

Physical Disability and Sensory Impairment

Introduction

This section of the JSNA looks at the needs of people in Bedford who have physical disabilities and or sensory impairments. For the purposes of the JSNA, the degree of physical disability referred to are moderate or serious, because people who have moderate or serious disabilities need more support from statutory services.

A **disability** may be physical, cognitive, mental, sensory, emotional, and developmental or some combination of these. The World Health Authority defines disability thus:

“Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person’s body and features of the society in which he or she lives.” ([The World Health Organization](#))

[The Equality Act 2010](#) defines a disability as a physical or mental impairment that has a ‘substantial’ and ‘long term’ negative effect on your ability to do normal daily activities.

People may have lived with their physical disability all of their lives or the physical disability may have developed in adulthood, for example because of a neurological condition such as multiple sclerosis or motor neurone disease. Physical disabilities may also occur as a result of a traumatic event such as spinal injury or a brain injury including stroke.

Sensory impairment refers to visual impairments and hearing impairments. Again, people may have been living with sensory impairments all their life, or may have developed sight or hearing loss in their later years. [The UK Vision Strategy](#) provides further information relating to preventable sight loss.

What do we know?

Facts, figures and trends

According to national data ([Papworth Trust, 2010, MPH Group, 2013](#)):

- 5.3 million Disabled men in the UK. (Disability in the United Kingdom 2012 (DWP Family Resources Survey 2010/11)
- 5.9 million Disabled women in the UK. (Disability in the United Kingdom 2012 (DWP Family Resources Survey 2010/11)
- Almost 1 in 5 people in the UK have a disability. (Legacy for disabled people case, October 2012)
- There are 11 million people with disabilities,
- Only 17% of disabled people were born with impairments. The majority of disabled people acquire their impairments during their working lives. (English Federation of Disability Sport, Papworth Trust – Disability in the UK fact and figures, September 2012)
- Over 50% of sight loss can be avoided (RNIB Key Information and Statistics – 25 July 2013)



- There are 360,000 people who are registered as blind or partially sighted in the UK - There are 1.86 million people in the UK with sight loss that has a significant impact on their daily lives;
- Nearly one in five people of working age (7 million, or 18.6%) in the United Kingdom have a disability;
- There are 770,000 disabled children under the age of 16 in the UK. That equates to 1 child in 20;
- The majority (83%) of disabled people acquire their disability during their working lives;
- Acquired Brain Injury is the largest cause of disability amongst the working age population;
- The majority of impairments are not visible – less than 8% of disabled people use wheelchairs;
- It is estimated that there are 1.2 million wheelchair users in England. Some 825,000 are regular users of NHS wheelchair services;
- Only 28% of wheelchair users are under 60;
- Disability is strongly related to age – 2.1% of 16-19 year olds are recorded as having a disability; 31% for those between the ages of 50-59 years; and 78% of people aged 85 or over.

Physical Disability

1) Local Picture

- According to 2011 Census data, just over 16% of the Borough's population reported having a long term health problem or condition which limited their daily activities (ONS, 2011). However, the prevalence of limiting conditions increases with age. In Bedford Borough in 2011, 50% of the population with a long term condition was over 65. (ONS, 2011)
- ONS projects that the current population of 163,9400, (2014) will rise by 7% to 1754,000 by 2021. However, the number of older people is expected to grow at a much higher rate, with the over 65s increasing by 160% and those aged 85+ by 32% from 2014-2021. Longer term, the 85+ population in 2037 is forecast to rise by 156% compared to 2014 from 3,910 in 2014 to 10,010 in 2037).
- The forecast of a 32% rise by 2021 in the numbers aged 85+ is particularly significant given that most people in this age group have some form of physical disability. In 2011, 83% of the 2,870 Borough residents aged 85+ who lived in households reported a limiting long term health problem or condition which affected their daily activities.
- Between 2001 and 2011, the Borough's White British population declined by 6,900 while the non-White British (BME) population rose by 16,400 and now forms 28.5% of the total population. In the urban area of Bedford and Kempston, 37% of the population is from BME communities, with the highest levels in Queens Park (75%) and Cauldwell (59%) wards.

2) Moderate Physical Disability

- In 2012 there were an estimated 7,570 Bedford Borough residents aged 18-64 with a moderate physical disability. This number will increase as the population ages. This



will have implications for care and support services as about 50% of people with moderate physical disability need care and support services depending on age.

Table 1: Moderate Physical Disability projected to 2030

Bedford Borough	2015	2016	2020	2025	2030
Total 18-64 yrs	7,720	7,800	8,120	8,410	8,520

Source: PANSI projections based on Health Survey for England 2001

This will have implications for care and support services as approximately 50% of people with moderate physical disability have a moderate personal care disability,, depending on age. (Table 2):

Table 2: Moderate Physical Disability requiring personal care projected to 2030

Bedford Borough	2015	2016	2020	2025	2030
18-24 yrs	90	90	80	80	90
25-34 yrs	290	300	310	320	300
35-44 yrs	630	640	650	680	700
45-54 yrs	1,160	1,170	1,150	1,110	1140
55-64 yrs	1,620	1,650	1,840	2010	2,000
Total 18-64 yrs	3,790	3,830	4,020	4,190	4,230

Source: PANSI projections based on Health Survey for England 2001Numbers may not add due to rounding.

3) Serious Physical Disability

- People with a serious physical disability usually require assistance with one or more activities of daily living, for example, walking, eating or going to the toilet.
- Table 3 shows 2,270 Bedford Borough residents aged 18-64 in 2015 with a serious physical disability and Table 4 provides estimates of the number needing personal serious care. The numbers are projected to increase over time.

