

**Reporting on Progress towards Equality of Opportunity between Disabled Persons and Other Persons made by Public Authorities in Scotland: the Scottish Ministers' Duties**

# Health and Wellbeing



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scotland**  
SCOTTISH GOVERNMENT

**Reporting on Progress towards Equality of Opportunity between Disabled Persons and Other Persons made by Public Authorities in Scotland: the Scottish Ministers' Duties**

## **Health and Wellbeing**

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# HEALTH AND WELLBEING

## 1. INTRODUCTION

1.1 The Scottish Ministers' Duty forms part of the duty on public bodies to promote equality of opportunity for disabled people contained in the Disability Discrimination (Public Authorities) (Statutory Duties) (Scotland) Regulations 2005. The Scottish Ministers are required to publish reports which give an overview of progress towards equality of opportunity between disabled people and other people made by public authorities; and to set out their proposals for the coordination of action by public authorities so as to bring about further progress towards equality of opportunity.

1.2 This report was commissioned by Scottish Ministers to enable reporting on the progress which is being made towards equality of opportunity between disabled people and other people across the Health and Wellbeing ministerial portfolio. The research was undertaken by Adam Gaines. It is one of 7 reports published in response to the 'Scottish Ministers' Duty'. Collectively the 7 reports constitute the Scottish Ministers' response to the duty.

1.3. This report covers progress made towards disability equality by public authorities connected with health and wellbeing and report contains seven thematic sections focussing on key areas in the health and wellbeing portfolio:

- a) Access to Health Care
- b) Housing
- c) Independent Living
- d) Community Care services
- e) Provision of equipment and adaptations
- f) Sport
- g) Tackling Poverty

1.4 Each of the thematic sections contains:

- An introduction to the relevant policy context
- Research and statistical evidence on the position of disabled people and progress towards greater equality;
- Findings from an examination of the disability equality schemes about areas where progress is evident, and areas where progress is less evident;
- A note where relevant on the use of categories of disability / impairments used in these Schemes
- A note on the evidence they contain of consultation and involvement of disabled people in the development of the schemes (with the exception of tackling poverty) and
- A summary and conclusion

1.5 The health and wellbeing portfolio covers a number of important aspects regarding disability equality as it looks at a range of issues that impact directly on disabled people's lives and wellbeing such as access to health services, and



availability of community care services. To this end a number of focus areas were selected for in-depth consideration given their importance towards progress on equality for disabled people in Scotland. The thematic areas selected also enabled the contribution towards progress in health and wellbeing and disability equality made by a range of public bodies including health boards, local authority activity in connection with health, community care and housing as well as the Scottish Government's Health and Housing Directorates to be considered.

1.6 In order to ensure that the spectrum of health and wellbeing issues that contribute towards equality for disabled people were fully represented, access to healthcare, independent living, housing, equipment and adaptations, community care and sports were selected for detailed exploration and reporting. Healthcare is important for all of Scotland's people as it is a universal service and therefore it is particularly important to monitor access to and experiences of health by disabled people. Independent living has been seen by the Scottish Government, the Equality and Human Rights Commission and many disabled people as a key equality issue. Likewise it was felt housing should be included since this is a fundamentally important area in people's lives, and has a major impact on a sense of inclusion and well-being.

1.7 Linked to these areas are availability and access to community care and equipment and adaptations, since these are likely to promote or inhibit independent living, and were therefore identified as important focus areas.

1.8 It was also considered important to include sport as a focus area since it can be a significant contributor to people's health and well being and recent reports, including the Scottish Parliament's Disability Inquiry, had highlighted sport as an area for future development.

1.9 This report draws on a range of evidence including: disability equality schemes, action plans and annual reports; policy documents and legislation; statistical reviews and research reports; the report of the Scottish Government's Disability Working Group and the report of the Scottish Parliament's Equal Opportunities Committee into barriers faced by disabled people. Details regarding the full range of evidence drawn on can be seen in the references below.

## **2. REPORTING ON PROGRESS TOWARDS ACCESS TO HEALTHCARE FOR DISABLED PEOPLE**

### **Introduction**

2.1 Healthcare is an important aspect for all of Scotland's people including the nearly one in five people in Scotland who are disabled (Scottish Executive 2004c). Access to healthcare is a major issue for disabled people, and this concerns physical access to buildings as well as ensuring that the services are appropriate and accessible in terms of information, communication support and style of care delivery.

2.2 The health service also has an important role as an employer of disabled people as it is Scotland's largest public sector employer, and therefore employment issues and access to employment by disabled people in the health service have been included in this report.

2.3 There has been greater recognition and attention to enabling disabled people to access the health service in Scotland as a result of a number of significant policy and legislative developments over the past few years. This report sets out the progress that has been made and also signals areas where further progress is either being made or needs to be made.

### **Background: Wider policy context and evidence**

#### ***Wider policy context***

2.4 Key drivers in improving access to healthcare have been the Disability Discrimination Acts 1995 and 2005 (DDA), initiatives from the Scottish Government Health Department and Health Directorate and actions within the health service to ensure that it meets the needs of all its patients, and strives to be fair for all. In the past six years there have been a number of significant initiatives and publications in this area.

2.5 One of the first initiatives to improve access to health care for disabled people was in 1998 when the National Health Service published guidance which required senior managers in all health boards to put arrangements in place to make sure that deafblind people have the service of a guide communicator when they attend hospital or GP surgery. This was followed by the publication of Guidance by the then Scottish Executive in 1999 on *Good practice: Equality for disabled people in the NHSiS: access to services* (Scottish Executive 1999). This document set out a range of strategic and practical information for senior managers on improving access to health care for disabled people, including specific approaches that might be adopted in ensuring that the NHS provided equal access to services for disabled people. It included a range of guidance also on individual impairments. It concluded that whilst performance of the NHS in Scotland was improving in regards to physical access and procedure and practices more needed to be done.

2.6 In 2001 the Scottish Executive published the White Paper *Our National Health - A Plan for Action a Plan for Change*<sup>1</sup>. This included a requirement for health boards to produce three year plans for independent advocacy services. In addition new statutory rights to advocacy were included in the Mental Health (Care and Treatment) (Scotland) Act 2003. By 2004, expenditure on advocacy had increased from £2.72m to £6.2m.

2.7 A joint conference was held between the Scottish Executive Health Department (SEHD), NHS Quality Improvement Scotland (NHS QIS) and the Disability Rights Commission (DRC) in 2002 which examined the position of disabled people in relation to the health service in Scotland. This showed that most health boards were aware of legislative and policy imperatives, but that there was variability on the state of progress and development and people wanted more information on how to improve provision.

2.8 In *the Partnership for Care* White Paper (Scottish Executive 2003a) the Scottish Executive set out commitments for the SEHD and NHS Scotland to extend the principles set out in *Fair for All* (Scottish Executive 2001a). The aim was to ensure that '*our health services recognise and respond sensitively to the individual needs, background and circumstances of people's lives*' and in particular to meet the needs of disabled people.

2.9 In 2003 *Fair for All - Disability* - was launched, which was a Strategic Partnership between the Scottish Executive and the DRC to help bring about improvements in access to the health service across Scotland. The first significant act of the partnership was the completion and publication in 2004 of a *Baseline Study of NHS Health Boards* (Fair for All – Disability 2004) to identify activity in relation to where the NHS was in relation to understanding the needs of disabled people and the DDA (1995). This study suggested that there was scope for improvement by boards in the following areas: information provision; demonstrating evidence of need; involving disabled people; improving access to services for disabled people; and support for disabled staff members.

2.10 The White Paper *Partnership for Care* was followed by the *National Health Service Reform (Scotland) Act 2004* (HMSO 2004) which turned the commitments in *Partnership for Care* into specific duties on health boards to involve the public and observe and encourage equal opportunities. These duties came into effect on 30 September 2004.

2.11 *Fair for All - the Wider Challenge* (Scottish Executive 2004a) was announced by the then Scottish Executive Health Department in 2004, and sought to implement the equal opportunities approach in *Fair for All* across the six equality strands. This included publication of an equality and impact assessment toolkit in September 2004, aimed at improving the way in which the SEHD and NHS Boards developed their policies and functions by ensuring that they reflected the current equality and diversity legislative framework. They were expected to have undertaken a prioritisation and review of their policies, functions and services by the March 2007.

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<sup>1</sup> See also *Independent Advocacy - A Guide to Commissioners* (Scottish Executive 2001)

2.12 The *Fair for All Disability Baseline Study* was followed by work with all 22 area and special health boards across Scotland and with disabled people to identify key issues for progress in relation to access to the health service. This included visits to all boards (Fair for All-Disability 2005), and the establishment of a Disability Equality Network across the health service in Scotland. This work highlighted the need for greater leadership at organisational level in boards, more understanding of the needs of disabled people in service planning and delivery and greater awareness of the barriers faced by disabled people. It also led to the development and publication of '*Achieving Fair Access*' (Fair for All-Disability 2006) a comprehensive strategic and practical set of Guidance for health boards on access to health services for disabled people.

2.13 In 2004, the SEHD sought information from health boards in relation to progress on physical accessibility of buildings, access audits and strategies for reasonable adjustments. This followed an allocation of £1.5m in 2003 to primary care contractors to assist them in their adaptation of premises (Scottish Executive (2004b)). In 2006, a further Health Department Letter (Scottish Executive 2006b) showed that access audits had been completed by nearly all area health boards covering primary and acute services, and that 'reasonable adjustments' would cost Boards £25m, and absolute compliance £113m.

2.14 NHS Health Scotland commissioned a report in 2004 into the health needs and inequalities of people with learning disability in Scotland (NHS Health Scotland 2004), following the publication of *The Same As You? - Review of Services for People with Learning Disabilities*. This showed that people with learning disabilities in Scotland have a higher number of, and more complex, health needs than the rest of the population, as well as higher levels of unmet health needs, and different causes of death than non-learning disabled people. Furthermore, the findings of two Fatal Accident Inquiries (FAIs) in Scotland identified a number of issues relating to the experience of general and acute health care for people with learning disabilities. These findings were similar to a later investigation carried out into the health inequalities of people with learning disabilities and mental health problems in England and Wales (Disability Rights Commission 2006).

2.15 In Scotland, all health boards have been asked to prepare action plans to address the findings of the FAIs. In addition, NHS Quality Improvement Scotland is currently undertaking a programme of work to assess all health boards against Learning Disability Quality Indicators, numbers 2 and 3. These relate to the promotion of inclusion and wellbeing, and meeting general health care needs. This work will look at activity across health services to meet the requirements of the DDA. The Autism Spectrum Disorder Needs Assessment Report (Public Health Institute for Scotland, 2002) identified a patchwork of services for people with ASD. Since then, a SIGN guideline on assessment diagnosis and clinical interventions for children and young people with autism spectrum disorder has been published by the SIGN Council. Scottish Government Guidance on commissioning services for people with ASD was published highlighting positive developments in Scotland and identifying resources available to support better health and social care for this group.

2.16 The *Better Health and Better Care Action Plan* (Scottish Government 2007a), notes that 23% of the population over 16 are disabled or have a long-term

condition and that whilst improvements have been made with regard to health inequalities, there is a need for a sharper focus on tackling health inequalities between disabled and non-disabled people. In particular, the document set out plans for embedding the Guidance *Achieving Fair Access* across the NHS, as well as a set of proposals in relation to disabled patients on booking convenient and longer appointment times. In addition, plans were put in place for the provision of accessible written summaries of consultations and interventions, and advocacy and communication support.

2.17 In April 2008, NHS Health Scotland formally launched its new Directorate of Equalities and Planning with the support of the Scottish Government, NHS area health boards and voluntary organisations. As Scotland's centre of expertise on diversity and health inequalities issues, the directorate role is to spearhead the task of delivering an NHS which is person-centred through providing advice, knowledge, support and influence for the health service, addressing excluded communities and providing help to those who need it most.

2.18 June 2008 saw the publication of *Equally Well* - the report of the Ministerial Taskforce on Health Inequalities (Scottish Government 2008). This Report acknowledged that people's health may vary according to age, disability, gender, race, religion or belief, sexual orientation and other individual factors and that these could interact with socioeconomic status and low income to produce significant health inequalities. The report includes a range of proposals of relevance to disability equality including encouraging health boards to be exemplars in employment. Health checks in deprived areas to identify people with depression and anxiety were also recommended, to ensure adequate treatment and support. The development of a health care framework for regular health assessments for people with learning disabilities was outlined as an expectation of all Boards in addition to identifying a designated senior post responsible for ensuring that people with learning disabilities receive fair and equitable treatment from health services, and targeting health promoting action to people with learning disabilities who may need support with access to information and services. An implementation plan will be published later in 2008.

2.19 The Scottish Government is currently consulting on the content of a Patients' Rights Bill, which will include (amongst others) the rights of patients: to be involved in their own healthcare; as well as having decisions about health services communicated with in way which is understood; to have accessible services; and to be supported in accessing rights. There is an explicit commitment in the consultation to consider the needs of a diverse population and to put in place appropriate support -this will have a direct impact on disabled people.

### ***Research and statistical evidence***

2.20 There is some research and statistical information available on the position in relation to the health of disabled people in Scotland, but it is not always available in a format that lends itself to disability analysis, as much data is in relation to long-term illness, rather than disability. It is important to remember that Scotland has nearly one million disabled people – just under one in five of the population, and one

in three of all households in Scotland include a disabled person or person with long-term condition (Scottish Executive 2004c).

2.21 Disabled people are more likely to be living in poverty than non-disabled people, and in turn individuals in low income households are more likely to report poor health (Cabinet Office 2004 and Prime Minister's Strategy Unit 2005). It is also the case, according to the Scottish Household Survey (Scottish Executive 2006a), that the prevalence of disability increases with age; 32% of people aged 60-74 and 45% of those aged over 75 have a disability or long-term illness. This has clear implications for health service usage and access to the health service by disabled people. There is also a disability gender dimension, since there are more disabled women than men in the population as a result of women's longer life expectancy, although boys outnumber girls in younger age groups. With a growing older population this will have implications for the health service in Scotland.

2.22 There is little data regarding health experiences and outcomes for all the different impairment groups, but there is some data regarding people with a learning disability and mental health problems and more limited data regarding people with sensory impairments.

#### *Learning disability and autism spectrum disorders*

2.23 Although there are no exact figures available, the Same As You? estimated that there were about 120,000 people with learning disabilities in Scotland, with a prevalence of about 20 people per 1,000 of the population having a mild or moderate learning disability, and 3 or 4 having a profound or multiple disability. Statistics in 2007 showed there were 22,875 adults with learning disabilities known to local authorities in Scotland and the annual pupil census in 2007 identified 13,913 children with learning disabilities and 4,550 children with autism spectrum disorders as their reason for additional support for learning (note: the definitions for these statistics are not the same for children and adults. According to NHS Health Scotland, the life expectancy of people with learning disabilities is increasing. In future, there will be more people with learning disabilities, more older persons with learning disabilities, and more persons with the most severe learning disabilities in all age cohorts (NHS Health Scotland 2004). Research for the DRC suggests (based on research in England and Wales) that people with learning disabilities will be considerably more likely to die 5-10 years younger than other people. In addition, the DRC cites evidence that people with learning difficulties are also less likely to use diagnostic services, for example, women with learning difficulties have fewer mammograms and cervical smears (DRC 2006).

2.24 A report for *The Same As You?* Implementation Group in 2006 reviewed progress in relation to the Partnership in Practice Agreements. Most areas' plans made reference to health promotion, meeting health needs, and improving access to health, but few had clear targets and timescales to deliver their proposals. A number of positive developments and examples of good practice by health boards were identified, such as the appointment of specialist staff, local health promotion strategies and research projects on health issues for people with learning disabilities. A mobile healthy living centre including people with learning disabilities was being used by one health board (Scottish Executive 2006e).

## *Mental health*

2.25 There are no precise figures for the numbers of people in Scotland with mental health problems. However, the Scottish Health Survey suggests that those with a 'high score' on the General Health Questionnaire in relation to mental health problems amounted to some 13% of men aged 16-64, which was constant between 1995 and 2003. For women, however, there was a reduction from 19% to 17% during the same period (Scottish Executive 2006c). Research for the DRC shows that people with major mental health problems in England and Wales (no corresponding data were available for Scotland) are more likely to develop a significant illness, such as diabetes, coronary heart disease, stroke or respiratory disease, compared with other citizens. People with learning disabilities are more likely to develop a disease of this type before 55, and, once they have it, are more likely to die within five years (DRC 2006). The Scottish Government disability equality scheme cites research data that people with mental health problems were more likely than other people to have physical illnesses which were not taken seriously by GPs and health services or attributed to mental distress (Scottish Government 2008b).

