

Adults with a physical and/or sensory impairment

Headlines

- 1 in 10 (25,500) people aged 18-65 years have a physical impairment and 20,000 adults of all ages have a sensory impairment.
- Many people are living longer as disabled people.
- Having an impairment does not always mean that a person is disabled – disability is the disadvantage people with impairments experience due to barriers that restrict their participation in different areas of life.
- Adults with impairment are much more likely than those without to experience disadvantage in relation to education, training, employment, housing, money and transport. The cumulative effect of barriers is to marginalise disabled people from the mainstream of society and the economy. Removal of barriers is the key to disabled people fulfilling their potential and having opportunities to play a full role in society.
- Across all adults who are limited a lot by their impairment:
 - o 3 out of 4 support family, friends or neighbours and 1 in 3 volunteer.
 - o 2 out of 5 feel good about the way they look and the same number want to make changes to feel better about themselves.
 - o Half feel well informed about public services and 1 in 3 feel well informed about how they can get involved in local decision making.
 - o Nearly half feel their views make a difference, higher than those with no impairment.

Why is this issue important?

Disability should be distinguished from impairment and ill health. Disability is: a disadvantage experienced by an individual resulting from barriers to independent living or educational, employment or other opportunities that impact on people with impairments and/or ill health.

Impairments are long-term characteristics of an individual that affect their functioning and/or appearance. Ill health is the short term or long-term consequence of disease or

sickness. Many people who have an impairment or ill health would not consider themselves to be disabled¹.

The [poverty](#), disadvantage and social exclusion experienced by many disabled people is not the inevitable result of their impairments or medical conditions, but rather stems from attitudinal and environmental barriers. This is the social model of disability². In the social model, disability is viewed as the disadvantage, or restriction of activity and participation, caused by aspects of society which take little or no account of the needs of people with impairment³.

The types of barriers faced by disabled people include:

- Attitudinal e.g. among disabled people themselves and among employers, health professionals and service providers.
- Policy, resulting from policy design and delivery which do not take disabled people into account.
- Physical e.g. through the design of the built environment, transport systems, etc.
- Those linked to empowerment, as a result of which disabled people are not listened to, consulted or involved¹.

Disabling barriers contribute to the disadvantages experienced by people with an impairment or ill health and can lead to⁴:

- Poorer health outcomes.
- A higher risk of being exposed to violence.
- Restricted participation.
- Reduced quality of life.
- Lower educational achievements.
- Less economic participation.
- Higher rates of poverty.

Locally in 2011 around 25,500 people aged 18-65 years had a physical impairment and 20,000 adults of all ages had a sensory impairment⁴. In Kirklees in 2012, just over 1 in 10 (11%) adults reported some form of visual impairment and 1 in 7 (15%) reported some form of hearing impairment. In those aged over 65, more than 1 in 6 (18%) reported a

visual impairment and more than 1 in 3 (39%) reported a hearing impairment. 1 in 13 (8%) adults reported having a condition which affected their dexterity and 1 in 7 (15%) reported having a condition which affected their stamina, breathing or fatigue. There is no evidence to suggest a dramatic increase in the number of adults aged 18-64 with a physical or sensory impairment by 2030. However later onset conditions such as Parkinson's disease, sensory impairment and arthritis will rise as the over 55 population grows and health conditions linked to diabetes and obesity are also set to increase as the number of people with these conditions rises⁴.

Stroke is one of the top three causes of death and the largest cause of adult impairment in England. Locally in 2011 it was estimated that 2,171 adults had a longstanding health condition caused by a stroke. By 2030 this is predicted to increase by 37%⁴ (see CVD section).

Many people are living longer as disabled people, both those who are disabled in later life and those who are disabled from birth (where life expectancy is improving). For example, half a century ago only 25% of those born with congenital heart conditions survived into adulthood, whereas now 90% do so. About half of those born with cystic fibrosis will live beyond 41, and a baby born today with the condition is expected to live even longer. There is also evidence of improved survival rates for children born with cerebral palsy. Increasing life expectancy for those people who are disabled from birth will also bring issues such as family carers reaching older age and managing their own impairments whilst still caring for their disabled children⁵.

Most disabled people are not born disabled (only 3% are). Most acquire impairments later in life (for example, 79% of disabled people over State Pension age reported that they acquired their impairment after age 50), and increasingly after retirement age (47% of disabled people over State Pension age acquired their impairment after the age of 65). Different types of impairment tend to start or become disabling at different times in people's lives⁵.

What significant factors are affecting this issue?