Table 3: Serious Physical Disability projected to 2030

Bedford	2015	2016	2020	2025	2030
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Borough

Total 18-64 yrs	2,270	2,300	2,420	2,530	2,560
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Source: PANSI projections based on Health Survey for England 2001

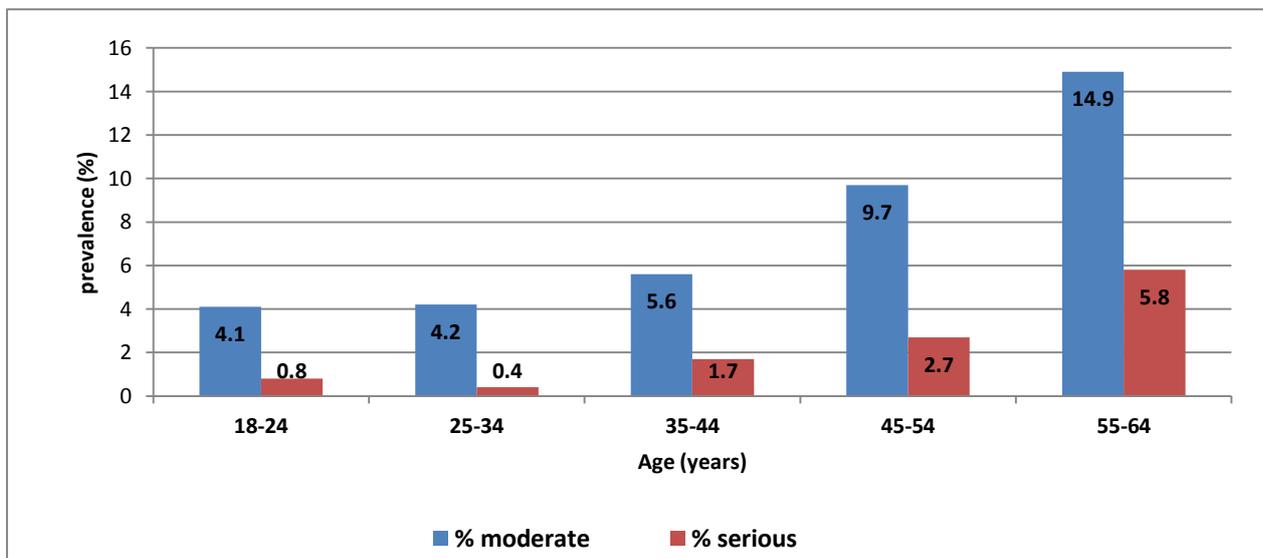
Table 4: Serious Physical Disability Requiring Personal Care projected to 2030

Bedford Borough	2015	2016	2020	2025	2030
18-24 yrs	60	60	60	60	60
25-34 yrs	80	80	90	90	90
35-44 yrs	130	130	130	140	150
45-54 yrs	260	260	260	250	260
55-64 yrs	310	320	360	390	390
Total 18-64 yrs	850	850	890	920	930

Source: PANSI projections based on Health Survey for England 2001 Numbers may not due to rounding.

Figure 1 shows the prevalence rates for moderate and serious disability by age developed from the Health Survey for England 2001. These prevalence rates have been applied to ONS population projections for the 18 to 64 population to give estimated numbers predicted to have a moderate or serious physical disability to 2030.

Figure 1: Prevalence of moderate and serious disability by age





4) Sensory Impairment

Over half of all sight loss in the UK is preventable. Having an eye examination, at least once every two years, should be part of everyone's eye health care routine.

Sensory Impairment includes:

- Visual impairment (severely sight impaired to partial sight loss)
- Hearing impairment (profound deafness to partial hearing loss)
- [Deafblind](#) (dual sensory impairment)

The level of sensory impairment in the population is often masked by other conditions that take precedence in statistical recording.

4.1 Visual Impairment

- [The Royal National Institute for the Blind](#) (RNIB) estimate that 2 million people in the UK have an un-correctable sight problem and this will rise to 2.5 million over the next 30 years. The vast majority of people with an uncorrectable sight problem are aged over 60 (ADSS, 2002) By the age of 60, one person in twelve will have some degree of un-correctable sight loss – this rises to one in eight by the age of 75 and one in four by the age of 80.
- There is a higher prevalence of visual impairment in some black and ethnic minority ethnic (BME) groups. People of African Caribbean descent are four times more likely to suffer from glaucoma and South Asian people more likely to have diabetic retinopathy (ADSS, 2002). It is anticipated that urban wards with high proportions of BME groups, such as Cauldwell and Queens Park may therefore have a higher prevalence of visual impairment.
- During April 2015, Bedford Borough Council in partnership with the National Glaucoma Association, the Sangat Health Foundation Trust, Moorfields Bedford NHS Foundation Trust and a number of other partners, led and coordinated a Glaucoma Awareness Raising event, which was held in Queens Park at the Community Centre- Guru Nanak Gurdwara Temple.
- In December 2015, 348 people in the Borough were certified as severely sight impaired/blind and 332 people certified as sight impaired/partially sighted. The number of people registered in either of these categories is below the expected number. People may be unaware of the register or are choosing not to register. Sight Concern Bedfordshire is keen to support initiatives that encourage people to register.

[Click here for more information on how to register sight loss and the benefits of registration.](#)

4.2 Hearing Impairment

- NICE estimates that approximately 370 children in England and 20 children in Wales are born with permanent severe to profound deafness each year. About 1 in every 1000 children is severely or profoundly deaf at 3 years old. (NICE, 2009). Based on the current population of children born during 2012, it is reasonable to estimate that 2 children a year in Bedford Borough are born profoundly deaf.
- Approximately one in seven people are Deaf or hard of hearing and the majority of



them are elderly. Estimates show that 42% of people over 50 have a hearing impairment rising to 71% for those aged 70 and over (Action on Hearing Loss, 2011). This equates to an estimated 29,000 people aged over 50 in 2013 in Bedford Borough. (including those with mild impairment).