## *Sensory impairment*

2.26 Data from a survey conducted for Guide Dogs for the Blind Association (Nzegwu 2004) showed that people with sensory impairments do not always receive a good service or level of understanding in relation to needs from the health service. Of 832 blind and visually impaired people sampled in this survey, 55% required help in finding a seat in the waiting area in GP surgeries, yet only 26% received it.

2.27 Of 866 deaf and hard of hearing people who responded to a survey conducted by the Royal National Institute for Deaf People and the UK Council on Deafness (RNID 2004), 24% said they have missed an appointment because of poor communication such as not being able to hear staff calling out their name. Some 19% have missed more than five appointments. 42% of deaf and hard of hearing people who had visited hospital (non- emergency) had found it difficult to communicate with NHS staff.

## *Experience of health services*

2.28 The baseline study of health boards' understanding in relation to disabled people and access to services, carried out in 2004 by Fair for All-Disability, showed a mixed picture. Half of the area health boards and five special boards had disability advisors, whilst there was some confusion across boards about the key policy and legal drivers to take disability matters forward. There was inconsistency in the approaches to demographic and profile work on disability, but there was a positive commitment by all health boards surveyed about involving disabled people and also progress on the implementation of reasonable adjustments. Effort was concentrated on making services physically accessible, though with lesser apparent activity on other aspects of accessible service delivery and some of this appeared to arise from a lack of understanding about the definition of access to services. A majority of boards had an action plan for improving services (Fair for All- Disability 2004).

2.29 Access to healthcare services appears to have been a problem for some disabled people. A survey by National Opinion Polls for the DRC in 2003 reported that 24% of the disabled people polled in Scotland mentioned difficulties in the course of an appointment or visit to a hospital and 18% in accessing a dentist (Chowdhury and Worley 2003). Key factors mentioned included steps at entrances and, heavy doors and disabled parking spaces being used by non disabled drivers as well as absences of lifts. For those with sensory impairments who had faced difficulties barriers mentioned included (in a minority of cases) staff attitudes and absences of induction loops.

2.30 The Scottish Household Survey in 2002-3 showed that disabled people and people with long-term illness found access to doctors' surgeries, chemists or pharmacists, as well as hospital outpatients departments, more inconvenient than the population as a whole. Whilst a follow-up question was included in the 2005 survey, the data are not yet available to see if there has been progress in this regard (Scottish Executive 2003b).

## **REPORTING ON PROGRESS TOWARDS EQUALITY OF OPPORTUNITY**

### **Areas where Progress is Evident from Examination of Disability Equality Schemes**

#### ***Introduction***

2.31 Across the health boards, there appears to be a strong intention to take action to improve access to healthcare for disabled people, eliminate discrimination and promote equality of opportunity and some notable initiatives to meet disabled people's needs. All the area and special health boards have published disability equality schemes and over three quarters (18 out of 22) have published annual reports.

#### ***Impact assessment***

2.32 Considerable attention and thought by health boards seems to have been put into developing systems and methods of taking forward impact assessments, with nearly every board having made some progress in this regard. Most boards make reference to the Equality and Diversity Impact Assessment toolkit developed by the Scottish Government, and some have developed and adapted this to their specific needs. Different boards have developed different strategies to taking this forward, and towards prioritising key areas for impact assessment. Commitments in *Better Health, Better Care* and *Equally Well* on integrated impact assessment are aimed at improving the consistency with which boards apply impact assessment to new policies and plans.

2.33 Several boards have produced detailed analyses of their policies and functions to enable them to decide on priority and timescale for impact assessment of those policies (e.g. NHS QIS, NHS Tayside, NHS Highland, the Scottish Ambulance Service). Others placed emphasis on developing staff training systems to



roll out impact assessments across their authorities and to develop ownership (commendable examples include NHS Fife which reported training 400 staff on impact assessment and NHS Grampian 40 managers) and quite a number had already completed impact assessment of a range of policies and procedures (e.g. NHS National Services, the State Hospital). Most boards had future plans for taking forward impact assessment of policies, functions and procedures with several aiming to have completed the process within a three year time frame.

### *Training*

2.34 One of the most common actions by boards to improve access to the health service for disabled people has been to develop staff training in disability awareness and impact assessment, with 19 out of the 22 boards reporting training activity. Programmes ranged from smaller scale initiatives focused on specialist groups to wider initiatives such as NHS Dumfries and Galloway's aimed at reaching 1800 staff, and NHS 24 training some 1128 people about the Disability Equality Duty and the importance of the social model of disability. There have been a number of e-learning initiatives aimed at reaching the considerable number of NHS staff in remoter areas (e.g. NHS Borders and NHS Highland). Some boards have now embarked on reviews of their training programmes to date in order to further develop the training (e.g. National Waiting Times Centre and NHS Education) and many boards had plans to widen the training programmes to greater numbers of staff.

### *Data Gathering*

2.35 A number of NHS boards had gathered area demographic data well (commendable examples of demographic information collection include: NHS Ayrshire and Arran, NHS Tayside, NHS Greater Glasgow and Clyde Valley, Shetland and NHS Highland). NHS Borders, NHS Ayrshire and Arran and the State Hospital had undertaken surveys enabling them to assess barriers to services. Interestingly, those who appeared to have the best records on collecting data also appeared to have some of the most developed plans for developing this further e.g. NHS Ayrshire and Arran are aiming to undertake a local health care needs survey of disabled people in 2009.

2.36 A few boards are undertaking patient health or experience surveys which will be useful for determining future progress (e.g. NHS Forth Valley, NHS Lothian). Several boards are planning further demographic information collection (at least two Area boards have plans for collecting local health experiences of disabled patients and also on reasonable adjustments). In addition, the *Better Together* Patient Experience Programme - a national improvement programme - will provide useful data. This involves systematic surveying of patient experience across inpatients, GP services and long term conditions across all health boards. Survey work will be supported by a range of methodologies to ensure all groups can participate and have their experiences recorded. Survey work will be disaggregated by disability as well as other equalities demographics, enabling any issues that are specific to disabled people to be identified and responded to accordingly. with improvement work.

2.37 *Equally Well* recommends that a review of health data needs covering gender, ethnicity, age, disability, religion and belief, sexual orientation and

transgender which should include a plan of action with milestones to fill information gaps identified. This will be led by the Equalities and Planning Directorate in NHS Health Scotland. It also recommends that NHS targets should be set to support work on patient monitoring and collection of equalities data, led by the Information and Statistics Division of NHS National Services Scotland.

#### *Access to healthcare and service development*

2.38 It is clear from both the disability equality schemes and annual reports that progress has been made on access to the physical environment by disabled people. Nearly all boards had undertaken access audits and some were re-auditing to meet newer expectations. Access audits followed a review across the NHS in 2004 by the then Scottish Executive Health Department to determine the extent of progress of compliance with the Disability Discrimination Act 1995 requirements as well as progress since the Guidance in 1999 (Scottish Executive 2004b). The audits highlighted a range of requirements ranging from the need for induction loops, new access ramps and entrance areas, to disabled toilet provision, external and internal building handrail installation and the need for further contrasting colour schemes to assist visually impaired people. Twelve boards explicitly mentioned building and upgrading programmes including NHS Fife, which listed a significant estates building plan and through to NHS Ayrshire and Arran which was also planning to involve disabled people in the design of new facilities.

2.39 Many of the best developed schemes and plans appeared to have linked access to services for patients, staff and physical access together e.g. NHS Highland, NHS Grampian and NHS Tayside have sought to link disabled people's experiences with their service plans, the National Waiting Times Hospital and NHS Fife have disability working groups to oversee the different aspects of provision. Other notable areas of access progress were the development of more inclusive building and fire evacuation plans in several boards and the installation of loop systems (e.g. NHS Dumfries and Galloway have now ensured all premises including GPs surgeries and health centres have induction loops).

2.40 There was more concentration on service planning and development on access to the health services and disability equality amongst the area health boards than amongst the special health boards, as a consequence of their different roles. Nonetheless there have been some imaginative and considered efforts by some special boards to consider disabled peoples' needs and to involve disabled people - most notably an initiative of three of the specialist boards jointly (NHS Education, NHS Health Scotland and NHS QIS) to develop an involvement process to obtain disabled people's perspectives, which included organising focus groups of disabled people, and obtaining the perspectives of different impairment groups.

2.41 Some boards had taken a holistic approach to considering service provision for disabled people, looking at the different patient pathways, and talking to disabled people about service inter-linkage. Examples of commendable practice in this regard are NHS Ayrshire and Arran and NHS Tayside, which had developed actions to improve transport arrangements for disabled people using health services. NHS Forth Valley had also looked at a number of services to evaluate how support provision could be improved. This was undertaken via a market research day to

review priorities and also from looking at the Improving patient care and experience framework, which identified areas for attention in relation to maternity services, acute Inpatient as well as outpatient services. This work led to the consideration of the provision of information in accessible formats and the creation of a pilot project looking at individual support requirements for patients in respect of meal times.

2.42 There were a number of examples of provision on wider service access issues such as in communication support and advocacy provision (e.g. NHS Forth Valley, NHS Lothian, the State Hospital on communication support and NHS Ayrshire and Arran and the National Waiting Times Centre on work to develop an advocacy service). Several boards had plans for further communication support and advocacy provision (see also Section below on Independent Living 5.15, 5.28 and 5.37).

#### *Further service access improvements*

2.43 There are a number of plans for improving service access for disabled people in regard to health care. The Scottish Government Health Directorates are working with health boards to take forward a 'whole systems approach' to embedding disability equality considerations across the clinical priorities of cancer, CHD/stroke and mental health – this follows the completion of research by the Scottish Government into inequalities and cancer in 2007. The Scottish Government is also proposing the development of a framework for regular health assessments for people with learning disabilities across Scotland. The *Equally Well* report on health inequalities has set out proposals for an expansion of 'Keep Well' checks to identify and support people with depression and anxiety.

2.44 The new National Health Information and Support Service is planned to be designed to be both accessible to disabled people as well as including information of relevance to disabled people on health issues. Work is underway to gather existing health and wellbeing information in BSL as part of the foundations of this services. Also a considerable number of boards have identified making publications and information more accessible, following involvement with disabled people and there are now plans to revise and improve the system of making NHS complaints to make it more accessible for disabled people, particularly for those with sensory impairments. The *Better Together* national patient experience programme will include provision for disaggregated information about disabled people's experiences of health services.

2.45 To sum up the evidence, there has been progress made by health boards on accessibility of their services to disabled people. Key areas of progress and positive activity include:

- The assessment of policies, procedures and functions on disability equality, and the development of action plans to enhance service use and accessibility by disabled people of NHS services.
- Actions to improve the quality and accessibility of services, information, staff training on disability awareness, and work on the development of employment policies.

- Some strong examples of information gathering to assist service development, (and these approaches would service other health boards which had lesser developed approaches to develop these).
- Plans for future actions such as taking a whole systems approach towards embedding disability equality considerations into clinical priorities of cancer CHD/stroke and mental health, as well as the framework for regular health assessments for people with disabilities.

## **Areas where progress on access to health care is less evident from disability equality schemes**

### ***Introduction***

2.46 Amongst the health boards there were some areas where progress on access to health services by disabled people is less evident – such as in the case of data gathering where a minority of health boards did not appear to have detailed data in regard to the profile of disabled people in their areas or in relation to the employment of disabled people.

### ***Data gathering***

2.47 A minority of health boards (7) provided little local background data about the demographics and needs of disabled people in their areas and the implications for their boards (e.g. NHS Lanarkshire, NHS Western Isles, NHS Orkney, NHS Fife, NHS Education, NHS QIS). These boards also appeared to have lesser developed plans for improving demographic data in the future which therefore would lessen their ability to know where improvements in regard to access to health care for disabled people could be made. Progress on disability monitoring and disability demographics has been identified as a priority under the *Equally Well* report and progress on this action will be overseen by a new Mutuality, Equality and Human Rights Board, chaired by the Scottish Government’s Director of Health Care Policy and Strategy.

### ***Employment***

2.48 Whilst there is recognition of the importance of eliminating barriers to employment and reviewing policies, overall across the health boards there is not an abundance of data regarding the employment position of disabled people by health boards, to enable further consideration of improving access to employment opportunities by disabled people. Of the boards just over half (12) had figures for the numbers and percentage of disabled people employed, two had partial information and the other eight boards were in the process of putting monitoring systems in place. This absence of data means that there is no overall figure for the percentage and number of disabled people employed across the health service in Scotland (in comparison to the availability of such figures by race or religion). This makes measuring progress difficult. However, nearly all boards had plans or were in the process of gathering more information via introducing monitoring system, but some

cited difficulties over disclosure or over the application of the SWIIS NHS monitoring system. Examples of commendable practice included NHS 24, which has developed a good set of baseline employment data, and utilised this well for setting and measuring objectives for the future.

2.49 Many boards had undertaken reviews of their employment policies and processes to look at ways of promoting equality and eliminating discriminatory processes and at least six boards had planned further action on this in 2008 including training programmes for staff, introducing monitoring frameworks, revisions to appointments processes and attention to impact assessment of grievance and disciplinary processes. The Scottish Government is also aiming to change perceptions and attitudes towards the recruitment of disabled people and employment in the health service and as part of this is including images of disabled people in recruitment materials as well as targeting disabled people as part of recruitment campaigns for nurses and other staff.

### *Harassment*

2.50 The number of boards mentioning the development of disability-related anti-harassment procedures in their schemes and action plans was not extensive, and there was little evidence of much progress in this regard, beyond the introduction in many cases of dignity at work policies. There were a few examples of commendable practice such as the approach of NHS Highland and NHS Fife in developing joint strategies on tackling harassment with other key public bodies in their areas, which included attention to employment policies and producing posters and other public information about harassment and why it was wrong. In addition, NHS Lothian had worked with four local authority partners and Lothian and Borders Police to advertise Remote Reporting sites in GP Practices and Health Centres and departments for people to be able to report disability-related harassment.

### *Public life*

2.51 Overall, there was little data offered regarding progress in relation to disabled people and access to their involvement in public life in relation to health services. Some schemes made reference to specific steps, and there were a few examples of commendable practice, for example, NHS National Services Scotland were developing guidance and a pack to increase the number of people with learning difficulties and mental health problems in becoming blood donors as well as information for BSL users, and NHS Orkney has given consideration to disabled visitors to the islands and inclusion of their needs in planning and service provision.

### *Service development and accessibility*

2.52 Although a majority of schemes listed future actions and plans on service development and access to the healthcare by disabled people, some less developed schemes purely listed actions to take forward individual elements of service provision, rather than taking an overall approach towards this. Also whilst most disability equality action plans and annual reports had reference to the development of alternative formats, unfortunately few actual reports and plans were fully accessible.

2.53 To sum up, areas where there is less evidence of progress include the following:

- Health boards have made less progress in relation to employment than in service delivery. Nearly half of all boards did not cite baseline employment data which makes it impossible to review progress;
- There was little evidence of disability related anti-harassment procedures being developed;
- Some health board disability equality schemes appeared to lack a strategic approach towards service accessibility and development;
- Disability equality schemes and annual reports need to be made more accessible.

### **Categories of impairment groups mentioned in disability equality schemes**

2.54 There was reference to a wide range of impairment groups in the research and policy literature, with information about people with sensory impairment, mental health problems and learning disabilities as well as physical impairments, though there appeared to be less data on the numbers of people with learning disabilities and mental health problems. The disability equality schemes and annual reports made significant reference to different impairment groups, though a minority presented a homogeneous view of disabled people. A number of NHS boards had gathered area demographic data well, which included data on impairment groups and some had sought specific information as part of their involvement processes about the needs of various impairment groups. There was greater variability in attention to specific impairment groups within action plans, with some having particular actions geared towards the needs of certain groups, whilst others were less specific. In addition, a number of health boards reported actions on barrier removal for people with physical impairments. Two boards made reference to people with asthma and to people with epilepsy and three boards included actions targeted at disabled children.