The latest surveys, research and statistics provide real opportunities for fresh insights to crystallise this story. For example, the Life Opportunities Survey (LOS), a major new longitudinal survey, based on the social model of disability, is starting to inform a new understanding of the dynamic nature of the disabled population and of the barriers faced by people with impairment⁵.

Participation restrictions in key life areas (additional disadvantages experienced by adults with impairment when compared to adults without impairment):

- Nationally: 1 in 6 (16%) experienced barriers to education and training opportunities (that is, the learning opportunities they had) compared with 1 in 11 (9%) adults without impairment.
- More than half (57%) experienced barriers to employment (that is, in the type or amount of paid work they did) compared with 1 in 4 (26%) adults without impairment.
- 3 out of 4 (75%) experienced barriers to using transport compared with 60% of adults without impairment.
- Nearly half (44%) of households with at least one person with impairment experienced barriers to economic life and living standards (that is, being able to afford expenses or make loan repayments) compared with 1 in 4 (29%) households without any people with impairment.
- 82% of adults with impairment experienced barriers in leisure, social and cultural activities compared with 78% of adults without impairments.

Locally:

Accommodation

- Adults limited a lot by a long-term condition are more likely than adults not limited by a health condition to live by themselves (60% compared to 40%) and to rent their home (35% compared to 27%).
- 1 in 5 (21%) adults with a LTLC say their present home is unsuitable for their needs because it is unsuitable for their (or other householders') mobility needs and 18% because it is unsuitable for them (or other householders) to cope with physical/mental health conditions or illnesses.

Education and employment

- Amongst those of working age over 1 in 5 (22%) of those limited a lot are presently working compared to more than half (57%) of those not limited.ⁱⁱ

- Half (50%) of those limited a lot would like to get a job but feel it is unlikely to happen in the next five years compared to 9% of those not limited⁶.
- More than half (59%) of those limited a lot would like to undertake further education/training qualifications but feel it is unlikely to happen in the next five years compared to 34% of those not limited⁶.

Finances

- Amongst those of working age, over 1 in 3 (39%) of those limited a lot have an annual income of less than £10,000 compared to 1 in 5 (20%) of those not limited.
- Almost 2 out of 3 (63%) of those limited a lot would like to have enough money to do the things they want in life but feel that it is unlikely to happen in the next five years compared to less than half (44%) of those not limited⁶.
- 1 in 3 (33%) adults with a LTLC said they had money worries all/most of the time in the past few weeks compared with just over 1 in 5 (23%) of Kirklees adults overall.

Health behaviours and health and wellbeing

- In 2012, almost 1 in 4 (24%) adults with a LTLC smoked compared with a Kirklees average of just under 1 in 5 (19%). More than 1 in 5 (22%) adults with a LTLC never did 30 minutes moderate [physical activity](#) in a day – twice the Kirklees average (1 in 10 (11%).
- Over 1 in 4 (26%) adults with a LTLC were [obese](#) in 2012 – significantly higher than the Kirklees adult population as a whole (1 in 5 (19%).
- Mean self-rated general health scores were significantly lower (58.4) amongst people with a LTLC than the Kirklees average (74.4) as were positive wellbeing scores (42.9 compared with 47.4).
- 3 out of 4 (72%) of those limited a lot would like to make a healthy change e.g. stop [smoking](#), reduce drinking and feel this is likely to happen in the next five years, very similar to those not limited (78%).
- 2 in 5 (40%) of those limited a lot already feel good about the way they look, compared to more than half (55%) of those not limited. Another 2 in 5 (36%) of those limited a lot expect to make changes to feel better about the way they look in the next five years – the same as those not limited.

- 1 in 5 (21%) of those limited a lot feel in good physical shape compared to more than half (54%) of those not limited. Another 2 in 5 (39%) of those limited a lot expect to make changes to be in better physical shape in the next five years and the remaining 2 in 5 (39%) would like to be in good physical shape but feel that it is unlikely to happen in the next five years compared to 5% of those not limited⁶.

Motivation and resilience

Almost half (49%) of adults with a LTLC were identified as being in the least motivated Healthy Foundations (HF) segment. This segment (known as “Unconfident Fatalists”) is characterised by low motivation, low self-esteem and sense of control, and multiple health problems and risky health behaviours. Unconfident Fatalists (UF) make up the largest motivation segment in Kirklees and over half (55%) of all UFs have a LTLC.

Community and leisure

- 3 out of 4 (77%) adults who are limited a lot give support to family, friends or neighbours, the same as those not limited (78%).
- Only 1 in 8 (12%) adults who are limited a lot have participated in any arts and creative activities, compared with 1 in 5 (22%) of those not limited⁶.

Safety

- Adults who are limited are more likely to feel unsafe than adults not limited when outside in their local area, especially after dark (44% compared to 29%)⁶.