- Applying estimated national prevalence rates by degree of deafness for adults aged 18 and over (Action on Hearing Loss, 2011) to the population of Bedford Borough provides the following estimates of those with moderate, severe or profound deafness:

Table 5: Estimates of Hearing Impaired by Degree of Impairment: Bedford Borough 2015

Level of Impairment	18-64	65-74	75-84	85+
Moderate or severe Deafness	3,870	2,920	5,720	3,480
Profound Deafness	30	90	60	180
All Degrees of Deafness	3,910	3,010	5,780	3,660

Source: PANSI and POPPI estimates based on combined prevalence of Davis 1995 and Davis 2007. Prevalence rates also used by Action on Hearing Loss, 2011. Excludes mild impairment. Figures may not add due to rounding.

The number of people with moderate, severe or profound deafness is projected to increase from 16,360 in 2015 to 23,400 by 2030, reflecting the aging of the population

- In February 2013 there were 453 people registered in the Borough as Deaf or hearing impaired. Comparing with the estimates above suggests many more people are eligible to register but have not for some reason. The Hearing Advisory Service is keen to support initiatives to increase the number of people on the register. [To learn more about registering hearing loss, click the link.](#)
- As with visual impairment, rural wards generally have a higher proportion of older people and therefore are likely to have a generally higher proportion of people with a hearing impairment. The urban wards of Brickhill and Putnoe also have large populations of older people.
- There is evidence to suggest that some minority ethnic groups may experience higher levels of deafness (Action on Hearing Loss, 2011). This is especially true of recent immigrants who have come from regions with greater levels of poverty, poor health care and low levels of immunisation against diseases such as rubella. This raises the possibility that urban wards in Bedford Borough with high BME populations such as Queens Park and Cauldwell may also have higher prevalence of hearing impairment.
- Armed Forces veterans are more likely to acquire hearing loss if they have been



engaged in active service. Services for people in this situation will need to reflect the younger age profile.

- The majority of people with an acquired hearing loss will be able to remain independent and socially included in their community through the provision of hearing aids either privately or from the NHS.

4.3 Dual sensory impairment (Deafblindness)

- The term dual sensory impairment can be used interchangeably with deaf blindness, denoting the fact that combined impairment of sight and hearing are significant for the individual, even though they may not be profoundly deaf or totally blind. It is the way in which one sensory impairment compounds the second impairment which causes the additional difficulties, even if taken separately, each impairment appears mild.
- Deaf blindness can be caused by Ushers Syndrome, Rubella (German measles) or may result from problems associated with premature birth. The level of dual sensory impairment in the population is often masked by other physical and mental health conditions which can take precedence in statistical recording.
- Four groups of people experiencing deaf blindness have been identified, the majority of whom are in the 75+ age group (Department of Health, 2001):

1. Those who are hearing and sight impaired from birth or early childhood, eg congenitally deafblind
2. Those who are visually impaired from birth or early childhood who subsequently acquire a hearing impairment that has a significant functional impact.
3. Those who are hearing impaired from birth or early childhood, who subsequently acquire a significant visual impairment
4. Those who acquire a hearing and sight impairment in later life that has a significant functional impact (acquired deaf blindness).

- People in Category 1 are more likely to use British Sign Language (BSL) for communication.
- According to a report commissioned by SENSE in 2010 into numbers of deafblind people in the United Kingdom, it was estimated that approximately 132,000 people have more severe impairments of both hearing and vision (66,000 women and 65,000 men; equivalent to 212 people per 100,000 of the general population) (Centre for Disability Research, 2010). Almost 75% of all people with more severe impairments of both hearing and vision are aged 70+. This suggested there are approximately 270 deafblind people in Bedford Borough (all age groups)..
- In February 2013 there were just 5 people registered with a dual sensory impairment in Bedford Borough. This indicates a significant percentage of people with a dual sensory impairment may well be unknown to services.

5. Brain Injury

5.1 Traumatic Brain Injury (TBI)



According to Headway, nationally:

- Each year an estimated 1 million people attend hospital A&E in the UK following head injury.
- Of these 1 million, around 135,000 are admitted to hospital each year as a consequence of brain injury
- Many more head injuries go unreported and are not assessed by medical professionals
- It is estimated that across the UK there are around 500,000 people (aged 16 - 74) living with long term disabilities as a result of traumatic brain injury
- Approximately 85% of traumatic brain injuries are classified as minor, 10% as moderate and 5% as serious.
- Men are two to three times more likely to have a traumatic brain injury than women. This increases to five times more likely in the 15-29 age range
- Life expectancy for brain injury survivors is normal, so over time, what may seem like a low volume problem becomes a high volume one
- We do not expect to see any major changes in the prevalence of traumatic brain injury in people of working age. For example, with increased car safety we may see fewer injuries, but the number of failed suicides may rise in the current economic climate, or the number of people assaulted may rise.

5.2 Other forms of acquired brain injury

- Over 130,000 people have a stroke each year in England and Wales
- There are estimated to be over 450,000 people in England living with serious disability as the result of a stroke (link to JSNA chapter **Circulatory Disease**)
- An estimated 13,000 people are diagnosed with a brain tumour each year in the UK
- As many as 500,000 people living in the UK today have had either viral or bacterial meningitis at some time in their lives

Common causes of hypoxic/anoxic injury include heart attack, suicide attempts, near-drowning, electrocution, drug overdose and exposure to toxic substances (Headway, 2011)

Current activity & services

1. Physical Disability Assessment and Care Management Team.

- Based at Borough Hall, a mix of social workers, support workers and an administrator provide assessments of need and organise care packages for people with physical disabilities aged 18 to 65. Packages may involve home care, personal care, support to access the community, carers short breaks, day care, nursing or residential care, or increasingly direct payments. People aged over 65 receive services from the older people's team with support from the physical disability team if required.

The Council has a stated aim of reducing the use of residential care and supporting people to live in their own homes or to live in supported accommodation with their own tenancies. The Borough Council is supporting the delivery of extracare schemes, which it sees as an effective way of reducing the use of higher cost options, such as residential care, whilst simultaneously increasing the independence, choice and control of the person living there.



