

**PHYSICAL DISABILITY/SENSORY LOSS ACQUIRED HEAD INJURY
NEEDS ANALYSIS**

SUMMARY OF NEEDS:

Evidence of need for this client group is limited – as a consequence of a lack of accurate recording of need. Further work is required to develop multi-agency assessment of housing related support needs of this group. Based on the 2001 Census which shows the number of people in the City who state that they have a long-term health problem or disability, and identifies the number of people claiming DLA, there is likely to be a high level of need, but there are no details regarding the housing support related needs of this client group. Focus group research and consultation with other stakeholders has highlighted a broad range of needs, many of which are ineligible for Supporting People funding – and further research is needed in order to develop an accurate picture of need. More work is required to develop a multi-agency assessment which includes housing related support needs.

1. Definitions:

Acquired Brain Injury

An acquired brain injury to the brain caused by an external force, resulting in total or partial functional disability, psychosocial impairment or both, that adversely affect educational performance. The term applies to open and closed head injuries resulting in impairment in one or more areas such as cognition, language, memory, attention, reasoning, abstract thinking, judgement, problem-solving, sensory, perceptual and motor abilities, psychosocial behaviour, physical functions, information processing and speech. *Source: 'Physical & Sensory Disability & Acquired Brain Injury Strategy' PCC July 2003; sourced 'University of Plymouth Research Proposal' 2002.*

Sensory Impairment

The partial or full loss of sight and or hearing either at birth or during the course of a persons life as a result of either genetic inheritance, a medical condition, accident or trauma or as a result of the ageing process.
Source: 'Physical & Sensory Disability & Acquired Brain Injury Strategy' PCC July 2003.

2. The scale of potential need in Plymouth:

(a) Social Services Department:

Number of people awaiting Occupational Therapy assessment: In October 2004 – there were 119 people waiting for OT assessments. Steadily downward trend due to recruitment of additional OT staff. Over year average = 211. (key performance indicator).

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Number of people receiving intensive home care (6+ visits and more than 10 hours of home care per week): Expressed as a percentage of total recipients of home care: peaked at 6.5% in August, 04 – over year trend has been gradually increasing.

Number of physically disabled adults (aged between 18-64) in residential and nursing care in Plymouth: 72 in October 04 – stable over year with average of 74.5 – national comparator (i.e. average levels of residential and nursing care for 15 comparators if they had an identical population to Plymouth) is 62 so higher than expected.

Number of completed assessments for new clients during 1.4.03 to 31.3.04: Physical disability, frailty and sensory impairment (total) = 2257 (of which 1283 were aged 75+, and 418 were aged between 65-74; sensory loss (hearing impairment, visual impairment, and dual sensory loss) = 74, 51 of whom were aged 75+).

(b) 2001 Census Data:

- The population of Plymouth is 240,720.
- 4% (9,628) receive DLA – compared with 6.1% of the population nationally
- 20.6% of people (49,588) stated they have had a long-term illness, health problem or disability which limit daily activities or work – compared to the average of 18.2% in England and Wales.
- 10% provided unpaid care to family members, neighbours or others, due to a long-term physical or mental ill-health disability, or problems relating to old age
- 6.7% of Plymouth's population are permanently sick or disabled – average in England and Wales is 5.5%

The data tells us that Plymouth has higher levels of permanently sick or disabled people than the national average – and that just under 10,000 were disabled enough to be eligible for Disability Living Allowance, though further work has not yet been undertaken to further interrogate the level of DLA claims to find out how many were higher/lower rates of care/mobility components.

(c) Numbers who have Acquired Brain Injury

Efforts were made to identify local statistics that would provide an accurate picture of how many people suffer an acquired brain injury. However, when research was completed in 2003, statistics were not available – presenting difficulty in planning services.

A proposal by Plymouth University to develop an assessment tool for people with acquired brain injury points out that:

‘Statistics show that nearly 1,000,000 people per year attend hospitals having suffered a head injury (Royal College of Surgeons of England, 1999). About half of these are traumatic brain injuries....The annual attendance rate at casualty of persons with head injury is about 1,500 – 2,000 per 100,000 population per annum (Barnes 1999). According to Barnes (1999), 85% will

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have a minor head injury, 10% a moderate head injury and 5% a severe head injury.....The Social Services Inspectorate identified a major gap in services for head injured persons.'

Applying this estimate, in Plymouth's population of 240,720 people, it could be expected that 3,610 people would attend Casualty with a head injury in the course of a year.

- (d) **Housing Association Supported Housing letting information:**
CORE data from Housing Associations detailing lettings during the period April 2003 to March 2004. **Main client group of occupants requiring supported housing accommodation – physical disability = 2 (1%).**

3. Commissioned Research about needs:

Survey of organisations carried out by EKOS – total number of clients receiving support from organisations:

A total of 185 different service addresses were contacted, across client groups, and results were statistically modified in order to represent Plymouth in totality – though where organisations not contacted offered unique service provision, the findings will not reflect their services.

