

***Physical & Sensory Impairment***

This section focuses on adult residents of Cardiff who are born with a physical or sensory impairment or who have acquired this through accident, illness or by a degenerative process. 4,804 people in Cardiff are registered on the Register of Physical & Sensory Disability, which is compiled from local authority registers of physically or sensory disabled people in Wales aged 18 years or over.

Whilst many people with physical and sensory impairments live independently, disability can sometimes necessitate increased need for informal help, health care and long-term care. Living independently is therefore valued by this group and, because these individuals want to engage in their local community, it may put greater demand on health, accommodation and social services. Greater financial independence, improvements in health and attitudes towards integration in the community will contribute to the increased number of people living independently who have physical and/or sensory impairments. Therefore it is important that from the onset individuals from this group are fully and properly engaged in educational and vocational opportunities to enable them to fully participate and integrate into their local community.

The Physical & Sensory Impairment Advisory Planning Group (APG) adopts the social model of disability which recognises two concepts: disability and impairment. 'Impairments' are medical issues belonging to an individual, while 'disability' relates to barriers imposed upon people with impairments. Impairments include sensory, physical, learning, and mental health issues, while disability includes physical barriers, discriminatory attitudes and disabling structures.

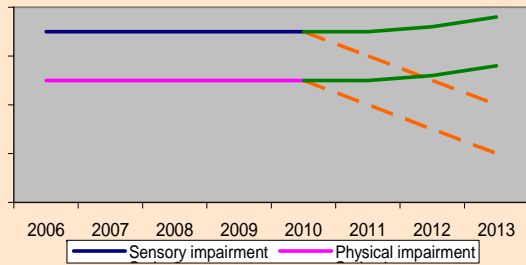
This Operational Plan therefore uses the following British Council of Organisations of Disabled People (BCODP) social model definition of disability: "The disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have impairments and thus excludes them from the mainstream of society." The World Health Organization has defined impairment as "any loss of function directly resulting from injury or disease."

To address these concepts and the complexity of needs of this sector, the terminology "physical disability" has been changed to "physical impairment". Part 1 of the *Disability Discrimination Act 1995* defines a disabled person as: "a person has a disability for the purposes of this Act if s/he has a physical or mental impairment, which has a substantial and long-term (at least 12 months or is likely to last 12 months) effect and that impacts on his ability to carry out normal day-to-day activities."

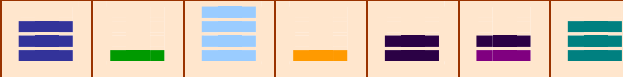
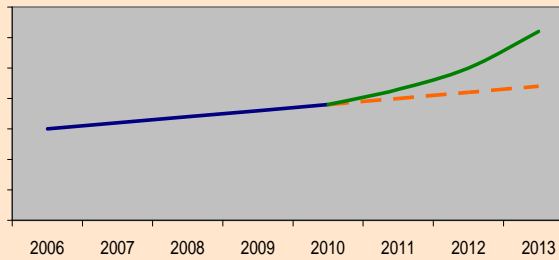
The *Disability Discrimination Act 2005* requires due regard to the promotion of equality of opportunity, promotion of positive attitudes towards people with disability and encouraging participation of disabled persons in public life. Employers are required to make 'reasonable adjustments' to recruitment processes, work arrangements and the working environment in order to accommodate disabled people. An employer who fails to comply with this duty will be guilty of discrimination, unless the employer can show justification.

## Headline Indicators and how are we doing?

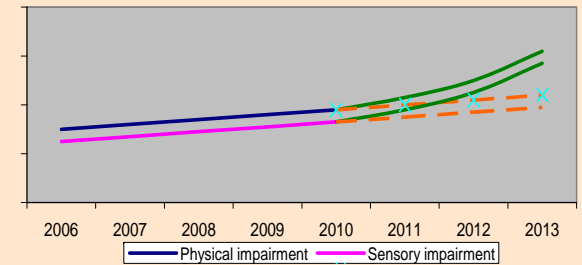
### 1. % of people with an impairment in employment (Awaiting data)



