

People with physical or sensory disabilities

High priorities

- ↑ Encourage the development of existing statutory services to cater for homeless people with physical disabilities
- ↑ Tenure blind adaptations advice services able to access separate resources in order to carry out required works

Low priorities

- ↓ Services which are underused or which offer poor quality (based on QAF assessments)

A number of general priority statements appear in the summary document that accompanies this briefing

Context

The information we have considered for this briefing indicates that people with physical or sensory disabilities fall into two distinct groups:

- **Group 1:** those for whom one or more types of physical or sensory disability form part of a set of complex needs, very possibly including a learning disability or mental health problem, who are likely to require an intensive supported living environment, to prevent them becoming homeless, or to enable them to move out of the homelessness sector

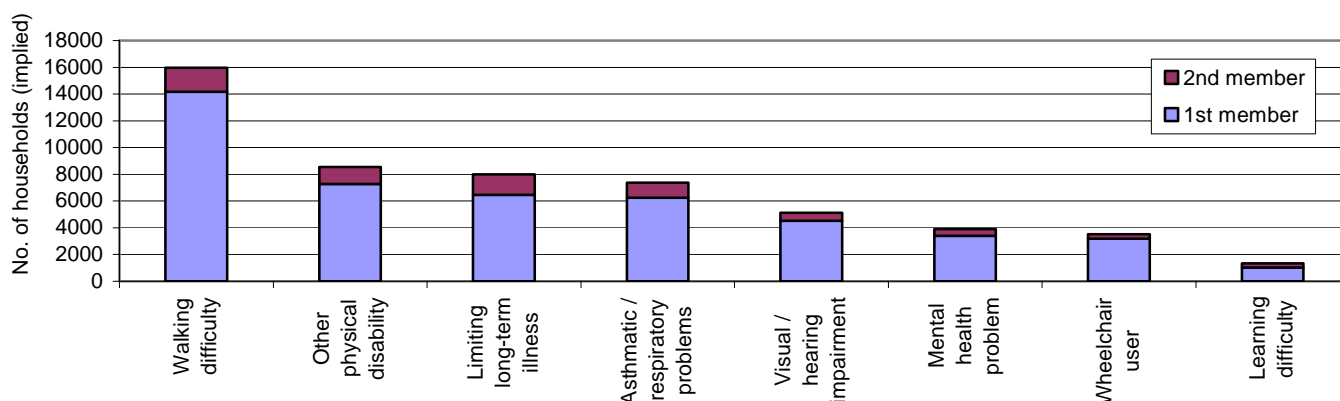
- **Group 2:** those whose physical or sensory disability, whilst it may be complex in itself, is the only issue for which they require support, which is likely to be a low-level, in many cases one-off service.

The needs of the first group can be provided for by Supporting People, either via a dedicated service or by the commissioners using their influence to ensure that providers of other services fulfil their duty to make their premises accessible to all potential users. Many of the needs of the second group, however – with the exception of a limited range of advice services - fall outside Supporting People's remit. The Housing Requirements Study

commissioned by Newcastle City Council in 2004 found that 27.3% of households (almost 29,000) included someone with a disability (including a learning disability or mental health problem) - a "very high level" (David Couttie Associates, 2003, p76) compared to the researchers' previous experience in other urban areas, where the average was 15%.

The figures collected for the study were used to create the chart below, which shows the implied number of households containing at least one member with a physical or sensory disability, a mental health problem or a learning difficulty. Whilst these figures give a useful overview of the relative prevalence

Number of households which may include one or more people with a disability (David Couttie Associates, 2003, p77)



of the various types of disability, but comparison with census data suggests that the figures may be overstated, particularly because they may include a large number of older people with age-related mobility difficulties.

2001 census data in the table below shows that, whilst Newcastle does have a slightly higher prevalence of long-term ill health than some comparable authorities, the difference is not that great:

Authority	% of population with limiting long-term illness
Salford	18.33%
Newcastle	16.51%
Sheffield	14.82%
Norwich	14.52%
Cardiff	14.16%
UK average	13.64%

(The Office of National Statistics identified these authorities as good comparators for Newcastle by analysing all census data.)

Where are we now?

Supporting People is currently funding 10 accommodation-based units for people with physical or sensory disabilities, of which five are in an independent supported living (ISL) style group home and five in individual flats providing an alarm only service. In addition, around 650 local authority tenants receive support to help them access property adaptations each year.

A number of services for older people have a secondary focus on people with physical or sensory disabilities, including sheltered, category 1 and dispersed alarm provision, as does the city's Home Improvement Agency service. A large number of ISL services primarily for people with learning disabilities will also accept people with physical or sensory disabilities; although client record data suggests that the correlation between these needs is relatively low, it is likely that the crossover is more common among service users already living stably within the ISL sector.