2. Sensory Impairment Team

- Based at Borough Hall, a team of social workers, rehabilitation workers and community support workers and an administrator deliver specialist social care services for people with visual impairments and people with hearing impairments as follows:

3. Visual Impairment-Specific Services

- The team work with people of all ages with a visual impairment whose sight cannot be corrected by glasses or medical treatment. For registration purposes, many referrals come from local and national hospitals but anyone can refer themselves if they are experiencing difficulties with their vision. Partnership working includes the NHS, Education and the local voluntary organisation, Sight Concern.
- There are many eye conditions and difficulties that people with a visual impairment live with on a daily basis including macular degeneration, glaucoma, diabetes, retinitis pigmentosa, hemianopia, strokes and cataract which can cause the person difficulty crossing the road, pouring drinks, setting the oven, reading, telling the time and recognising people's faces. With support from the team, many of these problems can be addressed.
- Early intervention is essential and, after an assessment, people with a visual impairment are offered a rehabilitation plan tailored to meet their needs. This can include:
 - Support to safely complete daily living tasks such as cooking, making drinks, using the telephone, reading and writing
 - Mobility and orientation training to travel local routes safely and independently
 - Direct payments to purchase specialist equipment for daily living, mobility and communication
 - Information on local social opportunities to enable social inclusion
 - Sign posting to local and national visual impairment services including talking books, local talking newspapers, computer classes and a Low Vision clinic at Sight Concern for prescribed visual aids
 - Help to access financial benefits
 - Advice and support for families and carers
 - Carer's Assessments
 - Integrated working for people with a dual sensory loss
 - Visual Impairment awareness guidance

4. ECLO (Eye Care Liaison Officer)

- Bedford Borough residents benefit from the support of an ECLO, based within the Moorfields Team at Bedford Hospital. The ECLO works directly with people with low vision, deteriorating vision, sight loss or impending sight loss, and their carer's. The support is both practical and emotional, is for people of all ages and is extended to carers and family members. They provide timely one to one support and quality information and advice, emotional support and access to other statutory and voluntary services. ECLOs connect people with the practical and emotional support they need to understand their diagnosis, deal with their sight loss and maintain their independence. The ECLO has the time to dedicate to people following their appointment, so they can



discuss the impact their condition will have on their life.

- ECLO's provide a bridge between clinical and social services and can offer advice about registration and certification, which ensures that patients can then access other help and support in the community, including Welfare Benefits.
- **Regular eye testing is a crucial tool in the prevention of sight loss.**
- Increased public awareness of preventative measures, such as stopping smoking, would result in the effects of many eye conditions being lessened and/or treated.
- Smokers double their risk of developing Age Related Macular Degeneration (AMD), tending to develop it earlier than non-smokers. Stopping smoking can reduce the risk of AMD developing. Smoking is linked to the development of cataracts, and in the majority of cases they are treatable and therefore do not lead to blindness, they remain a major cause of sight loss in the UK. Smoking can make diabetes related sight problems worse. Smoking increases free radicals, which accelerate ageing and alter the body's ability to absorb or extract necessary vitamins and minerals from food.

Eating a balanced diet is important in preventing sight loss. Fruit and vegetables containing substances called lutein and zeaxanthin protect against some conditions such as cataracts and AMD. The antioxidant vitamins A, C and E have also been found to slow down AMD.

5. Deaf and Hearing Impairment-Specific Services

- The team provides a prompt and easily accessible specialist service to enable Deaf and hearing impaired people to live as independently as possible in the community.
- Following a specialist assessment of needs the services available include:
 - Direct payments to purchase specialist equipment and services e.g. support workers/personal assistants
 - Provision of specialist equipment
 - Enabling profoundly Deaf people to access the hearing world and everyday services
 - Advocacy through POhWER, who provide a Deaf Drop-In, where deaf people can seek support in addressing a variety of issues from housing related queries through to employment or benefit queries.
 - Advice, information and signposting is provided for queries related to the Equality Act 2010 and its role in supporting hearing impaired people to access the private, public and voluntary sectors
 - Forming community links
 - Encouraging more self-sufficiency among Deaf people
 - Signposting to interpreting services
 - Advice and support for families and carers
 - Working with families including Deaf parents/hearing children, hearing parents/deaf children
 - Signposting to services such as the CAB to access Welfare Benefits advice
 - Adapting spoken/written English for BSL users
 - Carers Assessments



- Integrated working for people with a dual sensory loss.

6. Dual Sensory Impairment (Deafblind)

- Following a comprehensive assessment of needs, a person will receive a range of support available from the team to meet specific needs including:
 - Information and advice
 - Assistive technology
 - Rehabilitation
 - Information on Lip-reading and other communication methods including the Deafblind manual and British Sign Language classes.
 - Direct payments to purchase specialist equipment and services eg. support workers/personal assistants
 - Provision of specialist equipment
 - Links with the their local community
 - Carers Assessments
 - Signposting to enable access to the hearing world and everyday services
 - Support to undertake daily living skills
 - Help to access benefits
 - Deafblind awareness guidance.

7. Sensory Impairment and Learning Disabilities

- The Sensory Impairment Service is part of the multidisciplinary Specialist Community Healthcare Team within ELFT – Services for People who have a Learning Disability, and is based in the Clinical Resource Centre, Twinwoods. This service aims to support adults who have a learning disability to access appropriate sight and hearing assessments, support people to use their sight and hearing, and develop the use of their senses. It also provides primary ear care and health promotion to clients and their carer's.
- The Sensory Impairment Service works in partnership with:
 - Social Workers and Community Nurses from the Bedford Borough, Central Bedfordshire and Luton Borough Councils
 - General Practitioners throughout our catchment area
 - Bedford Hospital
 - Luton and Dunstable Hospital
 - Visual Impairment/Sensory Impairment Teams within Social Services in Bedfordshire and Luton, as well as organisations such as Sight Concern
 - Orthoptist Services throughout Bedfordshire and Luton
 - Day Centres/day care provision throughout the catchment area

The service offers an open access referral system for people with a learning disability – professionals, carers, parents and clients can make referrals.