### **Reporting on progress - involvement and consultation**

2.55 The review of schemes shows some commendable examples of involving disabled people (e.g. NHS Tayside, NHS Highland, the National Waiting Times Centre and NHS Grampian) and some boards where involvement has yet to become fully understood and developed. In the best schemes, the process of engagement and involvement had been followed up by eliciting views on areas for improvement and aspects of best practice e.g. NHS Grampian had held seminars for disabled people and parents of disabled children, which fed into a draft Scheme for consultation. NHS Tayside had undertaken a variety of involvement actions with a range of impairment groups and drafted a report on future actions based on the involvement work. In addition they had held a joint event with disabled people and public authorities to review progress made on their action plan.

2.56 The best schemes in this regard also paid attention to involving disabled staff, which some boards appeared to have found difficult. Interestingly, a minority of the special boards found it difficult to involve disabled people. Four specialist boards

(NHS 24, NHS QIS, NHS Education and NHS Health Scotland) had developed relevant approaches to consultation, including utilising focus groups of disabled people to comment on key issues. At least 13 boards had established Disability Reference Groups and a number have ongoing groups such as NHS National Services, NHS Lothian and the National Waiting Times Centre. A few had utilised the groups to review progress.

2.57 A few boards showed little by way of involvement, and in a few cases appeared to see it solely as a consultation exercise not linked to their future activity (e.g. NHS Greater Glasgow and Clyde, NHS Borders). The Scottish Government is providing targeted support to 5 boards to assist in the development of involvement, via guidance and best practice statements.

2.58 A new participation standard for patients is being designed by the Scottish Government Health Directorates, NHS QIS and the Scottish Health Council on measures to include patients' views and involvement and aims to enhance disabled people's involvement and participation. In addition to this, initial discussions have been held between the Scottish Government and NHS Health Scotland to identify mechanisms for strengthening disabled people's involvement in national health policy and planning.

## **Summary and conclusion**

2.59 Overall there appears to have been consideration of access to health care and of disability equality by the health service, with some clear measures and actions put in place to improve the accessibility of services. Considerable effort has gone into many of the disability equality schemes by health boards, and evidence of progress on disability equality is discernible in a number of areas.

2.60 Overall, it appears that most boards are making serious efforts to improve the accessibility of their services to disabled people. There appeared to be little association between the size of board or its geographical location and the quality of its efforts and plans to improve accessibility and develop disability equality (e.g. NHS Western Isles' lack of detail and of plans contrasts with NHS Shetland's detailed demographic work and plans).

2.61 Areas of progress include the assessment of policies, procedures and functions on disability equality, and the development of action plans to enhance service use and accessibility by disabled people of NHS services. A number of actions to improve the quality and accessibility of services, information, staff training on disability awareness, and the development of employment policies have been undertaken, and plans exist for further activity. There are some strong examples of information gathering to assist service development, and the existence of guidance in this area should be looked at by those boards with less developed schemes to assist them in taking a more joined-up and disabled person-oriented approach.

2.62 There appears to be less activity from the health boards to take forward disability equality in relation to employment. The absence, in nearly half of all boards, of baseline employment data has meant that the attention that has been given to employment aspects has often appeared to have occurred without sufficient context

and appears less directed. This is an area where further progress is clearly required, though some boards now have plans in place to develop such data and to review policies. There is more that some boards could do to make their schemes and reports accessible.

2.63 It is clear from the action plans and annual reports that the DED has had an impact on improving access to health care for disabled people, by comparison with the survey of baseline activity in 2004. For those with good provision already, the development of schemes and action plans has helped direct and shape their approach, and ensured that practice has been more related to disabled people's direct needs. For those with less developed programmes, it has clearly served to ensure that disability equality is more on their agenda, and they should now be seeking to learn from the examples of best practice and also from the available guidance from the Scottish Government Health Directorates, NHS Health Scotland/Fair for All-Disability<sup>2</sup> and the Equality and Human Rights Commission.

2.64 For the future, the work being undertaken by Information Services Division of NHS National Services Scotland and Health Scotland/Fair for All-Disability, with input from NHS Lothian, will be important in establishing a greater national picture of disability data in health, enabling a more strategic approach to be taken across the country. In addition, key initiatives such as the recommendations from the *Equally Well* report of the Ministerial Task Force on Health Inequalities on the development of regular health assessments for people with learning disabilities and those with depression, the Patient Experience programme and whole systems thinking will be important tools in helping the NHS become more inclusive of disabled people.

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<sup>2</sup> See for instance Best Practice Statements – NHS Health Scotland /Fair for All Disability 2008 and Achieving Fair Access NHS Health Scotland Fair for All Disability 2008  
<http://www.healthscotland.com/about/planninginequalities/guidanceandresourcesFFA/disabilityresources.aspx>



### **3. REPORTING ON PROGRESS TOWARDS DISABILITY EQUALITY IN HOUSING**

#### **Introduction**

3.1 Housing is an area of major concern for many disabled people, with both accessibility and adaptability of properties being key issues. Housing issues in relation to disability assume significant importance given that roughly a third of all households include a disabled person (Scottish Executive 2004d). In addition older people make up over half of all households, often acquiring impairments later in life which has implications for the adaptability and usability of their accommodation. The Disability Equality Duty has important implications in relation to housing for disabled people, given the housing profile in Scotland and also the major role played by the public sector. Given this and the significant references to housing policy in recent legislation and in policy documents such as the Disability Rights Commission's Disability Agenda and the Scottish Government's Disability Working Group Report, it was considered important that housing was selected as a key focus area for reporting on progress towards disability equality.

#### **Background: wider policy context and evidence**

##### ***Wider policy context***

3.2 The housing profile of disabled people in Scotland is somewhat different to that of non-disabled people. Nearly half of all disabled people rent, mainly from social housing providers (see below), whilst over half of non-disabled people own or are buying their properties. There are requirements in many cases for equipment and adaptations to assist in making housing useable and suitable for disabled people. The past six years have seen greater attention to and some progress in relation to housing and disability equality.

3.3 The Disability Discrimination Act 1995 (DDA), placed duties on those managing and/or disposing of premises, including landlords, not to discriminate against disabled people by treating them less favourably for a disability-related reason. However the Act did not cover issues regarding physical access to homes; such issues instead come under the Building Regulations.

3.4 The Housing (Scotland) Act 2001 included a requirement on local authorities and social landlords to promote and observe equal opportunities, including disability (Office of Public Sector Information, 2001).

3.5 In 2002, Communities Scotland (then Scottish Homes) published an important document *Housing for Varying Needs* (Communities Scotland, 2002a). This document followed a request from the Scottish Office on updating guidance from the 1970s on housing for disabled people and also from an inquiry into housing by Disability Scotland, known as the Ewing Inquiry. The principal driver was to look at how housing for disabled people could be mainstreamed and to consider 'barrier free' housing. Communities Scotland also sought to put in place a series of

measures and performance indicators for registered social landlords (RSLs) on implementing the Housing (Scotland) Act 2001 equalities requirements (see sections below on research into progress by RSLs 3.15, 3.20, 3.25).

3.6 The Scottish Government operates a Special Needs Capital Grant for private or voluntary organisations to provide housing for people with particular needs. This has also been utilised to provide support for Ownership Options in Scotland in helping owner-occupier households with disabled persons to access suitable housing.

3.7 A new building standards regime in Scotland was introduced via the Building (Scotland) Act 2003. This Act had two major policy implications with regard to disability equality. Firstly, it gave Ministers the ability to introduce regulations on suitability and accessibility of accommodation for disabled people. Secondly, by changing the structure of building systems, it included the need for buildings to be designed to consider the safety, welfare and convenience of building users including disabled users (Office of Public Sector Information 2003).

3.8 The Building Act led to new building regulations and guidance on building and inclusiveness and encouraged builders and developers to think of ways of helping people developing impairments to remain in their homes. The Building Standards Handbook stated that:

*'an inclusive environment is one within which everyone, regardless of age, disability or circumstance, can make use of safely, conveniently and without assistance to the best of their ability. Buildings that consider future flexibility of use also contribute to the creation of a more sustainable housing stock, simplifying alterations'* (Scottish Government 2008d).

3.9 The Guidance on the Building Standards pointed out that an 'inclusive approach to design should be taken to ensure that buildings are as accessible to as wide a range of people as possible' (Scottish Government 2008d). Since the implementation of the Act, there has also been further progress with amendments in 2007 to the Building Regulations setting out that all new built homes must have accessible toilet facilities on the principal living floor and that sanitary facilities be of 'liveability standard' and have enhanced apartment and accessible kitchen spaces (Scottish Government 2008d)<sup>3</sup>. These standards have been developed to take further the recommendations of two key documents on accessibility of housing for disabled people, *Lifetime Homes*<sup>4</sup> (Joseph Rowntree Foundation 2007) and *Housing for Varying Needs* (See paragraph 1b.5).

3.10 This approach has also been taken further with the publication by the then Scottish Building Standards Agency and the then Scottish Executive of a Planning Advice Note (PAN) in 2006 (Scottish Executive 2006f) on inclusive design. The PAN was aimed at the range of people involved in the design and building process, as

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<sup>3</sup> In the Building Standard Technical Handbook - see Standard 3.11 Sanitary Facilities and 3.10 Kitchen and apartments

<sup>4</sup> Lifetime Homes is a concept developed by the Joseph Rowntree Foundation on setting standards for homes for most households

well as a means of assisting organisations to meet their duties under the Disability Equality Duty.

3.11 In 2005, the Scottish Executive published *Homes for Scotland's People* which sought 'to provide the assistance that will enable elderly or vulnerable people to continue to live independently in their own homes'<sup>5</sup>. The document also set out a new 'Homestake' scheme aimed at a shared equity approach to supporting house purchase, in conjunction with housing associations. This scheme is aimed at first time buyers but is also targeted at disabled people<sup>6</sup> (Scottish Executive 2005a). *Homes for Scotland's People* also advocated disabled people's inclusion in tenant associations.

3.12 From December 2006, as a consequence of the Disability Discrimination Act 2005, both private and social landlords have had new duties to make reasonable adjustments for disabled people, as will those who control or manage rented property. The duties mean that landlords will have to, depending on the circumstances, make the following reasonable adjustments: change practices, policies and procedures, provide auxiliary adaptations and services or change a term of a letting when requested to by a disabled person (or by someone on their behalf). This could include making reasonable adjustments to tenancy information for a disabled tenant (Office for Public Sector Information 2006a).

3.13 Changes brought about by the Equality Act 2006 and the Housing (Scotland) Act 2006 (see Office for Public Information 2006b) introduced a new provision whereby private sector landlords could not unreasonably refuse requests by disabled tenants to make adaptations to rented properties. The tenant is responsible for paying for the alterations and must ask the landlord's permission, which should not be unreasonably refused. (The right extends to common parts – but a tenant would also have to get the permission of the other owners of the common parts as well as the landlord). The provisions in the Equality Act 2006 enable the Equality and Human Rights Commission to issue Codes of Practice on the new provisions in the Housing (Scotland) Act 2006 referred to above.

3.14 In addition, the Housing (Scotland) Act 2006 clarified and updated provisions with regard to the provision of grants and loans by local authorities for the adaptation of disabled peoples' homes to make them suitable for their use (see Office for Public Sector Information 2006 b – Sections 71-73). The main detail of the changes is contained in Regulations approved by the Scottish Parliament in November 2008. The intention is to create a simpler and fairer system of financial assistance with adaptations. The changes include abolition of the prescribed test of resources and setting a minimum grant of 80% for qualifying works, or 100% for people receiving specified income replacement benefits.

3.15 The Scottish Housing Regulator (previously part of Communities Scotland) regulates social landlords and their responsibilities include inspection of the extent to which landlords include equalities aspects in information as well as on physical access to properties. The registered social landlord sector (RSL) is of growing

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<sup>5</sup> See Section 1.6 in *Homes for Scotland's People* – Scottish Executive 2005

<sup>6</sup> *ibid* See Paragraph 2.12

importance, given both the high proportion of disabled people renting, and the increase in the number of accessible properties of varying accommodation standards in the RSL sector. Whilst the number of properties in the local authority sector has decreased, the number in the RSL sector has increased. In addition, as there has been a recent increase in the numbers of new properties, which have outstripped the numbers being sold under right-to-buy legislation (Communities Scotland 2008), there has been an increase in the number of accessible RSL properties over the past 20 years. The Scottish Government has recently set a target that 95% of all new RSL properties funded via Government should be built to varying standards (see Scottish Government 2008c - also below under progress).

## ***Research and statistical evidence***

### *Introduction*

3.16 This section sets out evidence of the position of disabled people in relation to housing and evidence of patterns of tenure and accessibility, suitability and usability of properties as well as of the extent of availability of equipment and adaptations. Key sources of evidence include the Scottish Household Survey, information from the then Communities Scotland, and studies by ODS Consulting and Reid Howie Associates into housing and disability.

### *Housing profile*

3.17 The Scottish Household Survey 2005 shows that a third of households have a disabled person or a person with long-term illness living in them (Scottish Executive 2006a). It also found that households with at least one member with a disability or a long-term illness are more likely to be older smaller (two adult) or single pensioner households, and as a consequence disabled households are much less likely to have children living in them (only 16% of households with one or more members with a disability and 18% of households with one or more members with a long-term illness have children. This compares with more than 30 per cent of non-disabled households).

3.18 As regards tenure and ownership, disabled people are more likely to rent than own their properties by comparison with the overall population, with nearly half of households with a disabled person in them being rented properties, whereas 65% of non-disabled people either own or are buying their homes through a mortgage. Where disabled people rent, they are more likely to be doing so from a social housing landlord, with only around 6% renting from a private landlord (by comparison with 20% of the non-disabled population), and three quarters do so from a local authority - see table 1.1 below (Scottish Executive 2004d also Scottish Executive 2003b). As a consequence, disabled people are less likely to have a mortgage than non-disabled people, and there may also be a link with disabled people's incomes, in that a significant percentage of disabled people live in households with incomes below £10,000.

Table 1.1

**Types of rented properties by type of household and disability status**

Type of Household	Local Authority	Housing Association/ Cooperative/ Charitable Trust	Private landlord	Other
Households with 1 person or more with a disability (with or without a long-term illness)	73	19	6	1
Households with 1 person or more with a long-term illness only	75	16	7	2
Households with no persons with a disability or long-term illness	60	16	20	4
<b>All households</b>	<b>66</b>	<b>17</b>	<b>14</b>	<b>3</b>

(Source: Scottish Household Survey 2002)

3.19 The Scottish Household Survey also shows that disabled people are much more likely than non-disabled people to be living in a bungalow, maisonette or ground floor flat than non-disabled people, with over 50% of disabled people living in such accommodation (Scottish Executive 2004d). Disabled people are more likely than non-disabled people to stay longer in their homes, with 33% of disabled adults having lived in their home for more than 20 years, while only 20 per cent of adults without a disability or long-term illness have lived in their current residence for that period. This and the older age profile amongst disabled people may partly explain why disabled people are more likely to live in older properties.

#### *Access, suitability and usability of housing*

3.20 Disabled people are more likely to be living in rented accommodation, particularly social housing, than non-disabled people. There has been a growth in the number of accessible/adapted special needs housing over the past 20 years, with a rise from 4,030 dwellings in 1980 to 29,227 in 2002 and 36,000 in 2008. The proportion of specially adapted RSL properties varies by local authority ranging from 5% in Glasgow and Shetland to nearly 35% in Stirling, Moray and Orkney, with a median average of 19% (Communities Scotland, 2008 and Scottish Executive, 2004).

3.21 Whilst the number of houses built to accommodate different needs has grown, the number of wheelchair accessible properties remains low. In 2002/03, there were 170 new social housing wheelchair accessible properties, and this figure had risen to 200 new build properties built in 2006/7<sup>7</sup>. Less information is available on the number of adaptations to private rented accommodation. Latest statistics from the Scottish Government for public sector and social needs housing show that there were some 31,308 adapted properties listed see table 1.2 (Scottish Government 2008e). In addition the returns from local government and Communities Scotland show some 1691 homes for elderly people which are wheelchair accessible.