(Carewatch, M. Bennett, Mencap, Scope, Stepping Stones, The Ship, and Westcountry Housing Assoc. provided information).

Vulnerable Group	No. of clients	% of total clients
Brain injury	27	1%
People with sensory loss	24+	1%+
Physical disability	6+	-

(+ indicates answers given by organisations who served these clients but who could not say how many of the clients they served – actual figure is therefore likely to be much higher).

Total number of addresses/points of service available to each vulnerable group:

Vulnerable Group	No. of address points	% of total address points
Brain injury	6	3%
People with sensory loss	12	6%
Physical disability	8	4%

Features of housing that organisations said were needed by their clients: 2/5ths (39%) said that it needed to have wheelchair/disabled access.

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Support organisations said was required by client type to sustain independent living:

Client Type	Number of Clients	Support required	Type of support where stated	Number
Physical Disability	6+++ (organisations reported a shortfall in provision of accommodation in relation to people with a physical or sensory disability of 7)	No – Zero Low – 0+ Medium – 4+ High – 2+ Not known – 0+	Floating	1
			Visiting	0
			Warden	0
			Peripatetic warden	0
			Alarm/on call system	0
		(Low support = 1-2 hours; medium 3-6 hours; high 6+ hours)	Day time staff on site with emergency call out	0
			24 hour cover with sleeping staff	3
			24 hour cover with waking night staff	1
			Live in landlady/landlord	1
			Anything else	0

Client Type	Number of Clients	Support required	Type of support where stated	Number
Sensory Loss	24+++ (organisations reported a shortfall in provision of accommodation for people with physical or sensory disability of 7)	No – Zero Low – 0+ Medium – 8+ High – 16+ Not known – 0	Floating	12
			Visiting	4
			Warden	12
			Peripatetic warden	0
			Alarm/on call system	4
		(Low support = 1-2 hours; medium 3-6 hours; high 6+ hours)	Day time staff on site with emergency call out	0
			24 hour cover with sleeping staff	0
			24 hour cover with waking night staff	0
			Live in landlady/landlord	0
			Anything else	0

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Client Type	Number of Clients	Support required	Type of support where stated	Number
Brain injury	27	No- Zero Low – Zero Medium – Zero High – 27 ↓ <u>(38% of organisations reported that where clients had high level needs, current provision of housing related support did not meet their needs)</u>	Floating	5
			Visiting	0
			Warden	0
			Peripatetic warden	0
			Alarm/on call system	0
		(Low support = 1-2 hours; medium 3-6 hours; high 6+ hours)	Day time staff on site with emergency call out	0
			24 hour cover with sleeping staff	0
			24 hour cover with waking night staff	22
			Live in landlady/landlord	0
			Anything else	0

As noted above, organisations reported shortfalls in the provision of actual accommodation for physical/sensory disabled of 7. Shortfalls in the provision of housing related support were also reported for people with physical or sensory disabilities – with 39% (of all addresses) saying that support was of insufficient quantity, 7% saying that it was insufficient quality, and 5% saying it was insufficient quantity and quality.

4. Consultation re. needs:

(a) **Consultation with service users:** A focus group held on 22nd November 2004 determined the following priorities in relation to housing related support.

- **Priority 1**
 - Help to get the support needed from other agencies
 - Making sure medication is taken and monitoring health

- **Priority 2**
 - Provision of a befriender or peer support

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- Access to culturally specific services, health, legal, counselling, etc
- Help, advice or support to feel safe or secure
- Help to develop life skills like cooking, cleaning and budgeting
- Help to claim benefits and to manage personal finances

- **Priority 3**
- Help to set up or maintain a home or tenancy
- Advice and support on repair work or home improvement work
- Help to keep the home clean
- Help to develop skills to socialise and deal with other people

(b) Consultation with service providers: The primary issues raised by service providers during a provider conference held 8th December 2004, were:

- The need for practical support to manage daily living, including escorts to attend hospital/medical appointments.
- Difficulties in accessing support for people with acquired brain injuries, and in finding out what services are available.

(c) Consultation with stakeholders: During a stakeholder workshop 13th December 2004 the following needs were highlighted:

(priorities varied between representatives and the information below gives a general overview):

- **Priority 1**
- Suitable supported accommodation, including shared housing/group homes and sheltered environments
- Fast adaptations process
- Floating support
- Direct payments
- **Priority 2**
- Services specifically for young people in transition
- **Priority 3**
- Practical support such as cleaning, accessing hospital appointments
- Peer group support/befriending
- **Priority 4**
- Life skills training
- Specialist providers/training for carers
- Welfare benefits and financial advice
- Improved working across sectors
- **Priority 5**
- Handy person
- Signposting