8. Assistive Technology and Telecare

Assistive technology is an umbrella term that includes assistive, adaptive, and rehabilitative



devices for people with disabilities, people with sensory impairments and older people. Assistive technology promotes greater independence by enabling people to perform tasks that they were formerly unable to accomplish or had great difficulty accomplishing.

Definitions

It is helpful to define the continuum of devices, services and communications falling within assistive technology, and telecare.

Assistive Technology

Assistive technology includes walking sticks, grabbers, spectacles and tap turners together with more expensive fixed systems such as stair-lifts, ramps and level-access showers.

The field is constantly expanding and items of assistive technology appearing over the last 25 years include

- devices to stop the bath overflowing.
- talking reminders eg when someone walks past 'It's night time, best go back to bed'.
- Simplified mobile phone with only seven buttons.
- bed occupancy sensors - can help prevent falls by switching on a light when someone gets out of bed
- programmable automatic pill dispensers
- speech synthesisers,
- environmental controllers that enable profoundly disabled people to operate electrical appliances, doors and windows.
- Epilepsy sensors
- Sensors for people with sensory impairments such as flashing alerts when someone is at the door.

Telecare

Telecare increases support by linking an assistive technology item to a monitoring system that will provide help when triggered. It is the fact of being able to communicate that turns an assistive technology item into a telecare item. The form of telecare that most people are familiar with is the pendant alarm connected to the phone. Other examples include fall detectors, fire, smoke and carbon monoxide detectors, provided they are connected to a monitoring and responding service.

- Telecare is one form of assistive technology. It uses electronic sensors connected to an alarm system to help manage risk and help vulnerable people stay independent at home longer. The sensors can be customised to the needs of the individual..

The in-house Telecare Assessment team is located in the Physical Disabilities team.

Following a community care assessment, referrals are offered an appointment for a telecare assessment.



The length of the assessment varies according to individual needs.

On completion of assessment, the assessor sends the recommendations to Aragon, who provide the equipment service.

Aragon is commissioned by the Council to provide, install, programme, maintain and decommission telecare equipment which is no longer required.

Aragon is responsible for installing the equipment, connecting the person to an alarm centre responding to alerts and arranging for an emergency responder to go to the person's house and help. The service will incorporate a mobile response service for people who do not have anyone who can reliably respond in the event of a sensor being activated. The service specification now incorporates a pro-active telephone service which will call people on a planned basis, who may need help with medication prompts or reminders to put the heating on in cold weather.

9. Re-ablement Service

- The reablement service provides a period of up to 6 weeks assessment and re-ablement for people in their own homes. The aim is to improve the person's skills so they can return to a normal life of independent living following trauma such as a fall or an operation. Reablement services are delivered by the Council's in-house reablement team and EveryCare. EveryCare deliver reablement services to people who are leaving hospital and the in house team delivers reablement services to people referred from community settings. The Council's service reviews everyone having reablement and will identify appropriate on-going support if it is needed.

10. Day Centres and Support for People Using Direct Payments

- The Council currently runs two day centres in Goldington Road and Conduit Road for older people many of whom have physical disabilities. Conduit Road Day Centre meets the needs of people from black and minority ethnic groups. Transport to either centre can be provided if needed and many people use Council transport to come in to the day centres.
- There are no Council run day services for people with physical disability who are of a working age. The Council promotes the use of direct payments so that people with disabilities can purchase the support they need to live a normal life.
- **The Kingfisher Club** is a day centre for 21 – 65 year old physically disabled and/or cognitively impaired adults. They undertake a variety of activities at the centre including: cooking, making seasonal gifts e.g. Christmas/Easter arts and crafts, games/quizzes/debates, fundraising coffee mornings and Christmas parties.
- Members start to form friendships with others and meet outside of the group which helps improve their social lives. The majority of the members join the group as their disability has led them to become socially isolated to some degree and thus their confidence and self-esteem have been affected. Although the activities the club arranges help with rehabilitation the primary aim of the group is to give people the opportunity to get out and to form friendships. The club is open 3 days a week, at Bedford Athletic Club, Wentworth Drive.



- **Headway House** is a day rehabilitation unit for people with non-degenerative acquired brain injury, their families and carers. It provides physical, cognitive and social rehabilitation activities in a participative and "fun" atmosphere. On-site services include physiotherapy, speech therapy, occupational therapy, memory, cognitive classes, computer tuition and group work. Advice and information is available. It is open to service users four days a week and is on the Bedford Health Village site. More information relating to Headway can be found in section 3, Brain Injury, below.
- Bedfordshire and Northamptonshire **Multiple Sclerosis Therapy Centre** provides professional core therapies, such as physiotherapy, occupational therapy and speech therapy, complementary therapies, such as hydrotherapy and oxygen therapy, information and support to people with multiple sclerosis. The Centre has an MS Specialist Nurse who is the link between all services. The Therapy Centre is open five days per week and is based in Bradbury House on Barkers Lane, Bedford.
- Bedford Borough Council has approved a number of organisations that deliver personalised support services which people who use direct payments including support to recruit and employ your own assistant, payroll services, holding accounts, support planning and brokerage and community inclusion services.
- The **Disability Resource Centre** (known as the DRC) is run by disabled people and has its base in Poynters House, Dunstable and provides support and delivers services into Bedford and the surrounding villages. The DRC provides a wide range of services for people with disabilities, their families, carers and professionals including disability information and advice on a wide variety of topics, an opportunity to 'try before you buy' in their equipment display area, wheelchair hire, training (for example on disability awareness, equality & inclusion and manual handling), help with form filling for disability benefits and support and a full advice and support service is available for those receiving or wishing to receive a direct payment. The service is available five days a week and a full retail service to purchase disability products and equipment is now available.