<sup>7</sup> See ODS P22 Scotland's approach to Housing policy: Disability and Race 2007

Table 1.2  
**Housing for people with physical disabilities**

	<b>Adapted for wheelchair use</b>	<b>Ambulant disabled</b>	<b>Other adapted</b>
<b>Local Authority</b>	2,488	12919	5,848
<b>Housing associations</b>	3,339	4,312	2572
<b>Total</b>	<b>5,836</b>	<b>17052</b>	<b>8,420</b>

Source: Scottish Government Housing Statistics for Scotland 2008

### *Equipment and adaptations*

3.22 With regard to equipment and adaptations in the home, the 2005 Scottish Household Survey (Scottish Executive 2006a) found that the item of equipment most needed by disabled people was a handrail (required by over 22%) followed by adapted bath seats and stair lifts (17%) see table 1.3 below. There was increased need as people became older, with 8% of 16 to 24 year old disabled people surveyed reporting that they required additional adaptations, rising to 21% of 60 – 75 year olds and 20% of those in the 75+ age group (of whom 56 percent already had adaptations).

Table 1.3  
**Availability and need of adaptations/and equipment in the home by type**

<b>Adaptations &amp; equipment</b>	<b>Already have</b>	<b>Need</b>
<b>Handrail</b>	55	22
<b>Bath/shower seat</b>	41	17
<b>Stair lift</b>	7	17
<b>Bath lifts</b>	7	10
<b>Special utensils</b>	8	6
<b>Bedpoles or ladders</b>	6	3
<b>Ramps</b>	6	3
<b>Other</b>	<b>17</b>	<b>33</b>

(Source: adapted from Scotland's People: results from 2005 Scottish Household Survey - note percentages add to more than 100 as some people had multiple needs).

3.23 A study for Communities Scotland found that, in the majority of cases, people with low level support needs had their equipment and adaptations provided by their local authority and found this worked well but '...for others delays in installing equipment and adaptations had a disproportionately negative impact upon their daily lives' (Communities Scotland 2003a). The study also found that people who received low level support directly from their landlord were not clear whether they could change the arrangement and the options they were given if they wished to move to more suitable accommodation were often limited to alternatives provided by their existing housing provider.

### *Social landlords*

3.24 In 2002, Communities Scotland published a study of social landlords and the extent to which they incorporated equality into their processes and implemented the requirements of the Housing Act 2001. It concluded that whilst some were making good progress a number had considerable progress still to make. Good progress had been made in the areas of consultation with stakeholders, including equalities groups; providing fair services and fair employment and governance. Areas for improvement included gathering information about their diverse communities; setting SMART objectives and targets to address disparities in outcomes and collecting the right monitoring information to track progress (Communities Scotland, 2002b).

3.25 This study was revisited in 2006 (Communities Scotland, 2006). This study showed that there had been progress since the 2002 Study with most RSLs having published equalities policies, and an increased number (48%) had information on disability equality issues; a significant majority consulted people who understood disability issues (90%) and 96% had information in place for disabled service users. However, the study found weak progress against target setting and just less than half of all landlords feeling that they had made progress in employment issues regarding disability. In addition the study found that little progress had been made in regard to developing data and evidence regarding equality.

### *Supporting independent living*

3.26 In 2004, a new system of funding to support people to live independently was introduced. This funding, known as Supporting People Funding, assisted 5,600 physically disabled people to live independently in the community (see Scottish Executive 2004e and 2007b), as a result of the provision of a variety of additional services, ranging from alarm services to equipment and adaptations. The number of disabled people receiving funding for home support services appears to have increased substantially over the following two years as the following table 1.4 shows (though there may be some double counting in the figures as some people may have more than one impairment and fall into more than one category and there were some differences in reporting methods by local authorities). Responsibility for Supporting People Funding has now passed to local authorities under the local government Concordat, which is referred to in greater detail in the report on the finance and sustainable growth portfolio.

Table 1.4

**Number of clients receiving housing support by client group: Scotland, 2004-05 and 2005-06**

Client group	Number	
	2004-05	2005-06
<b>All client groups<sup>8</sup> (net total)</b>	<b>170,584</b>	<b>163,758</b>
<b>Physical disability/ illness</b>	9,318	16,033
<b>People having mental health problems</b>	6,477	8,611
<b>People with a learning disability</b>	6,869	7,000
<b>People with HIV/ AIDS</b>	74	102
<b>Older people</b>	82,968	79,555
<b>People with sensory impairment</b>	763	952
<b>People with dementia</b>	1,298	860
<b>People with an acquired brain injury</b>	316	272
<b>People experiencing psychological trauma</b>	73	244

(Source: Scottish Executive Statistical Bulletin Housing Series HSG/2007/4: Supporting People Client Statistics, 2005-06)

*Tenant participation*

3.27 A study by Reid Howie Associates for the Disability Rights Commission looked at tenant participation and involvement of disabled people (Reid Howie/DRC 2007a). It was based on analysing progress since the Housing Act (Scotland) 2001, which placed an obligation on local authority and Registered Social landlords to develop tenant participation strategies. The report noted a paucity of data in this area but also some aspects of good practice, with most organisations making a commitment to the inclusion of disabled people and with some examples of guidance, training and data collection.

3.28 Constraints on involvement arose from the level of priority given to disabled people, a lack of mainstreaming, methods of fulfilling duties under the DDA 1995 and limited information gathering and monitoring systems. The report also recommended that there was a need for involvement of disabled people in tenant participation in strategic documents such as disability equality schemes and tenant participation strategies.

*Information and young people*

3.29 A study of young disabled people's housing experiences and aspirations in Scotland in 2003 found that most respondents wanted to leave their parental home in their teens or twenties, and that the principal barrier they experienced was not having information about their housing choices (Joseph Rowntree Foundation 2003).

<sup>8</sup> The total figure includes non-disabled people receiving housing support, but only people with impairments have been included in the detailed breakdown along with older people, as some older people will also be disabled.



### *Local housing strategies*

3.30 A study by ODS Consulting for the Disability Rights Commission (ODS 2007) looked at Local Housing Strategies, which each local authority has had to have in place since 2003. The study was based on an analysis for Communities Scotland<sup>9</sup>. The study showed that just over half of local authorities had researched the housing needs of people with physical disabilities, whereas three authorities' strategies contained no information in relation to people with physical disabilities. Six out of the 32 local authorities had consulted people on their strategies and most (71%) had actions to improve service provision for physically disabled people.

3.31 As regards people with a learning disability, the research showed that two thirds of authorities included information on people in their locality with a learning disability, but six authorities did not mention the needs of people with a learning disability and only five had involved people with learning disabilities when developing their strategy. The survey concluded that there had been some progress since 2004 with fourteen authorities improving their understanding of the housing needs of people with learning difficulties and eight authorities commissioning research into needs.

### *Homelessness*

3.32 It would appear that disabled people are more likely to have experienced homelessness than non-disabled people. Of people who have ever experienced homelessness, 6.5% reported having a disability or long-term illness in 2003-2004. This compares to 3.3% of non-disabled people, or people without a limiting long-term illness (Scottish Executive 2006c)<sup>10</sup>. The number of applications by disabled people making a homelessness application for priority housing to local authorities doubled from 700 to 1400 applications between 1992 and 2002/3. Since that time the numbers of applications have remained relatively constant (Scottish Executive 2006c).

## **REPORTING ON PROGRESS TOWARDS EQUALITY OF OPPORTUNITY**

### **Areas where progress is evident**

#### ***Introduction***

3.33 Housing issues for disabled people appear to be on the disability equality agenda of a majority of local authorities in Scotland, with two-thirds (22 authorities) making reference to actions on housing for disabled people within their Disability equality schemes, action plans and annual reports. During 2006/7, Communities Scotland (which is now part of the Scottish Government) also made progress on developing the regulatory framework for social housing for disabled people and in standard setting for new built accommodation. Actions by local authorities ranged

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<sup>9</sup> Local Housing Strategies and equalities ODS Consulting 2007 (unpublished)

<sup>10</sup> The 2005 Scottish Household Survey suggests that 11% of disabled people have experienced homelessness at one time, but it is not clear if this may be related to a different way figures have calculated.

widely and covered a multitude of issues from attention to inclusive design to adaptation policies and information availability, suggesting different emphases and starting points, which is indicated by the number of authorities which are reviewing or assessing their housing strategies.

### *Accessibility and Local Housing Strategies*

3.34 Attention and thought to the approach towards housing for disabled people and the needs for greater accessibility in housing appeared to be included in a considerable number of local authority disability equality schemes. Ten councils set out to develop new strategies, or review existing housing strategies to ensure that disability issues had been included. These included Glasgow City, South Ayrshire and Aberdeenshire Councils reviewing options such as how to approach investment for increasing accessible housing. Inclusive design and the setting of standards for developers and builders were on the agenda of six authorities (Glasgow City, South Lanarkshire, Clackmannanshire, Inverclyde, Midlothian and North Lanarkshire).

The Scottish Government has recently issued guidance on undertaking housing need and demand assessments, preparing local housing strategies and strategic housing investment plans which emphasizes the importance of disability equality and establishes a clear framework within which local authorities are to assess the specific housing requirements of disabled people, outline their strategy for meeting these needs and set out any specific capital investment requirements. There are provisions for each part of the framework to be assessed with regard to their inclusion of disability equality and the general effectiveness of the framework in addressing disability equality will be kept under review by the Scottish Government. The Scottish Government Housing and Regeneration Directorate's action plan includes a commitment to review the effectiveness of housing need and demand assessment guidance in helping local authorities identify the requirements of specific household groups, including disabled people.

3.35 These issues were also priorities for Communities Scotland (now the Scottish Government Housing Directorates) as the lead body with regard to the development of social housing. During 2006/07, 96% of the 7,100 new social housing approved for funding by Communities Scotland was due to be built to accommodate people with varying needs. In addition, Communities Scotland also revised its regulatory inspection framework to ensure that housing providers were expected to be more responsive to the needs of disabled people. Linked to this, it also published guidance and self assessment questions for landlords on equalities including disability equality (Scottish Government 2007c).

3.36 The Scottish Government disability equality scheme sets out a number of actions to take further accessibility of housing and inclusion of disability equality considerations by local authorities and social landlords. These include setting a further target of 95% for all new build housing funded by the Government to be of varying needs standards and actions on adaptations (see paragraph 3.40 below). The Government scheme also identifies utilising guidance on local housing strategies and to Community Partnerships to emphasize the importance of disability equality and to build it into the funding regime. (Scottish Government 2007c)

## *Homelessness*

3.37 The Scottish Government Scheme sets out an objective of creating greater flexibility in enabling local authorities to discharge their responsibilities towards homeless people including towards disabled homeless people. This is aimed at widening the definition of who is likely to be deemed homeless and extending access to future accommodation, including the private sector. In addition the data collection system for local authorities on homelessness has been updated to enable monitoring of the support needs of disabled people who become homeless.

3.38 Some local authority schemes make reference to homelessness and disabled people. Argyll and Bute and Dundee City Council had ensured their homelessness team had received equality training, Falkirk and Renfrewshire had impact assessed their homelessness strategies, Inverclyde Council had created a working group on homelessness and equality.

## *Equipment and adaptations and housing services*

3.39 An area of consideration and progress was to be found in regard to the development of housing services. Three authorities specifically reported supporting Disabled People's Housing Services, whilst eight authorities placed emphasis on adaptations and accessibility of properties. This included the development of databases of accessible properties (Aberdeenshire) and a common housing register (Glasgow City), as well as reviews of allocations policies and processes (Perth and Kinross, South Lanarkshire and Stirling). Interestingly, four local authorities specifically mentioned work with the private sector on adaptations issues and/or on ownership issues (Aberdeen City, Dundee, Shetland Islands and South Ayrshire) and two authorities had carried out reviews of their existing processes to ensure that they included disability equality considerations (Dundee City and Inverclyde).

3.40 In Spring 2008, the Scottish Government consulted on plans to extend the scope of mandatory grants for adaptations, abolish the prescribed test of resources and award automatic minimum grants of 80% for qualifying works, rising to 100% for people in receipt of certain income replacement benefits. The consultation also encouraged a local authority-wide approach to assessing and meeting the needs of disabled people. Regulations setting the changes were approved by the Scottish Parliament in November 2008.

3.41 In addition the scheme sets out a review of the Housing Allocations policy, which will look at current social housing allocation requirements. This will be followed by an Equality Impact Assessment, and if it is deemed required, a new set of guidance for social housing providers will be produced.

## *Progress being made on impact assessment*

3.42 There are a range of responsibilities on local authorities with regard to their housing functions, including under the 1987 Housing Scotland Act regarding homelessness. A number of local authorities had undertaken or were planning to impact assess their housing policies in relation to disability equality. Different authorities adopted different approaches to impact assessment, with some devising

their own specific toolkits. Some looked at key aspects of the housing process such as housing allocation policies and application procedures and policies. The Scottish Government Scheme sets out a number of proposals for impact assessing new housing policies including the development of policy on the value of social housing, housing allocations policy and the Homepoint information and advice standards. These plans follow the completion of an equality impact assessment into homelessness policy which showed a positive impact on disabled people.

#### *Summary of where progress is evident*

3.43 Two-thirds (22 authorities) made reference to actions on housing for disabled people within their disability equality schemes, action plans and annual reports. There was evidence of progress from Communities Scotland (which is now part of the core Government) in developing the regulatory framework for social housing for disabled people and in standard setting for new built accommodation. Actions by local authorities ranged widely and covered a multitude of issues. These included:

- attention to inclusive design and adaptations policies
- impact assessment of housing allocation policies
- a significant number of reviews of housing strategies either completed or scheduled

#### **Areas where progress is less evident**

##### ***Reporting***

3.44 A third of local authorities did not report activity on housing in their schemes or action plans, despite clearly specified local authority duties and the importance of the issue to disabled people's well-being. This may be due, in some authorities, to underreporting, with a need for activity to be recorded in the development of future disability equality schemes. However, for others there may be a need for greater awareness of the relevance of housing issues to disability equality. Overall, it was surprising that such a significant minority made little or no reference to housing.

3.45 The review of schemes and action plans suggests that authorities are developing different strategies depending on the circumstances of their relevant populations. In addition, some authorities are much further forward in this area than others, although there is no clear pattern linked to geography. Having said this, more authorities with rural bases failed to make reference to housing in their Schemes (7 out of 11). In addition, with some notable exceptions, there was little data and evidence given in disability equality schemes and annual reports on housing. Many local authorities will have undertaken research into disability and housing for their local housing strategies however, little detailed data was included and only a few local authorities reported on involving disabled people in housing issues.

##### *Tenant support and tenant participation*

3.46 Only a minority of local authorities reported progress on supporting tenants and encouraging participation in housing policy development. This would appear to be similar to the findings of the research by *Reid Howie 2007* into tenant participation by disabled people. Three authorities in their Disability Equality Action Plans stated

an intention to review information and support packages for disabled tenants (Dundee, Stirling and Falkirk Councils). Two authorities listed work directly on disabled tenant satisfaction work (Perth and Kinross and West Lothian) and two listed plans (East and West Lothian) for the development of tenant participation strategies which included disabled people and four authorities had developed initiatives to encourage disabled people to become involved in tenant issues and groups (Aberdeenshire, Clackmannanshire, Mid-Lothian and South Ayrshire). Noteworthy also were the actions of four authorities in developing procedures for dealing with harassment against disabled tenants (Clackmannanshire, Dundee City, North Ayrshire and Renfrewshire).

#### *Summary of where progress is less evident*

3.47 A minority of local authorities made no mention of housing issues in their disability equality schemes. In addition, there was overall little data and evidence provide on housing and disability equality in schemes and annual reports. Tenant participation and support was only mentioned by a minority of local authorities.

#### **Categories of impairment groups mentioned in disability equality schemes**

3.48 The impairment category most referred to within disability equality schemes regarding housing was physical disability, given concerns by local authorities and Communities Scotland to improve physical access to accommodation. Communities Scotland and the Scottish Government Housing Directorate had sought to take a broad approach by emphasising inclusive design. This approach was also evident in a number of authorities (e.g. Glasgow City Council and South Ayrshire, Midlothian, North Lanarkshire) which were looking at investment plans and inclusive design issues, and one authority (Aberdeen City Council) which also specifically mentioned the need to take the needs of older disabled people into account, and in the case of one authority (Aberdeenshire Council) the needs of people with sensory impairment.