Transport

- Adults who are limited a lot are more likely than those not limited to say good transport links are important in making somewhere a good place to live (53% compared to 40%). They are also more likely to feel that public transport links need improving (28% compared to 23%).

Nationally there is a general picture of improvement. For example, there have been significant improvements in educational attainment, in the employment rate and employment rate gap, and in poverty rates. There have also been improvements in other factors contributing to quality of life, for example in access to transport (22% of disabled people experience difficulty accessing transport, a decrease of 5% since 2005) and access to goods and services (32% experience difficulty, a decrease of 8% since 2005). Attitudes towards disabled people have also been improving in some cases. Results from the British

Social Attitudes Survey show that public attitudes towards disabled people have improved since 2005⁵.

The 2011 “Your Place Your Say” survey positively tells us that locally:

- Equal proportions (45%) of adults limited and not limited by their health conditions feel well informed about local public services overall.
- People who are limited a lot are as likely as those not limited to feel well informed about how they can get involved in local decision making (29% compared to 28%).
- Equal numbers of adults limited a lot (21%) and not limited (22%) have had the opportunity in the last 12 months to express their views on local services or issues that affect them as a local resident and have actually expressed their views in some way (56%).
- Encouragingly, those limited a lot were much more likely to feel that their views make a difference (41% compared to 26% of those not limited).
- Nearly half (44%) of adults limited a lot feel that there is a good range of arts and creative opportunities in Kirklees, but only 1 in 8 (12%) of those people have spent time actually doing art and creative activities in the last 12 months.
- Nearly 1 in 3 (30%) of those limited a lot have given unpaid help in the last 12 months to a group, club or organisation, however this is well below the 45% of those not limited.

Views of local people

The population of disabled people is highly diverse. It includes people from all age groups and across the income and education spectrum. There are large differences in impairment experienced by disabled people. Because of this, generalisations are often unhelpful. Disabled people with different impairments, from different socio-demographic backgrounds and facing different barriers will have very different day-to-day experiences¹.

The overarching goal is for people with a physical/sensory impairment or long-term condition to live as independently as suits them, have the same opportunities, choice, control and freedom as other people living in Kirklees and experience the best possible physical and mental health and wellbeing.

Locally, many people with impairments and ill health are passionate about removing barriers for disabled people in Kirklees and some of these people are involved in local Partnership Boards and their various sub groups such as Kirklees Blind and Low Vision Group. Many local voluntary and community organisations are also working to support the full inclusion of disabled people and this is progressing as part of the personalisation agenda including the development of self-directed support, personal budgets and user led organisations.

What could commissioners and service planners consider?

Removal of barriers that marginalise disabled people is the key to empowering disabled people, and giving them the opportunity to exercise their responsibilities as citizens – in the home, in the community and in the workplace¹.

We need a step change in the way we view disability. Demographic trends will mean that increasingly we will all experience disability either as individuals or through our family and friends, and often in caring roles. An understanding of this should drive a change in attitudes and increased commitment to inclusion and accessibility⁵.

The key messages for local commissioners and service planners are to learn from the latest national surveys and research based on the social model of disability. Look at the interactions of societal barriers and impairments locally, understand who and why people have benefited from any improvements and where more progress needs to be made; giving disabled people in Kirklees opportunities to fulfil their potential and play a full role in society; resulting in improved health outcomes, participation and quality of life.

References

1. Prime Minister's Strategy Unit. Improving the Life Chances of Disabled People; 2005.
2. London: HMSO. The Disability Discrimination Act (DDA) Code of Practice; 2005.
3. Office for Disability Issues, Department for Work and Pensions. Carried out by the Office for National Statistics (ONS). Life Opportunities Survey, Wave One Results 2009/11.

4. Kirklees Council. Making it Personal Market Position Statement for the Social Care Market in Kirklees – Services to Support Adults with a Physical/Sensory Impairment or Long Term Condition 2012-2015.
5. Office for Disability Issues, Department for Work and Pensions. Fulfilling Potential - Next Steps; 2012.
6. NHS Kirklees and Kirklees Council. 'Your Place Your Say' Survey; 2011.
7. NHS Kirklees and Kirklees Council Kirklees. Physical/Sensory Impairment and Long Term Conditions Partnership Board Goals 2010-2020.
- i Office for Disability Issues. Life Opportunities Survey; Wave One Results, 2009/11. December 2011. <http://statistics.dwp.gov.uk/asd/asd1/los/index.php?page=los>
- ii NHS Kirklees and Kirklees Council. Current Living in Kirklees (CLIK) survey. 2012.

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