11. Occupational Therapy Team

- The Occupational Therapy Team assess people of all ages within their own home and provide aids and adaptations, equipment and minor works or make recommendations for major adaptations to increase people's independence and enable them to live in their own home for as long as possible. There is an Equipment Display Area at The Centre for Independent Living at Gadsby Street where people can get advice from a member of the Occupational Therapy Team.

12. Care Standards and Review Service

This team carry out annual reviews for all service users including older people with physical disabilities. They make sure people are getting their care and support delivered to a good standard and the person's assessment of need remains current.

13. Blue Badge

- The Council's Blue Badge parking permit and concessionary fares scheme is available for people with physical disabilities to help them get around and maintain their independence.



14. Specialist Services in the Voluntary Sector

- There are three specialist sensory impairment organisations in the voluntary sector delivering services in Bedford Borough; Sight Concern, Bedfordshire Hearing Advisory Service, and Sense. The three organisations are committed to working together to provide a comprehensive suite of services for local people with sensory impairments. The three organisations are currently delivering services on behalf of adult social care, the NHS and the Supporting People Programme.
- Sight Concern Bedfordshire is an independent charity offering a variety of services to blind and partially sighted people in Bedford.
- Sight Concern are contracted to run the Bedford Low Vision service. They also run a social club in Bedford, a telephone support service called the Listening Post, run by the visually impaired for the visually impaired and a successful IT club. Benefit advice is available for service users and a newsletter is sent to all their members (over 300 people in Bedford Borough) . Bedfordshire Hearing Advisory Service (BHAS) is a countywide provider with experience of supporting people affected by hearing loss and deafness. Our clients include people with hearing problems, carers, employers, family and friends. BHAS works in partnership with NHS Audiology and the Sensory Services Team, and is a service provided by the independent charity, Hertfordshire Hearing Advisory Service. Community based services include advice and information; battery replacement and exchange; cleaning and re-tubing of hearing aids; demonstration of hearing aids and assistive equipment; and employee training for front line clinical and care staff
- Sense is a national charity that supports and campaigns for children and adults who are deafblind. It has been approved as a provider to Bedford Borough Council. Sense provides tailored support, advice and information as well as specialist services to deafblind people, their families, carers and the professionals who work with them. They also support people who have a single sensory impairment with additional needs. They can provide communication support, support to access the local community and specialist deafblind assessments.

15. Carers Short Breaks

- In 2011 Bedford Borough Council Adult Services conducted a survey of people with physical disabilities who had unpaid carers and used traditional “respite care” The survey looked at the use of short break services by those people who were eligible to receive them. An action plan was formed to ‘personalise’ short breaks.
- Since this time a higher proportion of clients are opting for direct payments, so that they can tailor their respite needs to their and the carer’s needs.
- There are still a small number of clients that opt for traditional respite services but the approach of workers and families has changed significantly in relation to optimising short break.

Local Views

During 2011, Bedford Borough Council Adult Services undertook a limited survey of people with physical disabilities who had unpaid carers and used traditional “respite care” services. The team undertook interviews with service users with a physical disability who have either had a short break service, or were eligible to receive a short break service. As a result of the interviews, an action plan was formed in order to ‘personalise’ short breaks service, with



the various teams responsible moving the service forward. The action plan contains the following objectives:

- To educate service users and social care workers in the benefits of having a personalised approach to short breaks
- For a 'personalised' approach to be taken with all new service users entering the social care system rather than a traditional 'one-size fits all' approach, so service users have more options open to them.
- For service users to have 'emergency short-break' arrangements included in their review / support plan so in an emergency the service user has already explored the opportunities / choices available and are in a better position to implement a short break of their choice at short notice.
- For social care workers to empower service users to explore different types of short break experiences and opportunities when designing their support plans
- For existing service users to be given the opportunity and the time to talk about their desired outcomes and encouraged to try different activities / forms of respite
- For service users to have their short-breaks at a time that suits both them and their carer (rather than being restricted to dates that pre-booked beds are available)
- To use the available resource (Personal Budget Support Officers) to support services users and carers, social care workers and staff in the community and voluntary organisations, to source suitable short-breaks and day opportunities that are both cost effective and meet agreed outcomes for the service user
- To work with voluntary organisations, groups and individuals to create a diverse range of day-time opportunities for people with physical disabilities – signposting service users to other like-minded individuals and encouraging them to create different day-time opportunities and leisure interests
- To develop information sheets/packs to support service users and carers to find an appropriate short break opportunity; this should include crib-sheets and lists of questions (that service users wished they had asked).

Sensory Conference

Bedford Borough Council held a Sensory Conference in February 2011. Issues identified by people with sensory impairments included:

- lack of multi organisation support
- knowing who to contact
- people who were not in contact with any services
- lack of support when diagnosed with sensory loss
- need for communication support
- need for somewhere to drop in for support with official correspondence
- problems with Bedford council web site
- accessibility of local buildings
- service in local shops and banks
- difficulties with some pavements locally
- problems using the buses

A multi agency action plan was drawn up which is currently being implemented by the



Physical Disability and Sensory Impairment Partnership Board.

HIV AIDS

- A survey was undertaken in 2011 of people who use local HIV services. The survey identified that amongst the local community of people affected by HIV/AIDS, there was very little awareness of the specialist community support worker based in adult social care, or of the local peer support organisation. The survey also found people with HIV/AIDS were reluctant to seek any support because of the stigma that still exists about HIV, and therefore they had a fear of being “found out”.
- People who responded and wanted support with their issues related to HIV clearly expressed a preference to be able to go to a peer support organisation, based in the community, preferring to avoid statutory services, perhaps due to the association with “authority”. Another reason for preferring to access peer support is because people know that they are talking to other people with HIV, and therefore there is no worry about having to disclose their HIV status; it is just “known”.
- Public Health provide a local HIV peer support service, called CAFPH, (Centre for all families Positive Health) so that people with HIV/AIDS and their families and friends can go there for their support.