#### **Involvement and consultation**

3.49 A number of local authorities reported involving and consulting disabled people over housing in the formation of the disability equality schemes including Clackmannanshire, Dundee, East Renfrewshire and Orkney. A few local authorities also specifically mentioned the development of housing fora and Working Groups on housing and disability issues (Argyll and Bute, Inverclyde and North Ayrshire Councils) as part of the development of their schemes and on-going housing work. The fora and the development of local housing strategies included disabled people and/or their representatives, and in one case the housing working group was in the process of establishing an accessibility policy for its services. South Lanarkshire also reported organising events on housing for people with learning disabilities and their carers. A particular area for involvement of a minority of authorities in regard to disabled people was over tenant participation strategies (see para.3.46 above). Two authorities (Perth and Kinross and West Lothian Councils) reported undertaking specific engagement with disabled tenants, including ensuring they were included in tenants satisfaction work.

## Summary and Conclusion

3.50 Whilst it is clear that disability housing issues are on the agenda of a majority of local authorities, a third of authorities did not include disability equality in housing within their schemes and action plans. There appears to be variety in the approach and emphasis of local authorities in taking forward disability housing issues, which may arise from different starting points. The linkage between housing and equipment and adaptations in several plans was encouraging, but this still applied to a minority of schemes. Communities Scotland, now within the Scottish Government Housing and Regeneration Directorate, has put in place some strong mechanisms and guidance on housing for the RSL network (which will be overseen by the new Scottish Housing Regulator) and the legislative framework has moved forward reasonably rapidly over the past five years.

3.51 It would appear from local authority disability schemes and plans that there is considerably more that some authorities could do in promoting disability equality through their housing services. Key areas include developing Common Housing Registers listing accessible properties, tenant participation, inclusive design and adaptations of properties. Areas that received little mention in plans included information for tenants on a range of issues including grants and loans for adaptations.

3.52 Whilst several authorities had taken a strategic approach towards disability equality in housing for disabled people, authorities which have not yet done so might utilise the opportunity of the upcoming revision of disability equality schemes in 2009 to develop a more integrated and strategic approach. In addition there is considerable scope for joined up approaches between local housing strategies and disability equality schemes.

## 4. REPORTING ON PROGRESS TOWARDS ACCESS TO AND PARTICIPATION IN SPORT

### Introduction

4.1 There have been a number of developments with regard to disabled people's participation and involvement in sport over the past few years, as growing recognition of the importance both of inclusion and participation as well as access to sport by disabled people. These developments have begun to change the environment for sport for disabled people in Scotland. This section looks at progress and areas for further progress in regard to access to and participation in sport in Scotland by disabled people, based on disability equality schemes and annual reports on disability equality by **sportscotland**, the Scottish Government and also local and education authorities, as well as key published reports including the report from the Scottish Parliament's Equal Opportunities Committee on removing barriers to disabled people's participation.

### Background: wider policy context and evidence

#### *Wider policy context*

4.2 There have been a number of developments with regard to disabled people's participation and involvement in sport over the past few years, principally brought about by five main policy drivers: legislative changes via the Disability Discrimination Act; policy initiatives by the then Scottish Executive and Scottish Government in the area of increasing participation in sport and exercise; **sportscotland's** increasing emphasis on inclusion and participation; initiatives by Scottish Disability Sport and pressure and self activity by disabled people themselves.

#### *Legislative changes – the Disability Discrimination Act*

4.3 A key area has been greater attention to access sporting facilities both for disabled participants and spectators. A major driver in this has been legislation in the form of the Disability Discrimination Act 1995 Part III, which placed requirements for non-discrimination in terms of access to goods facilities and services (e.g. in ticketing) and from 2004 for reasonable adjustments to overcome and remove physical barriers to goods and services. This has led to a number of changes both to major stadia, as well as at local and community level with greater attention being paid to accessibility of local sporting facilities such as swimming pools and changing facilities.

4.4 Parallel to this have also been changes to the Building Regulations, brought about as a consequence of the Building (Scotland) Act 2003 which gave powers for the development of regulations to secure the health, safety, welfare and convenience of persons in or about buildings and included changes in provision of access to and greater choice in seating for disabled people in stadia and other sporting facilities (Scottish Building Standards Agency 2007).

4.5 A study by Audit Scotland (Audit Scotland 2007a) of progress in the accessibility of public buildings, which included local authority sporting facilities, showed an improvement overall between 2004 and 2007 in the percentage and number of buildings accessible to disabled people. There was a rise in accessibility of all local authority public buildings from 37.4% in 2004-5 to 51.9% by 2006-7 (though there is no specific breakdown by sporting facilities).

4.6 A national strategy for sport in Scotland called Sport 21 was published by Scottish Sports Council in 1998. It identified the need to increase the numbers participating in sport including disabled people with an aim of 60% of the disabled population participating by 2020. The strategy included three key steps in the area of disability, an exploration of the issues and barriers surrounding participation and practical guidance at how these could be overcome; dissemination of the guidance; and establishing a baseline and subsequent monitoring levels of participation. The Scottish Parliament Equal Opportunities Committee Inquiry into Barriers to Disabled people (Scottish Parliament 2006 and 2008) subsequently looked at the target and progress towards it (see 4.13 below).

4.7 In 2003, the Scottish Executive (Scottish Executive 2003c), as part of its physical activity strategy, stated that all children, including disabled children, should have access to physical activity. It awarded Scottish Disability Sport £600,000 for supporting disabled children's sport needs and to act as a 'dowry' for its development. In addition, the Executive targeted increasing physical activity by older disabled people.

4.8 Scottish Disability Sport (SDS) acts as the governing body of disability sport in Scotland. SDS introduces individuals with disabilities to sport through its local development programmes at foundation and participation level. Set-up in 1962 it adopted a new strategy in 2006 entitled *Towards London and Beyond, 2006 – 2012*. This highlights the following strategic goals for its work:

- Supporting the development of a sporting pathway for young people with physical, sensory or learning disabilities
- Encouraging and supporting Scottish disabled athletes to realise their full potential in sport
- Recruiting new partners involved in physical activity and/or disability and further develop existing partnerships
- Working with regional coaching partnerships to access education and leadership for athletes and volunteers

4.9 The strategy is aimed at building on the success of the past four years, when Scottish athletes gained 15 medals at the previous summer Paralympics games and one medal at the winter games. There was also an increase of 5% in the number of Scottish disabled internationalists, some 2500 volunteers engaged in disability sport and 300 athletes training monthly in Scottish squads. In addition, Scottish Disability Sport is also working to increase the number of international disability sports events taking place in Scotland and is currently compiling a bid to host the CPISRA European Football Championships in Glasgow in 2010.



4.10 In 2004 **sportscotland** published an *Equity Strategy on Diversity and Inclusion in Sport*. The Strategy outlined **sportscotland's** long-term approach to achieving equity, and set out how **sportscotland** would encourage its partners to do likewise. This strategy was updated in 2006 and covered employment and service as well as expectations of partners bodies (**Sportscotland** 2006).

4.11 **Sportscotland** has developed a number of initiatives, to take forward the equity strategy including the appointment of a development manager for disability sport, aimed at developing partnerships between Scottish disability sport, national governing bodies of sport and local authorities, as well as delivering disability inclusion training on including disabled children and young people in sports. **Sportscotland** also invests in the SDS Athlete support programme for national governing bodies to support performance plans in elite squads. Also (see below on areas of progress) it has developed a policy that any facility which it funds should be accessible to all people including disabled people. This has included assessing designs to ensure that they meet the requirements of DDA 1995.

4.12 In 2007, in the publication *Reaching Higher: Building on the Success of Sport 21*, the Scottish Executive set out its intention to remove barriers to participation in sport for disabled people and other groups. It highlighted the need for progress in participation of disabled people in sport, and set out the expectation for equity in sport actions to be integrated and implemented within local authority strategic plans, including in disability equality schemes (Scottish Executive 2007b).

4.13 The Scottish Parliament Equal Opportunities Committee considered a number of aspects connected with sport, as part of its inquiry into removing barriers to disabled people (Scottish Parliament 2006). The Committee endorsed the target set by Sport 21 for participation of 60% of all disabled people in sport, but felt that the deadline of 2020 was not challenging enough. However in evidence to the Committee's review of progress on its report (Scottish Parliament 2008) the Minister for Communities and Sport indicated that he believed the target was likely to be challenging as there had been a decline in participation levels for all adults (non disabled and disabled) between 2001 from 49% to 42% in 2006.

4.14 The Committee also felt that there was a need for local authorities and **sportscotland** to develop mechanisms for identifying disabled young people and for promoting the participation of disabled children in sport to schools. Evidence from the then Minister for Culture Tourism and Sport to the Inquiry indicated that by 2006 there were Special Educational Needs Active Schools Co-ordinators in 14 out of the 32 local authorities in Scotland

4.15 In 2007, the Scottish Government in its response to the Disability Working Group Report, which recommended research into participation in sport, included a sport and culture module in the 2007 Scottish Household Survey to provide information on barriers to participation in sport by disabled people (Scottish Government 2007a). The detailed results of the study are not yet available. The Scottish Government indicated that it wished to see a mechanism for the collation and dissemination of good practice on the Active Schools Programme to enable local authorities to learn from each other in order to improve and take forward the programme (Scottish Parliament Equal Opportunities Committee 2007).

4.16 The Scottish bid for the 2014 Commonwealth Games included disability access and inclusion issues. Since it was decided that Scotland would host the Games, the Scottish Government has been working with the Organising Committee, the Commonwealth Games Council and Glasgow City Council in developing an inclusive games strategy. The development of the games in Glasgow has the potential to be a 'beacon' in taking forward disability equality in sport in Scotland and Scottish Disability Sport has been invited to be part of the 2014 Legacy Sport Sub Group.

## ***Research and statistical evidence***

### ***Introduction***

4.17 This part of the report focuses on research and statistical evidence regarding disabled people's access to and participation in sport in Scotland. In particular it covers survey research into participation levels as well as looking at evidence of barriers to access and participation and for **sportscotland** and the Scottish Government. More research has been conducted on participation in sport by disabled adults compared with disabled children's participation. Given the relatively recent nature of the research, there is little time series data yet available to assist in monitoring trends.

4.18 The first empirical research on participation in sport by disabled people in Scotland was undertaken for **sportscotland** in 2000 (see **Sportscotland 2000**). This study looked at some of the key barriers to participation, and in particular at attitudinal barriers and at access to facilities. The research showed that public attitudes tended to discourage disabled people from participating and ranged from pity to overt discrimination. Sports for disabled people were regarded as less worthy than sports for non-disabled people. This was at times reinforced by the media which was perceived to focus less on disability sport as sport, but more as a human interest story. There was a need for service providers to encourage positive participation, as well as for both integrated and specialist service provision.

4.19 The key barriers identified included a lack of information, little encouragement and unsuitable facilities or activities, particularly in rural locations. In addition, disabled people lacked confidence to participate and feared being the victims of discrimination. There was also a lack of support for those looking to progress in the form of back-up from official sporting bodies and opportunities for identifying individual coaching and development needs. Another key factor appeared to be the attitudes of significant others such as parents and carers.

4.20 **Sportscotland** also commissioned research in 2006 utilising the 2001 Census and questions in a TNS Scottish Omnibus Survey to obtain an overview of levels of participation in sport by different groups (**sportscotland 2007**). It shows that disabled people, who represent around 23% of the Scottish adult population, are less likely to participate in sport. Just 39% of adults who regard themselves as having a long-term illness, health problem or disability that limits their daily activity take part in sport and physical recreation, compared with 69% of those who are not disabled.

4.21 This research also demonstrated a significant age issue underlying these figures, as both lower participation and a higher incidence of disability are strongly related to increasing age. The data shows (see table 1.5 below) that overall for the adults whilst there is a gap in participation between those with a disability and those without a disability the effects on participation are much greater amongst for older age groups, From age 35 onward the gap between disabled and non-disabled peoples' participation grows from 13% amongst 25 to 34 year olds to 21% between those who are aged 35-54. The gap narrows slightly over the intervening years, but within the context of an overall decline in participation in sport. (see table 1.5).

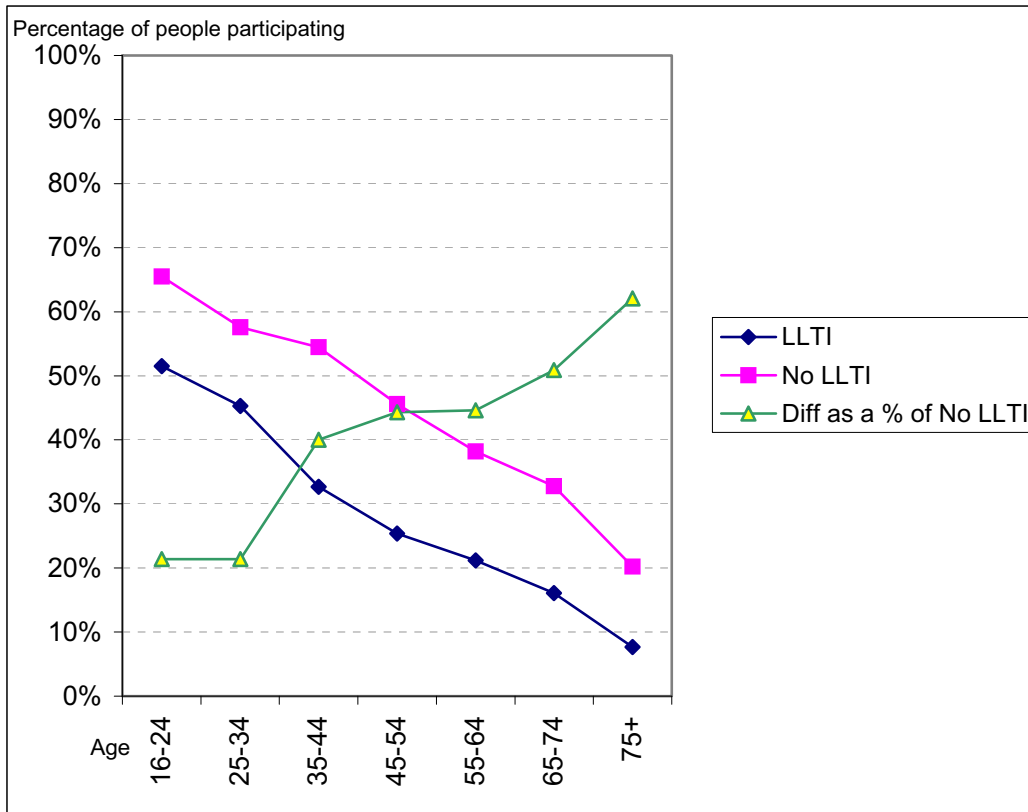
**Table 1.5**  
***Percentage of people participating in sport by age and limiting long term illness (LLTI)***

<b>Age Group</b>	<b>16-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65-74</b>	<b>75+</b>	<b>Total 16+</b>
Percentage of respondents participating in sport								
Limit. long term illness	51	45	33	25	21	16	8	23
No Limiting long illness	65	58	54	46	38	33	20	50

*Source: Sport Scotland Population and Participation Profiles Key Equity Figures 2006*

4.22 The gap between people with and without limiting long term illness participating in sport is shown below in figure 1.1 (Sportscotland 2006):

**Figure 1.1**  
**Percentage of people participating in sport by age and limiting long term illness (LLTI)**



Source: Sport Scotland Population and Participation Profiles Key Equity Figures 2006

4.23 The survey did not cover children and there is little Scottish data on levels of disabled children's participation by comparison with non-disabled children, though a study for Sport England in 1999 included a Scottish sample supported by sportscotland. However, no Scotland specific data analysis is available. This study, published in 2001, showed that the greater the number of impairments, the lower the number of sports disabled children were involved in, and the average number of sports undertaken frequently by disabled children (at least 10 times) in school lessons was only two, half the average number (four) undertaken by the overall population of young people in 1999. The proportion of children and young people with a disability spending two or more hours in PE lessons was 20% compared to 33% of the overall population of young people in 1999 (Finch et. al. for Sport England 2001).

4.24 The study also showed that the proportion of children and young people with a disability or severe illness taking part in sport after school on school days (whether organised or just for fun) was 40%. This compares to 79% of the general population of young people in 1999. Interestingly, though, participation in outdoor activity holidays organised by schools was slightly higher for young disabled people (18%) than for the overall population of young people (15%).

