilities).

Source: [HM Government – The National Carers' Strategy 2008: Carers at the heart of 21st-century families and communities](#)

The 2001 Census indicated 2,250 people declaring themselves to be carers, suggesting that there could be a significant number of carers unknown to social services.

From 208 respondents (9.25% of 2001 carer total) to the carers survey (April 2008) conducted by Carers UK (on behalf of the Isle of Wight Council and Isle of Wight NHS Primary Care Trust indicated:

- 70% provided care for over 50 hours a week
- 53% did not have help with their caring role
- 27% had had to give up their job to care for somebody
- 68% thought their health had suffered as a result of their caring role
- 43% were not able to take a break from their caring role
- 66% were female
- 56% cared for a spouse

Source: [Isle of Wight Carers' Strategy 2009 - 2012](#)

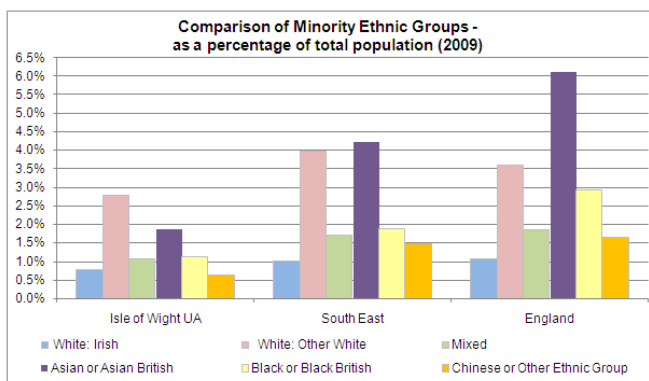
Ethnic Minorities

At the 2001 Census the Island was considerably less ethnically diverse compared with England, with 3.2% of the Island population from minority ethnic groups, including other white groups. In comparison the figure was around 9% in the South East and 13% in England.

Current situation

2009 estimates suggest that the Island's minority ethnic population has increased to 8.3% of the total, with the greatest increases in the 'white other' and 'Asian / Asian British' groups. In comparison, in the South East the minority ethnic population is estimated at 14.3% and for England 17.2%.

Therefore, the following graph shows that the South East and England are both estimated to have considerably larger ethnic minority populations than the Island, despite recent estimated increases:



Source: [Office for National Statistics - Estimated resident population by ethnic group and sex, mid 2009](#)

Homelessness

Causes

Homelessness can be caused by relationship breakdown, substance misuse and through leaving an institution (e.g. hospital or prison). However, there are also structural causes of homelessness, which include a lack of affordable private and / or social housing, high levels of unemployment, and low salaries. Many of these potential causes of homelessness are present on the Island.

Consequences

Homelessness can damage people's capability through loss of skills, both through the inability to think about employment whilst worrying about housing, and through health becoming impaired. Homelessness also damages people's resilience, self-esteem and self-confidence.

Source: [Crisis – Causes and consequences](#)

These factors have resulted in an increasing need for the homelessness prevention service and for temporary accommodation.

Homeless applications

The number of homeless applications received fell from 451 in 2004/05 to 131 in 2009/10. In recent years the number of applications received has fluctuated, and currently stands at 134 (2011/12). On average, since 2004/05 around 59% of applications were accepted.

Temporary accommodation

Households in temporary accommodation fell from a high of 367 in 2004/05 to 121 households in 2009/10. The number of households in temporary accommodation has fluctuated in recent years, and currently (2011/12) stands at 130 households.

Rent Deposit Scheme

The rent deposit scheme is there to assist those who have exhausted other ways to finance a deposit, who are threatened with homelessness and who are considered to be in priority need under current homeless legislation. Further information is available – [click here](#).

Further information regarding homelessness on the Isle of Wight is available in the 'Housing' factsheet – [click here to view](#).

Alcohol and Substance Abuse

Alcohol

On the Island an estimated 17.3% of adults (age 16+) drink alcohol at 'increasing risk', levels regularly in excess of recommended limits, or at levels of 'high risk' of alcohol-related health harms.

On average between 1997 and 2010 16 Island residents died each year as a direct result of alcohol consumption, which also contributes to another 27 deaths each year. The Island's alcohol-related mortality rates are similar to England's but upward trends are apparent.

Between 2001 and 2010 there were 170 alcohol-specific deaths on the Isle of Wight. 64% of these were male and 36% female. Most deaths occurred in the 55-74 age group (47%), with 38% in the 30-54 age group and 15% in the 75+ age group.

Source: [Isle of Wight Information Analyst – Alcohol Misuse \(Adults\)](#)

Drugs

There are approximately 600 Problem Drug Users on the Island, around 60% of whom are receiving treatment. The most common primary drug used among adults is opiates, and among young people is cannabis. There is a low level of crack cocaine use on the Island, but there has been increasing use of Space E, especially among young people.