National & Local Strategies (Current best practices)

Best practices for people with physical disabilities have often been modelled around service users’ views. A study in Scotland (NHS Lothian, 2007) used a service user scrutiny panel to assess views on best practices for people with physical disability needs. The themes from the survey were:

- Services link up smoothly
- Spontaneity is possible
- Information is easy – in the person’s control
- Person is in it – not having things happening to you
- The right information is easily available to all who need it
- No longer feeling you have to fit in

Improving the Life Chances of Disabled People is a cross-cutting, long-term national disability strategy to 2025. Within the strategy, the Government has identified four key goals as the most important determinants of disabled people’s life chances:

- To empower customers with choice and control over how additional needs are met
- To support families with young disabled children
- To ensure smooth transitions into all aspects of adulthood
- To improve employability

The **National Service Framework for Long Term Conditions** focuses on people with neurological conditions and brain and spinal injury, but many of the quality requirements have relevance to a wide range of long-term conditions and impairments. It identifies quality requirements, which must be achieved by 2015.

The Independent Living Strategy (ILS), published in March 2008, sets out actions aimed at improving the choice and control disabled people have over the services they need to live



their daily lives. The aims of the strategy are:

- disabled people (including older disabled people) who need support to go about their daily lives will have greater choice and control over how support is provided
- disabled people (including older disabled people) will have greater access to housing, education, employment, leisure and transport opportunities and to participation in family and community life.

Making choice a reality for disabled people (ODI, 2009) focuses on the lack of choice and control that disabled people have over their lives compared to the choice and control that non-disabled people take for granted. This is partly explained by the fact that support needs are often met in ways that do not put them in control.

The **UK Vision Strategy (2013-2018)** sets out a framework for the development of eye health and sight loss services to:

- Improve eye health in the UK
- Eliminate avoidable sight loss and deliver excellent services for people with sight loss
- Enhance inclusion, participation and independence for people with sight loss.

Seeing it my way is embedded in the UK Vision Strategy and sets out 10 outcomes, that have been developed by blind and partially sighted people:

- I have someone to talk to
- I understand my eye condition and the registration process
- I can access information
- I have help to move around the house and to travel outside
- I can look after myself, my health, my home and my family
- I can make the best use of the sight I have
- I am able to communicate and to develop skills for reading and writing
- I have equal access to education and lifelong learning
- I can work and volunteer
- I can access and receive support when I need it.

Bedfordshire CCG hosted a pilot scheme under the Commissioning for Effectiveness and Efficiency (CEE) project under the UK Vision 2020 strategy. This project focussed on creating networking and joint working opportunities between organisations in the area, including opportunities to raise the profile of eye health.

A legacy of the project is an established local working group that continues to share information, expertise and resources. The group is led by Bedford Borough Council, which works closely with other key stakeholders. In 2014 three eye health awareness raising campaigns took place, focusing on Glaucoma, Eye Testing and Family Eye Health, delivered by the Moorfields Charity, Eye Heroes Program through a number of schools in the borough..



The national equalities policy agenda has direct relevance to the development work that will result from this strategy, including the **Equality Act 2010** and the **Equality Standard for Local Government**.

The **Equality Act 2010** introduced a general duty for all public authorities. The basic requirement for a public authority is to have due regard to the following:

- Promote equality of opportunity between disabled people and other people
- Eliminate discrimination that is unlawful under the Equality Act 2010
- Eliminate harassment of disabled people that is related to their disability
- Promote positive attitudes towards disabled people
- Encourage participation by disabled people in public life
- Take steps to meet disabled people's needs, even if this requires more favourable treatment

The five-year **Independent Living Strategy**: takes a life course approach from young people in transition to adulthood through to very old age. The strategy's aims are:

- disabled people, who need support to go about their daily lives, will have greater choice and control over how support is provided
- disabled people will have greater access to housing, education, employment, leisure and transport opportunities and participation in family and community life.

The strategy was jointly published by six government departments and includes:

- 'Putting People First, a shared vision and commitment to the transformation of adult social care' – by introducing personal budgets and universal access to information, advice and advocacy
- 'Lifetime Homes, Lifetime Neighbourhoods, a national housing strategy for an ageing population'

The strategy covers all aspects of disabled people's lives and is an example of co-production. This means working in partnership with the people whose lives are affected by policies, to ensure that people have the opportunity from the outset to influence and shape policy and the design, planning and delivery of services.

Stroke often leads to physical disability and/or a sensory impairment, and [The National Stroke Strategy](#) provides a quality framework against which local services can secure improvements to stroke services and address health inequalities relating to stroke. (link to [Cardiovascular Disease](#) chapter)

[Joint Commissioning Strategy for People with Physical Disabilities and Sensory Impairments 2013 – 2017](#) Key strategic priorities:

Strategic Priority 1: Improving the employment chances of people with disabilities and sensory impairments

Strategic Priority 2: Improving the provision of equipment and telecare/telehealth

Strategic Priority 3: Improving access to personalised services in the community so that people with disabilities can have the same choice and control over their lives



as people without disabilities.

Strategic Priority 4: Improving the provision of suitable accommodation in the community

What are the key inequalities?

Compared with non-disabled people, disabled people are:

- more likely to live in poverty - the income of disabled people is, on average, less than half of that earned by non-disabled people.
- less likely to have educational qualifications - disabled people are more likely to have no educational qualifications.
- more likely to be economically inactive - only one in two disabled people of working age are currently in employment, compared with four out of five non-disabled people.
- more likely to experience problems with hate crime or harassment - a quarter of all disabled people say that they have experienced hate crime or harassment, and this number rises to 47% of people with mental health conditions;
- more likely to experience problems with housing - nine out of ten families with disabled children have problems with their housing. Many houses in England are physically unsuitable for people with mobility or other impairments. Around 181,000 households contain people 'with a serious medical condition or disability' whose accommodation is not suitable for them
- more likely to experience problems with transport - the issue given most often by disabled people as their biggest challenge.
- Experience difficulties in accessing transport contribute significantly to social exclusion and disabled individuals use transport a third less than the general public.
- Likely to develop sensory impairments and have strokes when they reach older age
- More likely to experience an accidental head injury that is life changing – particularly younger men.