4.25 A study for the then Scottish Executive Education Department on children's experiences of disability in Scotland (Connors and Stalker, 2002), based on a survey of disabled children, concluded that there was a need for more social and leisure opportunities for disabled children, especially those attending out of area schools, and teenagers, but as it was a qualitative study it was not able to give figures on levels of participation.

4.26 There is a national target for the number of medallist elite athletes in Scotland with a target of 250 by 2007. By 2006, 18% of the 198 medallists were disabled, with more male than female disabled medallists (Scottish Executive, 2006c). Sixteen Scottish athletes were selected for the Paralympic Games in Beijing and a total of 8 medals were won in sports ranging from cycling, the track and swimming.

4.27 The Scottish Executive commissioned research in 2006 into sport and exercise and participation as part of developing its strategy to encourage greater exercise. The research concluded that in order to increase participation among older people there was a need to focus on support for people with health problems/disabilities and increasing awareness (Scottish Executive, 2006g). However there remains a paucity of information on participation in sport and especially at children's and schools level. The Scottish Executive Tourism Culture and Sport Research strategy (Scottish Executive, 2005b) includes plans to improve this, which may help in establishing a baseline from which progress in the future can be measured. In 2007 the Scottish Government included in the 2007 Scottish Household Survey questions to provide information on barriers to participation in sport by disabled people (Scottish Government, 2007c). The detailed results of the study are not yet available.

## **REPORTING ON PROGRESS TOWARDS EQUALITY OF OPPORTUNITY**

### ***Introduction***

4.28 There appears to have been progress made in the area of sport and disability equality, influenced in particular by the actions of **sportscotland**, also with some progress being made by local authorities, particularly in respect of some steps with regard to access to and participation by disabled children and young people. Disappointingly, however, a third of local authorities did not make reference to disability equality in sports in their schemes and in several there was little detail. However a number had clearly recognised the importance of the issue and were reviewing or developing strategies to take work forward, and some were looking to put standards and quality assurance frameworks in place.

### ***Areas where Progress is Evident***

4.29 **Sportscotland** in their Equality Scheme set out 5 key aims for Scottish sport and equality-

- informed well trained people
- quality accessible facilities
- strong equitable organisations

- the development of sporting pathways that promote opportunities for all
- awareness and promotion of equity.

4.30 **Sportscotland** has also sought to utilise its funding and standard setting role to encourage and bring about greater attention to disability equality issues by sport governing bodies and local authorities. This has included requiring funded facilities to be accessible and inclusive. The reason **sportscotland's** role is important with regard to disability equality and sport is that being the 'umbrella body' for sport in Scotland it plays an important role in helping lead development both through funding and guidance.

4.31 It is clear from **sportscotland's** annual report on its equality scheme that considerable progress has been achieved by the authority in taking forward the key actions set out in the Action Plan and there are some commendable examples of practice and understanding of the issues. Progress includes action on the development of equality information and training material for staff and partner organisations on equality, a set of criteria for sports governing bodies and the development of equality targets for the Active Schools scheme. In addition, pilot work on involving local access panels in **sportscotland** decision making processes is underway and pathways for Scottish Disability Sport on involving disabled people have been developed.

*Participation and access into sports: training*

4.32 Progress has been made in knowledge about how to improve the participation of disabled people in sports via training systems. **Sportscotland** established a pool of equality trainers to deliver the training sessions to several of the sports governing bodies, and training was also targeted at schools. Training sessions for Active Schools network staff were delivered, as part of developing a network of Equity Standard Advisers to support mainstreaming of equality. An equality standard is utilised by **sportscotland**, and progress has been made in supporting and providing guidance to sports governing bodies in achieving the preliminary and foundation levels (some 12 sports governing bodies achieved the Preliminary levels and 11 the Foundation level by the end of November 2007).

4.33 Training was also a key issue for several local authorities, with eight authorities including training in their action plans. This included training for Active Schools Coordinators (East Renfrewshire, Perth and Kinross), through to training for sports and leisure staff in disability awareness (Aberdeenshire, South Ayrshire), West Lothian and Dundee in addition to staff training had undertaken training for sports coaches. Although not all local authorities mention it in their action plans, Scottish Disability Sport has delivered Disability Inclusion Training to all 32 local authority Active Schools teams. In addition, all local authorities have access to Sport Coach UK Disability Courses via **Sportscotland** with all courses tutored by Scottish Disability Sport.

*Participation and access into sports: in schools and by disabled children and young people*

4.34 Schools clearly have an important role to play, since disabled children and young people need to be included and encouraged in sport during the formative years of their lives. **Sportscotland** placed considerable importance on this area in their scheme and annual report, with an expectation that local authorities would also have paid attention to this field of activity. Progress was made in rolling out training on this. Whilst many local authorities had indeed taken forward work on the inclusion and participation of disabled children and referred to it in their action plans and schemes, it was surprising that more authorities did not mention their active schools work, as there is greater activity underway than is set out in local authority disability equality schemes.

4.35 Activity and progress being made on inclusion and participation of disabled children included the establishment of a schools coaching network for disabled young people by Highland Council, provision of lessons in particular sports (e.g. sailing and swimming), as well as ensuring that sports days were accessible to disabled children such as in Moray or the creation of specific disabled sports events such as in Clackmannanshire.

4.36 A number of areas of commendable practice emerged including work by Dundee City Council to increase awareness of inclusion in sports by non-disabled children and by coaches, the development of an inclusion sports squad model for schools in South Ayrshire, (which has led to barriers to sports participation being identified by pupils at P7 level and the subsequent addition of inclusive sports within schools) and the development of accessible after school multi-sports (West Lothian). The initiative in Dundee, focused on promoting awareness of inclusion in sports, is a project that is undertaken with the Health Board and is aimed at encouraging children in P7 to think about issues relating to disabled people within their school environment as they make the transition to secondary school, where they are more likely to come across someone who is disabled.

4.37 In South Ayrshire's and Perth and Kinross' schemes, specific mention is made of sports participation as part of their main disability equality schemes, giving context to the Action Plan and Dundee City Council highlighting work regarding sports as part of their audit of good practice to enable areas for the action plan to be identified.

4.38 In summary, evidence of progress includes action by **sportscotland** on the development of equality information and training material for staff and partner organisations on equality, a set of criteria for sports governing bodies and the development of equality targets for the Active Schools scheme. The equity standard for sports is proving to be a useful method of making progress in relation to disability equality. Progress has been made in rolling out training on the inclusion of disabled children within sports activities. A number of the local authorities had taken forward work on the inclusion and participation of disabled children and referred to it in their action plans and disability equality schemes, with a number of examples of local authorities developing projects in this area.

## **Areas where progress is less evident**

### *Facilities*

4.39 Given the importance of improving access to sporting facilities and the measures taken by **sportscotland** to achieve this goal, there was less evidence of progress being set out in local authority schemes. Only a minority of authorities specifically mentioned improving access to facilities. Authorities doing so included Aberdeen and Dundee City Councils and North Lanarkshire, which had improved changing facilities and East Lothian and South Ayrshire which had improved swimming pool access.

### *Participation and inclusion of disabled adults*

4.40 Whilst a number of local authorities mentioned this in their action plans and schemes, there seemed to be less attention paid to adults than to disabled children. Of those authorities mentioning activity in relation to disabled adults, inclusive lessons and sessions was the most frequently cited (e.g. Glasgow City Council, East Renfrewshire, South Ayrshire). A few authorities also specifically mentioned the appointment of Disability Sports Co-ordinators to encourage, develop and bring together sport opportunities for disabled adults.

4.41 In summary, only a minority of authorities specifically mentioned improving access to facilities for disabled people in sport in their disability equality schemes and annual reports and there were fewer mentions of disabled adult participation in sport than participation by disabled school children.

## **Use of categories of impairment within disability equality schemes**

4.42 There appeared to be limited mention within disability equality schemes of participation and access to sport by specific impairment groups. **Sportscotland** had sought to take into account the needs of people with a variety of impairments including people with physical and mobility impairments, sensory impairments and people with learning disabilities. Only a few local authorities made specific mention of impairment groups, for example, one authority mentioned specific provision for deaf people to enable participation in sports as well as in achieving sports coaching qualifications. Particular mention was also made of support for learning disabled people in sport. Local authorities however mainly broke down their approaches towards sport and disability between disabled children and adults.

## **Reporting on progress - involvement and consultation**

4.43 **Sportscotland** had consulted widely on its scheme, sharing ideas with disabled athletes and disabled people working in disability sport, via the creation of disability advisory groups, as well as undertaking a presentation to people with learning disabilities.

4.44 Local authorities appeared to have undertaken much less consultation, with only four authorities explicitly recording such involvement (South Lanarkshire,



Dundee City, Glasgow City and Orkney councils). Of these, Glasgow City Council was the only authority to specifically mention involving disabled people in the design of facilities. A number of local authorities also listed involvement and engagement with local disability sports fora, the setting up of disability sports working groups (Highland, Glasgow, Mid and West Lothian Councils) and a disability reference group.

### **Summary and conclusions**

4.45 Progress is being made in the area of sport and disability equality, led principally by the actions of **sportscotland**, which has set out a clear approach and strategy for the three years of their Equity Scheme. There is also some evidence of progress being made by local authorities, in respect of participation by disabled children and young people and on access to facilities. However there was an absence of evidence from many local authorities, as well as a lack of reference to strategy and baseline information by authorities underpinning their actions.

4.46 It is clear that the framework and Equity Standard set out by **sportscotland** provides a useful approach which local authorities could incorporate into their plans. The Commonwealth Games provides an excellent opportunity to further develop the concepts of inclusion and participation, particularly as it is likely that a number of events for elite disabled athletes will be included as a central part of the games, and it is intended that facilities and accommodation will be accessible.

## **5. REPORTING ON PROGRESS TOWARDS INDEPENDENT LIVING**

### **Introduction**

5.1 Independent living as a concept has emerged over the past few years as a key issue for disabled people's equality. Independent living has been defined as 'disabled people having the same choice, control, and freedom as any citizen – at home at work and as members of the community'<sup>11</sup>. As a consequence it has relevance for many public authorities in Scotland in their work regarding disability equality, but in particular for local authorities and health boards, as they contribute towards policy and service provision in regard to key areas such as community care, equipment and adaptations and housing.

5.2 This report sets out a review of progress towards independent living for disabled people by public authorities in Scotland. Independent living was not an explicit component of the specific duties on public authorities in the disability equality duty, but a need to consider moves towards equality of opportunity and therefore independent living does arise out of public authorities' General Duties. In view of this this report has been based on, in addition to reviewing disability equality schemes and annual reports, information and data from public authorities on key issues such as community care, housing, equipment and adaptations as well as other literature on independent living in order to obtain a composite picture of where progress has been made and where further progress remains. Therefore this *Focus Area* report needs to be read in conjunction with the reports on community care and equipment and adaptations in Sections 6 and 7 below. This is particularly the case in regard to Direct Payments/Self Directed Support which was introduced via community care legislation, and therefore is listed in the Community Care Section 6.11 below, but in terms of impact needs also to be considered within the context of independent living.

### **Background: Wider Policy Context and Evidence**

#### **Wider Policy context**

5.3 Much policy and debate over the past few years has been to look at the concept of independent living as being an issue going beyond the concept of equal treatment for disabled people to one of promotion of overcoming barriers to disabled peoples' independence and the need for the development of appropriate means of individualised support and positive opportunities. Some of these issues have been found in key policy reports that have been published over the past five years. In particular references to Independent Living as an important policy issue are to be found in reports for the Scottish Government, the Scottish Parliament, as well as from the former Disability Rights Commission. In addition several disability organisations in Scotland have made considerable reference to it as a key policy priority.

5.4. A study by Hurstfield et al for the Office for Disability Issues/Department of Work and Pensions found evidence that independent living provides 'significantly more benefits than conventional forms of service provision', and there was evidence

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<sup>11</sup> Disability Rights Commission – Independent living in Scotland p.7 2007

from several evaluations that highlighted ‘the reduced costs involved in the delivery of independent living support mechanisms’ as well as evidence from carrying out a number of the case studies and consultations showing that ‘investment in independent living would result in sizeable long-term cost savings’ (SQW 2007).

5.5 The Disability Discrimination Acts 1995 and 2005 have had impacts in regards to independent living for disabled people by setting out requirements that disabled people should not be treated less favourably, particularly in regard to access to goods and services, but also in regard to employment. Key also of course was the introduction via the DDA 2005 of the Disability Equality Duty, as this has requirements on public authorities, most notably local authorities and health boards to promote disability equality, which includes independent living.

5.6 Policy on elements of independent living for disabled people, however, goes back beyond the DDA and has included a number of initiatives by disabled people advocating for aspects of independent living, even though the concept of independent living was not necessarily seen as common at that time. This has included, in particular the initiative to reduce and end the practice of disabled people, particularly people with learning disabilities, living in long stay hospitals and towards living in the community. Key in this regard have been steps to go beyond the Chronically Sick and Disabled Persons (Scotland) Act 1972, which set out entitlements to provision and support including for equipment and adaptations, as well as the Social Work (Scotland) Act 1968 and the Disabled Persons (Services, Consultation and Representation) Act 1986 which gave disabled people entitlements to have their needs assessed and local authorities given the power to help meet those needs and provide housing and other support<sup>12</sup>.

### *People with Learning Disabilities*

5.7 In 2000 the Scottish Executive’s learning disabilities strategy, entitled *The Same as You?*, was published. It set out a range of proposals for the inclusion and improvement of support for people with learning disabilities, including the consideration of support to assist people with learning disabilities to live independently and to have access to and control over their finances. The Report advocated the closure of all long stay hospital places, and the creation of and access to independent advocacy (Scottish Executive 2000b).

5.8 This report developed further some of the steps set out in the Adults with Incapacity (Scotland) Act 2000 with regard to the presumption of capacity. The overall aim was to safeguard the interests of people who may lack capacity to take some or all decisions for themselves. The Act also introduced the Office for the Public Guardian to oversee the process and to ensure that the process of advocacy and safeguarding of funds was effectively monitored. The Act was also updated and developed in 2007 with the Adult Support and Protection Act (Scotland) Act 2007 - this included extending provision regarding the role of attorneys and independent advocacy and ensuring that a person’s consent had been clearly given for a person to act as an attorney.

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<sup>12</sup> See Scottish Office Circular SWSG 12/72 re the Chronically Sick and Disabled Persons Act 1972

5.9 The Adults with Incapacity Act also enabled provision to be made by adults to give power of attorney to another person in the future to take some or all decisions for them if they were likely to face losing their capacity. The Act also regulates the process by which relatives or other people can obtain access to finances of the person with reduced capacity and the means of spending them.

5.10 A study by the Scottish Consortium for Learning Disability on behalf of ENABLE investigated the effect of implementation of *The Same as you?* on people's lives. The study involved a survey of over 600 people with learning disabilities. Two-thirds said their lives had changed for the better and over half thought they were living the life they wanted to live. However it also found that some people still did not have equal access to the things that are most important to them and others take for granted such as a home, independence, friends and relationships. Many of those living with their parents needed more support to live independently (Enable/SCLD 2006).

5.11 Under the learning disabilities strategy implementation process, a national implementation group was established and a series of working groups were set up to take forward key aspects of the report. One of the first working groups looked at the recommendation that people should be moving out of long stay hospitals by 2005. The working group published a report *Home at Last*, which found that there were 900 people in long stay hospitals, down from 7000 in 1980, and plans by health boards to discharge 652 more people were in place. People had moved to different types of accommodation from single tenancies to care homes (Scottish Executive 2004j). Latest statistics from the Scottish Government suggest that the total remaining in long-stay hospitals by 2007 was 350 (Scottish Government 2008i).