In 2008-09 national estimates for Problem Drug Misuse (misuse of Class A drugs – heroin, cocaine and crack cocaine) indicated that there were an estimated 614 Problem Drug Users (PDUs) on the Island (the estimated range is between 529 and 814 individuals).

This equates to 7.1 per 1,000 population (0.7%). This compares with rates of 6.4 (0.6%) for the South East and 9.4 (0.9%) nationally.

Source: [The network of Public Health Observatories – Download Data Tables \(Disease and poor health - Drug misuse\)](#)

Domestic Abuse

Hampshire Constabulary defines domestic abuse as any incident of threatening behavior, violence or abuse between adults (aged 18 or over) who are or have been intimate partners or family members, regardless of gender. However, in the majority of cases the victims are women and the perpetrators are men.

There has been an increase in the number of domestic crimes reported to the police, though such crimes are still believed to be under-reported:

- Between 2009-10 and 2010-11 there was an 8% increase in domestic crimes reported to the Police, from 635 to 684 crimes.
- The most frequently recorded domestic offence is actual bodily harm (ABH), accounting for 42% of domestic crime over this period.
- Domestic crime accounts for approximately 27% of all reported ABH.
- Domestic ABH increased by 33% over this period, from 237 crimes in 2009-10 to 316 crimes in 2010-11.

Source: [Home Office – Recorded crime data at local authority level](#)

In order to achieve the priority to reduce domestic abuse the Partnership Plan 2011-2014 targeted the following outcomes:

- Reduction in domestic abuse offences, in which ABH injuries are inflicted.
- Early identification of domestic abuse cases and appropriate management measures are implemented to reduce risk.
- Improved awareness of domestic abuse amongst staff.
- Reduction in repeat domestic abuse incidents through access for victims fleeing domestic abuse to safe accommodation and support services.
- Reduction in the level risk of domestic abuse associated with vulnerable individuals, through effective support for the victim and children where appropriate and offender management of perpetrators.
- More staff across the partnership trained in domestic abuse to recognise how to spot and respond effectively to domestic abuse which they may come across in their day to day work, resulting in better co-ordinated response to victims of domestic abuse.
- Increase in inward funding towards domestic abuse initiatives on the Isle of Wight and continuation of successful pilot projects.
- Improved availability of timely data to inform and strategic and tactical decision making, in accordance with an intelligence led approach.

Benefits and Support

Disability Living Allowance

The Disability Living Allowance (DLA) provides a non-contributory, non means-tested and tax-free contribution towards the disability-related extra costs of severely disabled people under the age of 65. The Allowance has two components: a care component - for people who need help with personal care and are likely to go on needing that help; and a mobility component - for people who have walking difficulties and are likely to continue to have those difficulties.

The proportion of DLA claimants on the Island is around 6% of the total working age population. In comparison, the South East (3.76%) and England (4.85%) have lower proportions of DLA claimants.

Source: POPPI and PANSI

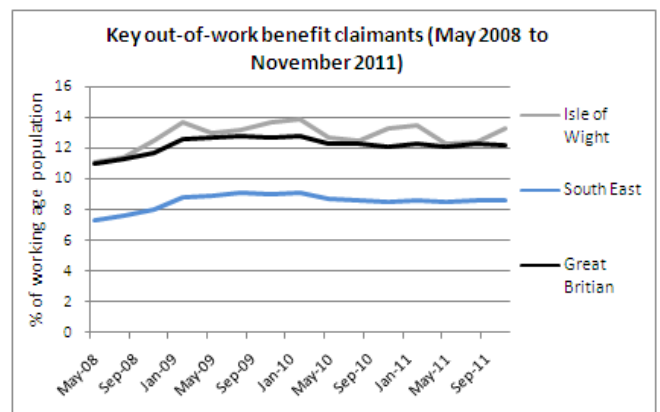
The number of both key benefit claimants and key out-of-work benefit claimants (those claiming Job Seekers, Incapacity Benefit, and Employment Support Allowance, Lone Parents as well as other income-related benefits) has increased in recent years.

Key Benefits (total claimants)

Between May 2008 and November 2011 there has been a growth in numbers of total key benefit claimants on the Island, from 13.7% (11,570) to 16.3% (13,650) of the working age population. In comparison the South East rate has increased from 9.1% to 10.6% and for Great Britain it has increased from 13.2% to 14.7%.

Key Out-of-Work Benefits

Between May 2008 and November 2011 there has been a growth in numbers of people claiming key out-of-work benefits, from 11.1% (9,430) to 13.3% (11,150) of the working age population: this is higher than for the South East (8.6%) and Great Britain (12.2%).



Employment Support Allowance / Incapacity Benefit

This includes a comparatively high Island rate of claimants for Employment Support Allowance/Incapacity Benefit, which is paid to people unable to work because of health problems. On the Island 7.1% of the working age population claim this benefit, where as in the South East the rate is 4.6% and for Great Britain is 6.5%.

Source: [NOMIS](#)

Further information

For a list of sources to further information and advice on the issues covered in this factsheet please [click here](#).