Although the information above seems to suggest that provision for Group 1 is sparse, in fact crossover with services for people with mental health problems and particularly learning disabilities does mean that a range of services are available. The shift towards maximising community participation (discussed further in the briefing on learning disabilities) also applies to this group, and may result in demand for a wider range of service options.

Where do we want to be?

Homelessness

Emergency accommodation suitable for people with physical or sensory disabilities is limited. Indeed, the Homelessness Strategy notes that these clients cannot access any adapted accommodation in a homelessness service if their family group includes a male aged over 13. In addition, the likelihood of move-on out of the homeless sector for clients with physical disabilities or long-term ill health is low: in 2002, 23% of clients leaving homelessness services transferred to another homeless service or moved to a hostel, compared to 17% of all homelessness service users. This suggests that homelessness services may currently be meeting a longer-term demand for which they are not equipped, and that capacity in the sector could be freed up if more appropriate move-on services were available.

Of 126 clients identified by providers during 2003/4 on client record forms as having a primary need relating to a physical or sensory disability, 92% joined a statutory homelessness service. All of these clients gave previous addresses within the city. However, NHLP information suggests that the cross authority movement is actually very common (69 of 145 clients leaving homelessness services in 2002 originated from outside the city, 18 of whom were from outside the North East altogether). (Newcastle City Council, 2003c, p66) Further work is needed to establish why this

apparent disparity exists; it may be due to a perception that a city connection is necessary to ensure access to services.

Needs

The floating adaptations service is the core provision for Group 2, although it can only provide for local authority tenants (a separate service for private sector tenants and owner occupiers is funded through private sector renewal funds, and carries out around 180 primarily mobility-related adaptations per year). There is a significant waiting time for both SP funded assessment and non-SP funded works, and demand for the service has grown substantially over recent years.

Major adaptations such as the installation of ramps, level-access shower units and stairlifts have been carried out in around 10% of council stock (around 3,000 properties); if minor adaptations such as the addition of grab rails are included, this rises to around 22%. Accurate figures for the private sector are hard to find, but the Supporting People database suggests that, of the accommodation-based units with a primary or secondary focus on people with physical or sensory disabilities, 82 have no adaptations, 19 are adapted for wheelchair users, 16 are mobility standard and 14 have aids or adaptations fitted. The Housing Requirements Study indicates that only 26% of households including a wheelchair user were living in a suitably adapted property, perhaps suggesting that the adapted properties that do exist are not being used to best advantage. (David Couttie Associates, 2003, p77)

The drive to achieve the Decent Homes Standard will mean every local authority property is inspected within the next six years, a process which is likely to flag up additional unmet need in this area and further increase pressure on resources.

Department of Health and ODPM guidelines on the provision of adaptations services emphasise the

need to provide an advice service for people who are able to pay for necessary works to be carried out (Department of Health & ODPM, 2003b, p11), whilst a health check of the existing adaptations service commissioned by the City Council in 2003 highlights a need to review how well existing adaptations and HIA services across all tenures fit together. The health check also emphasises the potential cost benefits of providing a timely adaptations service to help people with physical disabilities, particularly those in older age groups, avoid residential care, but notes that, if these are to be realised, there is:

a need to examine the currently grey area where 'equipment' ends and 'adaptations' begins,

as it is precisely here that steps to deliver a preventative strategy will need to be taken. (Appleton, 2003, p3)

Consultation

Consultation with service users has been limited at both national and local level:

[Service users'] views ... need to be taken into account in planning and undertaking research. This does not usually happen in the field of physical and complex disabilities. The focus of research in this field is often not what disabled people think it should be or what they want. .. Some disabled people argue that much research assumes disabled people object

to being disabled and wish to become able-bodied. This is not necessarily so. Disabled people may find a new purpose to their lives which accepts rather than seeks to overcome their disability, making the search for a cure less important. ... This applies specifically to research which is addressing the effects of disability, but also to more general work concerned with the organisation and delivery of services. There is a need to develop guidelines which ensure that the views of disabled people are adequately represented to the planners and managers of services. (Advisory Group on PCD, 2004)

Our purchasing priorities for people with physical or sensory disabilities appear at the start of this briefing

This document forms part of Newcastle's Supporting People strategy for 2005/6 – 2009/10. If you would like to comment on this briefing, please contact us. You can write to:

**Nick Whitton
Supporting People Co-ordinator
Social Services Directorate
Newcastle City Council
Civic Centre, Room 132
Newcastle
NE1 8PA**

Alternatively, you can email your comments to supporting.people@newcastle.gov.uk

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