### *Mental health issues*

5.12 The Adults with Incapacity Act also considered the position of people with mental health problems. It placed responsibility for the welfare of adults with mental health problems with local authorities, but the Mental Welfare Commission was given responsibility for protecting the position of adults with 'mental health disorders' who had reduced capacity. A review of the Mental Health Act 1984 was undertaken and it reported in 2001. Known as the Millan Commission (Scottish Executive 2001b) the review proposed a range of significant changes to the mental health framework including advocating greater care in the community for people with mental health problems, the compatibility of mental health legislation with the Adults with Incapacity legislation. It proposed four key principles for any interventions:

- non-discrimination (that people with mental health problems should retain as far as possible the same rights and entitlements as others with health needs);
- equality (all powers should be exercised without discrimination);
- respect for diversity (service users should receive care, treatment and support in a manner that accorded respect for their individual qualities);
- reciprocity (where obligations are imposed on an individual to comply with a programme of treatment and care, parallel obligations should be placed on the health and social welfare agencies to provide appropriate services including ongoing care)

5.13 Many of these changes were included in the Mental Health (Care and Treatment) Act 2003, which strengthened people's rights under mental health law and access to care and treatment through the introduction of a new Mental Health tribunal system, rights to independent advocacy and the right to be represented by a 'named person', as well as responsibilities on local authorities to promote the welfare and social development of people with mental health problems in their area. In addition the then Scottish Executive set up the National Programme on Mental Health and Wellbeing as well as the 'See Me' campaign to change public perception and attitudes towards people with mental health problems.

5.14 Despite these advances, the extent to which people with mental health problems are enabled to lead independent lives remains an issue, with only 23% of people with mental health problems being in employment<sup>13</sup>. A survey of disabled people in relation to hate crime showed that people with mental health problems were the most likely group of disabled people to be frightened or attacked at some point in their lives (see Disability Rights Commission 2004).

#### *Advocacy Services*

5.15 In 2001, health boards were challenged by the then Scottish Executive in the White Paper *Our National Health - A Plan for Action a Plan for Change*<sup>14</sup> to produce three year plans for independent advocacy services. By 2004 expenditure on advocacy had increased from £2.72m to 6.2m. In addition new statutory rights to advocacy were included in the Mental Health (Care and Treatment) (Scotland) Act 2003. An Advocacy Safeguards Agency was established to oversee plans for advocacy and an Independent Advocacy Alliance to represent disabled peoples needs' was also established.

#### *Rehabilitation Services*

5.16 In 2007, the Scottish Government published a review of rehabilitation services aimed at improving and streamlining access to and connectivity to adult rehabilitation services. The document focuses on core principles of rehabilitation specifically as they relate to older people, adults with long-term conditions and people returning from work absence and/or aiming to stay in employment, following a period of hospitalisation or time off from work due to ill-health or impairment. One of the key aims behind the policy is to assist people to remain in their own homes and that services should strive to support people in managing their own health conditions and remaining independent in their own home rather than being admitted to hospital (Scottish Government, 2007h).

#### *Key policy documents*

5.17 *Improving the Life Chances of Disabled People* was published by the Prime Minister's Strategy Unit (PMSU) in 2005. It set out four key areas for future progress in relation to disabled people, including the need to help disabled people achieve independent living. Its recommendations do not apply to Scotland in devolved areas

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<sup>13</sup> See Labour Force Survey April to June 2006

<sup>14</sup> See also Independent Advocacy - A Guide to Commissioners (Scottish Executive 2001)

but do in regard to reserved issues such as employment and welfare benefits. The report set out a timeline of 2025 for all disabled people in Britain 'to have full opportunities and choices to improve their quality of life and will be respected as and included as equal members of society'.

5.18 To facilitate independent living, the report advocated moving progressively towards individual budgets for disabled people, drawing together the services to which disabled people are entitled and giving them greater choice over the mix of support they receive in the form of cash and/or direct provision of services. It also advocated the development and capacity building of centres of independent living to ensure that disabled people were involved. In the shorter term, it also advocated that measures should be taken to improve advice services available to disabled people and to address existing problems with housing and transport. With regard to employment measures, it advocated improving support and incentives for getting and staying in employment by ensuring that support is available well before a benefit claim is made; reforming the gateway onto entitlements; providing effective work-focused training for disabled people; and improving the Jobcentre Plus programme Access to Work, and other in-work support (Cabinet Office, 2005).

5.19 In its report *Removing Barriers and Creating Opportunities* published in 2006 the Scottish Parliament Equal Opportunities Committee looked at a number of aspects regarding independent living and in particular the applicability of some of the recommendations from the PMSU report to Scotland. It recommended that the then Scottish Executive should establish a task force to consider how to bring forward proposals to advance the independent living agenda in Scotland and to establish a monitoring and reporting structure (Scottish Parliament 2006).

5.20 In its response to the Inquiry's recommendations the Scottish Executive stated its' commitment to supporting independent living and indicated that it would be taking forward work arising out of both the PMSU report as well the recommendations of the Committee's Report and that of the Executive's own Disability Working Group (Scottish Executive 2007).

5.21 In 2004, the Scottish Executive established a disability working group to look at key areas with regard to disability for the Scottish Executive to consider taking forward. The group's report advocated a number of developments in regard to independent living, most notably that independent living was a critical aspect in achieving full citizenship for disabled people. It recommended that the Scottish Executive should consult disabled people on how independent living could be supported nationwide and also that access to independent advocacy should be supported by the Scottish Executive. The report pointed out that independent living was also for many disabled people dependent on good accessible communication support, and called on the Scottish Executive to develop practical guidance on inclusive communication. (Scottish Executive 2006i).

5.22 In its response to the Disability Working Group report, the Scottish Executive set out its support for the principles of independent living and its intention to work with disabled people to identify the best way of supporting independent living nationwide. In regard to advocacy the Scottish Executive whilst pointing out the that Scottish Executive Health Department Guidance already required independent

advocacy to be available to all who need it, set out the intention to investigate what further steps could be needed to support independent advocacy services nationwide, including independent peer advocacy (Scottish Government 2007h).

5.23 A report by Reid Howie Associates for the Disability Rights Commission investigating the policy position on independent living was published in 2007 (Reid Howie, 2007). This report identified a number of actions necessary to promote independent living, including identifying and reflecting a commitment to independent living at a national and local level in overall initiatives such as in public sector reform and the Joint Futures initiative, as well as the creation of a taskforce on independent living to consider future policy. The report noted in particular five key determinants which would be of importance in enabling the development of independent living in Scotland. These were:

- A national and local decision making structure which is supportive of independent living. Including appropriate mechanisms, forums and partnerships at a national and local level through which issues relating to disability and independent living could be taken forward;
- An accessible environment including: the built environment; the transport system and the immediate environment of an individual's home;
- The provision of support to individuals with various aspects of their personal lives, such as health, personal care, practical tasks etc.;
- The promotion of opportunities for participation by disabled people in all aspects of economic, social and public life, including: access to opportunities for employment; opportunities to participate in education and training, and in leisure, social and public life; as well as to have access to an appropriate income;
- The provision of appropriate funding and resources to support and sustain this.

5.24 In June 2008, the Scottish Government announced a long term approach to supporting independent living for disabled people. This initiative would be supported by an expert group including disabled people and would involve the Government working with public sector bodies to identify ways to break down barriers in areas such as housing, transport, employment and education. A sum of £600,000 was allocated to the initiative.

## **Research and statistical evidence**

5.25 Disabled people make up 19% of Scotland's population and it is likely that the number will increase over the coming years, given the likely older population and the fact that disabled people tend to be older and account for over half of all disabled people. The Scottish Council Foundation in a study for the DRC projected that the number of disabled people could rise by 109,000 by 2021 leading to 22% of the population being disabled (Scottish Council Foundation 2005) this will have consequences for policy towards independent living.

### *Self directed support*

5.26 The review of disability equality schemes (see Section 5.33 and 6.11 below) shows that amongst those authorities referring to independent living a quarter (8 authorities) were prioritising self directed support as a key means of enhancing independent living for disabled people. In particular Edinburgh City Council, have been highly innovative in implementing the use of health money within Individualised Budgets for disabled people and pushing forward initiatives such as the Edinburgh City Charge Card. Of those targeting direct payments however six of the eight authorities were already amongst those in the highest take up categories in Scotland<sup>15</sup> (according to level of take up reported in the study for the Scottish Parliament Health Committee) and only two (Inverclyde and Aberdeenshire) were in the lower take up category. Whilst the number of authorities mentioning self directed payments in their schemes was a minority, statistics for the country as a whole show (see 6.32 below) an overall increase in the take up of self-directed support from 207 people in 2001 to 2605 in 2008.

### *Support needs*

5.27 The Scottish Household Survey 2002 found that 44% of disabled people listed a need for some form of help or care. In the case of types of help received 64% of such help was outwith the home and 24% from within, with 31% receiving between one and four hours per week and 36% receiving between 5-19 hours per week and 8% continuous care from outside the home, and of those receiving help in the home 55% were receiving continuous care (Scottish Executive 2004c).

### *Advocacy*

5.28 The Advocacy Safeguards Agency undertook a review of the first three year advocacy plans of Health Boards. It concluded that there had been considerable progress made in the establishment of advocacy services across Scotland, but that there were 'still significant gaps in independent advocacy provision for children and young people, older people, people with dementia, physical disabilities and ethnic minorities' (Scottish Executive 2004g). A new map of progress on independent advocacy is currently being developed by the Scottish Independent Advocacy Alliance.

### *Day care services and home care*

5.29 A reduction in use of day care facilities can be one measure of moves away from residential accommodation and of moves towards greater independent living for some disabled people. Between 2004 and 2007 there was a fall in the number of day care services from 657 to 633, but a rise in the number of people utilising such services from 22,647 to 23,011. Of these 45% were people with learning disabilities

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<sup>15</sup> the Implementation of Direct Payments for People who use Care Services- a report by Riddell et al for the Scottish Parliament Health Committee  
<http://www.scottish.parliament.uk/business/committees/health/reports-06/her06-report.htm#section1>



in 2007 - an increase on the numbers in 2004 of 522 people and a reduction of 200 people with mental health problems and a reduction of around a quarter in the number of people with physical impairments using such services (see Scottish Executive 2004c and Scottish Government 2007f).

5.30 Similarly the number of disabled people living in the community, rather than in care homes can also be one measure of progress towards independent living. In 2007 there were 545 places for physically disabled people in care homes compared to 723 in 2000, 1,046 people with mental health problems (roughly the same as in 2000) and 2796 people with learning disabilities as compared to over 3,300 adults with learning disabilities in 2000 (See Scottish Government 2007g and Scottish Executive 2006c).

5.31 Availability and provision of home care services can be a further measure of progress towards independent living. In 1999 there were 74,058 clients receiving 375,300 hours of home care. 85% of these people were over 65 and 76% had physical disabilities. Of those younger than 65 48% were physically impaired, and 12% had learning disabilities and 11% mental health problems (see Riddell and Banks 2001). By 2005 the number of adults with learning disabilities receiving home care services had risen to just under 3,000. During the same period the number of adults with mental health problems receiving home care also rose to just under 3,000. In addition there has been a rapid rise in the number of physically disabled people receiving home care services - some 52,000 which, according to the Scottish Government arises mainly due to the availability of free personal care for older people (Scottish Executive 2006c).

#### *Supported living*

5.32 In 2006, the Supporting People Fund provided assistance to over 34,000 disabled people to help them live independently in the community, through receiving a variety of services, ranging from alarm services to equipment and adaptations (see Scottish Executive 2004e and 2007c). The number of disabled people receiving funding for home support services appears to have increased substantially since 2003-04 as the following table 1.6 shows (though there may be some double counting in the figures as some people may have more than one impairment and fall into more than one category and there were some differences in reporting methods by local authorities).

Table 1.6

**Number of people receiving housing support by client group: Scotland, 2004-05 and 2005-06**

Client Group	Number 2004-05	Number 2005-06
<b>All client groups<sup>16</sup> (net total)</b>	<b>170,584</b>	<b>163,758</b>
<b>Physical disability/ illness</b>	9,318	16,033
<b>People with mental health problems</b>	6,477	8,611
<b>People with a learning disability</b>	6,869	7,000
<b>People with HIV/ AIDS</b>	74	102
<b>Older people</b>	82,968	79,555
<b>People with sensory impairment</b>	763	952
<b>People with dementia</b>	1,298	860
<b>People with an acquired brain injury</b>	316	272
<b>People experiencing psychological trauma</b>	73	244

(Source: Scottish Executive Statistical Bulletin Housing Series HSG/2007/4: Supporting People Client Statistics, 2005-06)

### **Areas where progress is evident regarding Independent Living**

#### *Approaches towards independent living*

5.33 The research evidence suggests a growing recognition of the principles of independent living in policy and practice, and this is underlined by the recent Scottish Government initiative on examining ways of overcoming barriers to independent living. A review of local authority disability equality schemes indicates that actions to promote independent living are referred to in a majority of schemes by local authorities, though there was considerable variance in the extent to which the schemes made reference to it explicitly and, as indicated below, a minority of authorities made no reference to independent living for disabled people

5.34 For a few local authorities and health boards, independent living appeared to be a key feature of their approach towards disability equality. Three local authorities, and two health boards specifically mentioned the Disability Rights Commission's 10 key steps towards independent living as part of their approach towards disability equality in their schemes, and one (Perth and Kinross) had ensured all its key managers were aware of these principles. Four authorities had also looked to incorporate independent living issues into their overall objective setting, and one (North Lanarkshire) had developed a useful set of SMART objectives in this regard setting out steps for monitoring and recording progress in service delivery and self directed support to encourage greater independent living and two authorities mentioned funding or providing support to disabled peoples' organisations to support independent living.

<sup>16</sup> The total figure includes non disabled people receiving housing support, but only people with impairments have been included in the detailed breakdown along with older people, as some older people will also be disabled.

### *Learning disability*

5.35 Within local authority schemes, there were concerns with promoting independent living for people with learning disabilities, particularly with regard to living in the community. Some authorities such as North Lanarkshire and Edinburgh City Council identified independent living as a starting point for the development of independent living strategies, which would then be taken forward with other impairment groups. The annual returns to the Scottish Government on progress in implementing the recommendations of the *Same as You?* at local level show progress is being made (see also 6.41 below regarding the progress on Joint Futures programme).

### *Self directed support payments*

5.36 A second key area (see Section 6.11 below) that a minority of local authorities appeared to be prioritising were methods of encouraging greater take-up of self directed support, with 8 authorities prioritising this, and one, Glasgow City Council, utilising a review of approaches towards self directed support to consider whether it should move towards a system of individualised budgets for disabled people. Whilst the number of authorities mentioning self directed payments in their schemes was a minority, statistics for the country as a whole show (see 6.32 below) an overall increase in the take up of self-directed support from 207 people in 2001 to 2291 in 2007.

### *Advocacy support and communication support services*

5.37 All the area health boards make reference to the provision for communication and interpretation services for disabled people in their disability equality schemes and several had plans for developing these. In addition, all boards appeared to have developed plans for advocacy support for disabled people (see 5.22 above) – though less than half make reference to this in their disability equality schemes. The Scottish Government is planning to develop guidance on ensuring local provision meets the need for advocacy and that disabled people are involved in the planning and design of local advocacy services.

### *Transport*

5.38 Another area that some local authorities, particularly those operating in rural areas, had prioritised for action was greater access to and information on transport services for disabled people, as this can facilitate independent living through greater access to services and employment.

### *Summary of evidence of progress*

5.39 In summary, evidence of progress on independent living shows that independent living for disabled people is referred to in a majority of schemes by local authorities, though there was considerable variance in the extent to which it was referred to. For a few local authorities and health boards, independent living appeared to be a key feature of their approach towards disability equality. In terms of future activity, there is a focus on the promotion of independent living for people with

learning disability. Another key area that a minority of local authorities appeared to be prioritising was encouraging greater take-up of self directed support, with 8 authorities prioritising this. It was also noticeable that all the area health boards make reference to the provision for communication and interpretation services for disabled people and nearly half to advocacy services.

### **Areas where progress is less evident**

5.40 Given the scope of independent living, a minority of local authority schemes (just under a third – some 9 authorities) appeared to make no reference to independent living either explicitly, or through planned activities in their schemes or action plans. That said, this does not necessarily mean that no activity on the topic is being undertaken by those authorities, as they may not have included such actions in their Schemes (or not necessarily identified such activity within their authority as being termed independent living).

#### *Direct payments/ self directed support*

5.41 Three-quarters of local authority disability equality schemes and annual reports did not list direct payments as a priority in their schemes and, of those that did, all bar two were already amongst the authorities with the highest take-up.