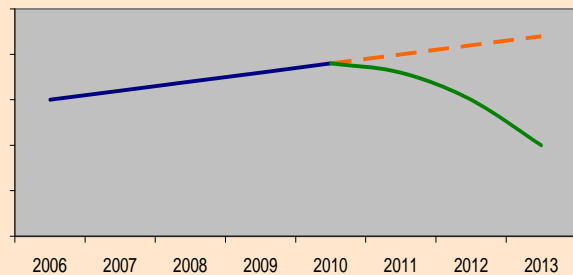
### 2. % of professionals within partnership organisations who have undertaken Protection of Vulnerable Adults (POVA) training (Awaiting data)



### 3. Number of adaptations fitted in homes for promoting independence / safety (Awaiting data)



### 4. Time on waiting list for accessible accommodation (Awaiting data)



### Data Development:

- Data on incidents of hate crime related to physical and/or sensory impairments
- Rehabilitation and reablement statistics
- Quality of life data
- Data re: accessibility of buildings and public spaces

### Key:

- — — The route we will take if we do nothing
- — — The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:



### Story behind the baselines

Health care determinants which impact on the planning, shape and delivery of physical impairment services are:

- Income and socio-economic deprivation. There is a large disparity of employment rates and the receipt of income related benefits between areas of relative affluence and high levels of deprivation.
- Chronic conditions. There are parts of Cardiff with a high percentage of households with one or more residents with a diagnosis of chronic disease to include cerebro-vascular accident (stroke), circulatory and respiratory disease.
- Individuals with a high Body Mass Index (BMI) are a significant group of physically impaired service users that will face significant and long term health challenges such as diabetes. Therefore providers of service will need to provide more Bariatric Equipment (specialist equipment related to obesity).

- Cardiff has a significant migrant population with specific health, social and cultural needs that require consideration.
- A resident prison population where there are an increasing number released from prison who have health and disability needs. It transcends that, following release, there is a reduction in functional abilities such as personal and domestic skills that need to be addressed.
- The current global recession has led to increased unemployment rates which may impact on the number of people with physical or sensory impairments that are able to find employment.
- There has been an increase in POVA cases because people are more aware of their rights and the media publicity around this area. There is a need to see a continued increase in the number of POVA referrals because research indicates that more incidents of abuse go unreported. In the longer term we would want to see this number decrease when public protection levels increase.
- There have been advances in technology which has facilitated greater opportunities for people to live independently regardless of their health status. The improvements in technology will inevitably increase as further advances are made. However funding issues may limit the range of adaptations that can be provided.
- People with physical and sensory impairments have the right to have appropriate housing at appropriate times in their life. Therefore it is crucial that a diverse range of accommodation is made available.

#### **Partners with a role to play**

- |                               |                                   |                        |                       |
|-------------------------------|-----------------------------------|------------------------|-----------------------|
| • Cardiff Council:            | ○ Housing & Neighbourhood Renewal | • Third Sector         | • Carers              |
| ○ Adult services              | ○ Direct Services, Leisure & Play | • Commercial employers | • Employment agencies |
| ○ Children services           | • NHS                             | • Care & Repair        | • Further education.  |
| ○ Schools & Lifelong Learning | • Cardiff Health Alliance         | • Service users        |                       |

#### **What are we going to do?**

- Home adaptations to promote independence and safety, utilising advance in modern technology. This also supports the reduction in delayed transfers of care.
- Initiatives such as the 'Access to Work' project that support people into employment.
- Vocational rehabilitation including the fitness to work culture. Partnership working with employment agencies to develop vocational opportunities for people.
- Awareness raising about disability rights and equality and diversity issues improves public understanding and knowledge.
- Further promotion of POVA, advocacy and public protection.
- Further development of innovative accommodation provision (including respite, nursing home and residential care) that meets the diverse health and social needs of this population. For example, Ty Onnen offers a blueprint for the future of joint public and private sector projects by providing a high standard of accommodation with access to care services on a 24-hour basis while still being part of the local community.
- Commissioning services from Third Sector partners to meet specific needs such as advocacy.
- Community based day service provision improves inclusion and opportunities for people.
- Health promotion in primary care to reduce the number of people with chronic conditions in later life.