Local information about people with physical disability in the Borough can be improved and more can be done to improve our understanding of physical disability in Bedford Borough, the barriers it presents, and how people with physical disability need and want things to change.

1. BME Groups and physical disabilities and sensory impairment

There is a higher prevalence of visual impairment in some black and ethnic minority groups. People of African Caribbean descent are four times more likely to suffer from glaucoma and South Asian people more likely to have diabetic retinopathy. We expect that urban wards with high proportions of people from black and ethnic groups, such as Cauldwell and Queens Park may therefore have a higher prevalence of visual impairment

There is evidence to suggest that some minority ethnic groups may experience higher levels of deafness. This is especially true of recent immigrants who have come from regions with greater levels of poverty, poor health care and low levels of immunisation against diseases such as rubella. This raises the possibility that our urban wards with high BME populations such as Queens Park and Cauldwell may also have higher prevalence of hearing impairment.



More needs to be known about people with sensory impairments in our Black and Minority Ethnic communities and how to make sure they are supported by services that are culturally appropriate

2. Increase the numbers of those registered as Visually or Hearing Impaired

People are either unaware of the register or are choosing not to be on the register. Sight Concern Bedfordshire is keen to support initiatives that encourage people to put their names on the register.

In December 2015 there were 425 people registered in the Borough as Deaf or hearing impaired. Comparing with the estimates above suggests many more people are eligible to register but have not for some reason. The Hearing Advisory Service is keen to support initiatives to increase the number of people on the register.

3. Brain Injury

A day resources centre exists in Bedford, which is delivered by Headway. Headway is a community rehabilitation centre for adults who have sustained a brain injury, including strokes. The service enables people in their long term recovery to benefit from a number of therapies and activities at one site, and works with people to meet both Health and Social Care goals. However, there has been a lack of community access services for those people who have recovered sufficiently from their brain injury not to need a specialist day resource any longer. Four years ago, Headway acquired some grant funding from the Harpur Trust charity for, amongst other objectives, the setting up of such services. Since then other grants have been awarded to Headway. Adult Services also funds service users through direct payments to access Headway provision.

Nationally, Headway services were originally designed mainly for people who have suffered a head injury. However, the name of the National Association was changed in 1990 to "The Brain Injury Association", because many of the groups including Headway Bedford, were also providing services for people who have had other types of brain injury, largely strokes. Over half of Headway Bedford's clients have had a stroke. Headway Bedford provides "one to one" services one day a week for clients whose specific brain injury means that a quieter environment is more appropriate for their rehabilitation.

Headway services as a whole supports a wide range of abilities, ages, ethnicities and backgrounds of both clients and carers/family members. Rehabilitation programmes are completed and agreed between Headway staff, clients and carers as well as Health and Social Care professionals.

4. Carers

There is a lack of modern short breaks services for people with disabilities, with stays in local residential care homes being the routine offer from social work teams. There will be some people with physical disabilities and their unpaid carers for whom the use of



residential care is not acceptable therefore there will be carers who do not take any form of a break from their caring role. This is an issue which is being addressed through the [Joint Commissioning Strategy for Carers](#) and in the [Joint Commissioning Strategy for People with Physical Disabilities and Sensory Impairments](#).

Recommendations

The Joint Commissioning Strategy for People with Physical Disabilities and Sensory Impairments 2013 – 2017 forms the majority of the recommendations for this section, and will be used to review progress in 2014-15:

Strategic Priority 1: To improve the employment chances of people with disabilities and sensory impairments:

1. Support people with disabilities and sensory impairments to gain work or staying in work.
2. Raise the expectations of social workers and health professionals of work as a realistic choice for people with disabilities,
3. Equip social care and staff and health staff with:
 - knowledge of local services that can support disabled people to gain work
 - a knowledge of the law so they can support people to remain in work when they become disabled or their condition deteriorates
 - A knowledge of funding streams/local trusts so that they can support people with courses, return to work, fares, laptops or other items that can support people to prepare for work or stay in work
4. Increase work related learning opportunities (including IT training).
5. Review support available to employees with disabilities who work in Bedford Borough Council and local NHS organisations

Strategic Priority 2: To Improve the provision of equipment and telecare/telehealth:

1. Provide more telehealth services so people with physical disabilities can take their own health readings at home (such as their heart rate reading) and then send the results to a health professional via the internet. Continue to work with the BCCG to scope out the feasibility of integrating telecare and telehealth provision across Bedfordshire.
2. Increase the number of people using telecare and community equipment services
3. Make it easier for people with physical disabilities or sensory impairments to arrange for their own equipment, assistive technology or home adaptations.

Strategic Priority 3: To Improve access to personalised services so that people with disabilities can have the same choice and control over their lives as people without disabilities:

1. Ensure access to early rehabilitation and reablement services



2. Improve the range and quality of information, advice and advocacy services.
3. Support service users to review the levels and type of transport available, so people can access services like day and evening activities, health and council services, education and leisure opportunities.
4. Support service users to a range of different social opportunities that people can independently use.
5. Stimulate the market to deliver alternatives to traditional respite care services delivered within care homes, such as live in replacement care, supported holidays and the use of personal assistants.

Strategic Priority 4: To Improve the provision of suitable accommodation in the community:

1. Continue to reduce the number of people moving into residential care and increase the numbers of people living in their own homes.
2. Help people to make decisions regarding the housing options that are available to them
3. Ensure new housing and communities are built to meet the needs of people now and in the future
4. Review the supported living service at Maia Close

Possible steps for further action:

1. Consider scope for investigation into the needs of the BME community with visual and hearing impairments
 - Consider scope for further work with providers on ensuring more people register with a hearing or visual impairment. Click here for more information on how to register sight loss and the benefits of registration.

This chapter links to the following chapter in the JSNA:

1. Carers
2. Preventable Sight Loss
3. Cardiovascular disease

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