#### *Advocacy support*

5.42 Advocacy support for disabled people does not appear to receive widespread reference within disability equality schemes, with 5 local authorities out of the 32 mentioning the provision of advocacy services. Surprisingly, only 6 out of the 14 area health boards mention advocacy provision in their schemes despite the provision which exists across the area boards (see 5.22 and 5.23 above). With regard to translation, interpretation and communication support for disabled people, a much larger difference emerges with regard to the extent to which reference is made within disability equality schemes. Only 2 local authorities appeared to mention it in their schemes, compared to all area health boards (see 5.37 above).

5.43 To summarise areas where progress is less evident, a minority of local authority schemes appeared to make no reference to independent living and three quarters did not list self directed support as a priority in their schemes. There is also little evidence of progress in regard to advocacy support, with only a minority of local authorities mentioning advocacy services and communication support, by comparison with a greater number of health boards.

### **Categories of impairment groups mentioned in disability equality schemes**

5.44 Three main key categories of disability and impairment appeared within disability equality schemes in relation to independent living: people with learning disabilities, people with mental health issues and people with physical impairments. There appeared to be an emphasis by many local authorities on assisting people with learning disabilities to access housing and support for living in the community, as well as for physically disabled people in regard to housing and equipment and

adaptations. Issues regarding independent living for people with sensory impairments arose most commonly with regard to communication support services

### **Reporting on progress – involvement and consultation**

5.45 Some local authorities and health boards have tried to involve disabled people in thinking about the promotion of independent living in their schemes and action plans. Whilst a majority of local authorities and many health boards made reference to independent living, it did not feature as a discrete topic of involvement in many schemes, and was often more of a by-product. However, as with community care (see section 6 below), there were a number of examples where it had been specifically considered. North Lanarkshire had utilised a number of different mechanisms to involve disabled people in independent living issues, including fora, consultations. Other local authorities such as Dundee City Council utilised their overall involvement process to distil out independent living messages.

### **Summary and conclusion**

5.46 A review of local authority disability equality schemes indicates that independent living is referred to in a majority of schemes by local authorities, though there was considerable variance in the extent and manner of its treatment. It is clear that independent living is now a key feature of many local authority and health boards approaches, though disappointing that a third of local authorities made no reference to it in their schemes or annual reports. Also local authority disability equality schemes showed few mentions of activity with disability organisations on progressing independent living (with some notable exceptions).

5.47 There has been some progress towards realising the principles of independent living, particularly with regard to take up of day care services and home care, as well as the number of people with physical and learning disabilities living in the community. More progress could be made concerning how it is taken forward by local authorities and health boards. In particular there is scope for a more joined up and holistic approach in areas such as such as advocacy and communication support and on equipment and adaptations. Whilst there appears to be a useful growing level of linkage on equipment and adaptations and housing policies, disability equality schemes suggest that connections are not always made with community care and independent living.

5.48 There are some good examples of joined-up working and thinking between local authorities and health boards on independent living, but there is also considerable scope for much more joint work, and for it to be more explicitly part of both sets of organisations' disability equality schemes. In addition, it is clear that there is also some underreporting of actions underway, which may be due to a lack of awareness of the importance that such activity may have in advancing independent living. Independent living has considerable potential for enhancing disability equality and, as evidenced by the priority it is being given at national level, it would appear that local authorities and health boards are underplaying the contribution that they are already making.

## 6 REPORTING ON PROGRESS TOWARDS DISABILITY EQUALITY IN COMMUNITY CARE

### *Introduction*

6.1 Community care services are important services for many disabled people as they can assist not only the provision of support towards disabled people living in the community but also towards independent living. This report looks at progress towards greater equality in access to community care services. It looks at references to community care in local authority and health board disability equality schemes as well as key references to community care in policy and legislation over the past eight years. It needs to be read in conjunction with the preceding Section 5 on independent living as there are considerable interconnections in regard to policy on community care with independent living- especially in regard to self-directed support and on supported living.

### **Background: wider policy context and evidence**

#### *Community care policy and independent living*

6.2 The Community Care Action Plan in 1998, following the Griffiths Report on Community Care introduced a new approach toward services and support for disabled people, with a greater emphasis on community based and home services, with responsibilities for greater joint working placed on local authorities and health boards (Scottish Office 1998). This approach was taken further with the development of the Joint Futures Approach in 2000, which was designed to bring about single shared assessments and joint working (Scottish Executive 2000a). One aspect of this included a joint approach to the provision of equipment (see paragraph 7.12 below).

6.3 In 2006 the Scottish Executive published a new report on the future role of social work called *Changing Lives*. This took further some of the key recommendations in Joint Futures, by looking at the engagement of service users as active participants as well as taking a 'whole person' approach (Scottish Executive 2006e).

6.4 In 2007, the Scottish Government with CoSLA and the NHS, announced a change to and development of the Community Care Joint Improvement Framework by focusing it on an outcome based approach, focusing on the following four areas:

- improved health;
- improved wellbeing;
- improved social inclusion; and
- improved independence and responsibility

This included performance measures on including on user satisfaction and quality and involvement in of assessment of care (Scottish Government 2007l, k).

#### *Free personal care*

6.5 In 2002, the Scottish Executive introduced via the Community Care and Health (Scotland) Act 2002 the policy of providing older people over the age of 65 with free personal and nursing care. This policy benefits many disabled people, given the preponderance of disabled people to be older, and that disabled people make up 40% of people over the age of 65 (see Scottish Household Survey 2002 & Scottish Executive 2004c).

#### *Supported living*

6.6 In April 2003 the Scottish Executive introduced a supported living fund to assist people to live independently in the community. This replaced the previous system whereby support would come from a variety of sources such as Housing Benefit and the Special Needs Allowance Package. The funding has covered a range of services ranging from warden services to equipment and adaptations, and is delivered via local authorities, which assessed need in conjunction with Health Boards and other bodies and service user groups (see Scottish Executive 2004e). Responsibility for such funding under the local government concordat has now passed to local authorities (the concordat is referred to in greater detail in the Report on the Finance and Sustainable Growth Portfolio).

#### *National care standards*

6.7 The Scottish Executive set up a National Care Standards Committee following the Regulation of Care (Scotland) Act 2001 to establish national care standards in care homes (both residential and nursing). The standards were developed for different groups of people by working parties which included people who use services, their families and carers, along with staff, professional associations, regulators from health and social care, local authorities, health boards and independent providers.

6.8 Specific standards were developed for people with physical and sensory impairments, for people with learning disabilities and for people with mental health problems based around the journeys that people make through the services. The standards were also influenced by the principles of the independent living movement and the key principles of dignity, privacy, choice, safety, realising potential and equality and diversity (Scottish Government 2008h, Scottish Executive 2005d and e). Care standards were also separately developed for support services such as day care services, also utilising a philosophy of independent living (Scottish Executive 2005f).

#### *Disability working group*

6.9 In 2004, the Scottish Executive established a disability working group to look at key areas for the Scottish Executive to consider taking forward. The report considered community care issues and concluded that to maximise disabled people's choice and control, and ensure effective delivery of the Disability Equality Duty, disabled people should be proactively engaged at a strategic level in the design and implementation of services. Wherever possible, they should also be full partners in decision-making on their own care management, with

advocacy support if required.

### *Self directed support*

6.10 The Community Care (Direct Payments) Act 1996 introduced direct payments as a way of providing disabled people with the financial means of purchasing assessed need, rather than having it provided for them by their local authority. Direct payments (self-directed support) were extended to disabled people aged 65 and over from July 2000. Since 21 December 2001, they have also been available to disabled 16 and 17 year olds and disabled parents for children's services. The Community Care and Health (Scotland) Act 2002, made it a requirement for all disabled community care service users to be offered a direct payment in place of a council-supplied service including to parents (or those with parental responsibility) for disabled children aged 15 and under.

6.11 Since the introduction of the legislation there has been take-up by disabled people in Scotland, but at a slower rate than in England. On average, Scottish local authorities make less use of direct payments per head of population than England, but since they became mandatory considerable progress has been made, particularly in some local authorities, as the statistics presented in paragraphs 6.25-6.32) below indicate. Self-directed support continues to be seen in Scotland as an important, but not the only, means of enabling disabled people to lead more independent lives.

6.12 In July 2007 the Scottish Government published new national guidance on direct payments, which included redefining the term direct payments to that of 'self-directed support' in order to focus on outcomes for individuals rather than systems of delivery. The guidance recommended the funding by local authorities of a local support service, training for individuals on self-directed support and designated self-directed support lead officers. In addition the guidance reminded local authorities that self-directed support was possible for those with complex needs, provided that the safeguards of the Adults with Incapacity (Scotland) Act 2000 were observed (Scottish Government 2007e).

### *People with learning disabilities*

6.13 In 2000, The Scottish executive published the report *The Same as You?*, setting out a range of proposals for the inclusion and improvement of support for people with learning disabilities. It was the first comprehensive review of services for people with learning disabilities for many years. Its wide-ranging recommendations, included the expansion of community based services and the closure of long stay hospitals. It also advocated an improvement in care home standards (see 5.7 above) and the wider availability of day care services, including the expansion of supported employment opportunities. The review also recommended that local authorities, working with health boards and the voluntary sector, look at the additional needs of people with profound and multiple disabilities and those of their carers. The establishment of a national network of support to local providers offering advice and training on the additional needs of people with profound and multiple disabilities should be established (Scottish Executive 2000b).



6.14 Since its publication there have been a number of developments, including the creation of a national implementation group. The group has covered a range of issues including reviews of training, recruitment and retention of social care staff and day care services. One of the recommendations of *The Same as You?* was the development of Partnership in Practice agreements between local authorities and health boards in relation to services for people with learning disabilities. The first agreements were developed between 2001 and 2004 and the second wave between 2004 and 2007. An overview by the implementation group in 2006 indicated that there had been progress in taking forward services for people with learning disabilities, but it noted that people with complex needs had benefited less than others. Difficulties for individuals and service providers around points of transition from children's to adult services were also highlighted. (Scottish Executive 2006m).

#### *People with sensory impairments*

6.15 An action plan on services for people with sensory impairments was published in 2003. The plan set out to improve information and access to community care services via a national steering group. It was subsequently updated in 2005 following consultation with people with sensory impairments (Scottish Executive 2004i). It covers both specific needs of people with impairments such as deaf-blindness, deafness and blindness as well as needs of those groups as a whole. One of the aims of the plan is to work towards greater consistency in access to services as well as in improving information needs, greater user participation, as well as access to equipment (see section 1f below). It also advocated the adoption of the single shared assessment system for older people with sensory impairment, as well as the development of a national training strategy for staff based on good practice standards.

6.16 Following the publication of the action plan, Scottish Ministers committed to publish statutory guidance to local authorities. This was developed with the action plan members, Association of Directors of Social Work and CoSLA and published in April 2007 and March 2008, and group members were involved in the development of occupational standards for support staff (Scottish Government 2007i). The Guidance sets out requirements on the identification of people with sensory impairments, the need for assessment to be carried out by trained staff and the need for people to be involved in the planning of services as well the promotion of the inclusion of sensory impaired people through the provision of information in accessible formats and methods.

#### *People with physical disabilities*

6.17 The Scottish Executive published a scoping study on the needs of younger people with physical disabilities in 2005 (Scottish Executive 2005g). The study reviewed research and related evidence about the needs of and services to physically disabled people aged 16-64 in Scotland, including people with early onset dementia. In regard to need the study found that no statistics were kept about unmet need in terms of care services. It found that 'needs were often discussed in terms of the services deemed necessary to meet them rather than in a wider 'needs-led' context'. It also reported that disabled people had a low level of involvement in community care assessments and that needs assessment was subject to geographic

variation, with local authorities, and sometimes local teams within authorities, interpreting central guidance differently.

### *Autistic spectrum disorders (ASD)*

6.18 A National Autistic Spectrum Disorder Reference Group was developed by the Scottish Executive in 2002 to make recommendations with regard to improving diagnosis, training and information. This followed a Public Health Institute of Scotland Assessment Report in 2001 which identified a patchwork of services and made 32 recommendations covering diagnosis and need, the development of standards and monitoring of lifelong services, the provision of services via local health and joint planning mechanisms, the need for a national training audit, as well as the need for funding bodies to sponsor research into autistic spectrum disorders.

6.19 In 2006, the Scottish Executive set out a report on progress on the implementation of the report, which indicated that progress had been made in a range of areas such as the completion by all local authorities and health boards of audits of their services for people with ASD, the development of a national services framework and in diagnosis (Scottish Executive 2006l). The report included a number of proposals for future progress including an examination of care standards and performance measures, the commissioning of services and training. Most recently the work of the group has led to a report on the improvement of services for people with autistic spectrum disorders (Scottish Government 2008g).

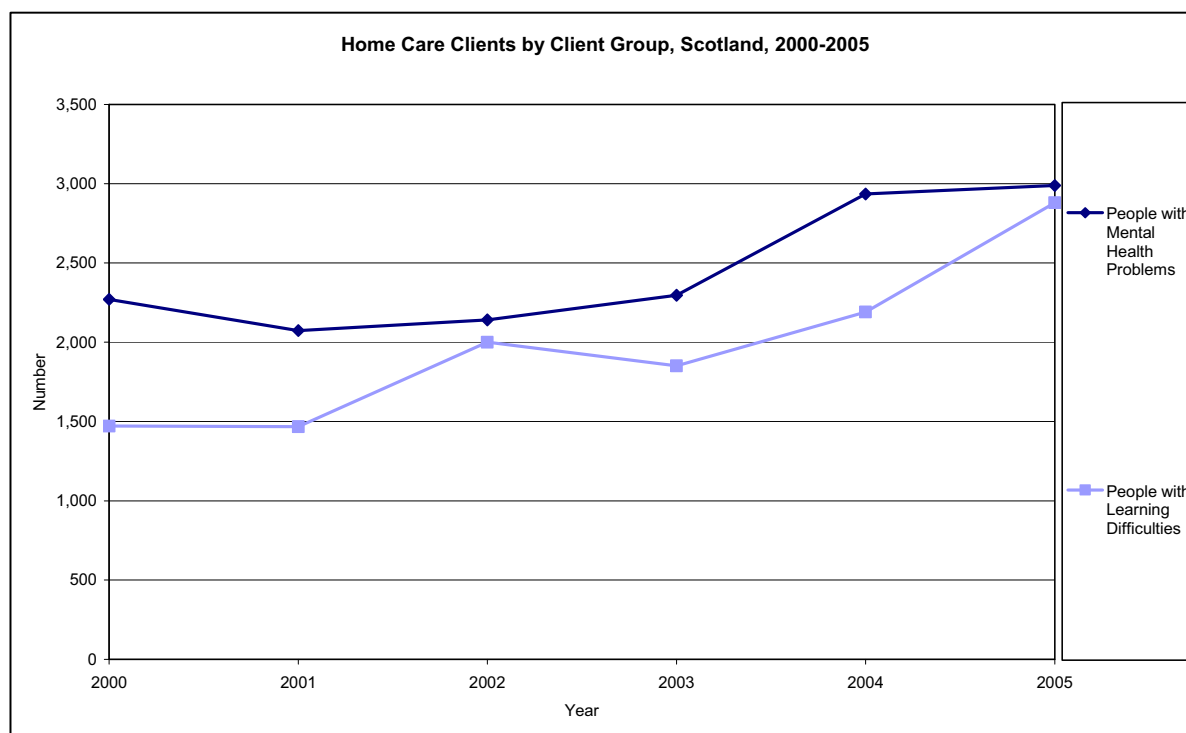
## **Research and statistical evidence**

### *Home care support*

6.20 There has been an increase in the number of disabled people receiving home care support since 1999. In 1999 there were 74,058 clients receiving 375,300 hours of home care. Eighty-five percent of these people were over 65 and 76% had physical disabilities. Of those younger than 65, 48% were physically impaired, and 12% had learning disabilities and 11% mental health problems (see Riddell and Banks 2001).

6.21 By 2005 the number of adults with learning disabilities receiving home care services had risen to just under 3,000. During the same period the number of adults with mental health problems receiving home care also rose to just under 3,000 (see figure 1.2) In addition, there has been a rapid rise in the number of physically disabled people receiving home care services - some 57,000 which, the rapid rise, according to the Scottish Government, arises mainly due to the availability of free personal care for older people (Scottish Executive 2006c and Scottish Government 2008i).

**Figure 1.2**  
**Number of people with learning disabilities and mental health problems receiving home care between the years 2000 and 2005**



Source: Scottish Executive (2006) *High Level Summary of Equality Statistics*

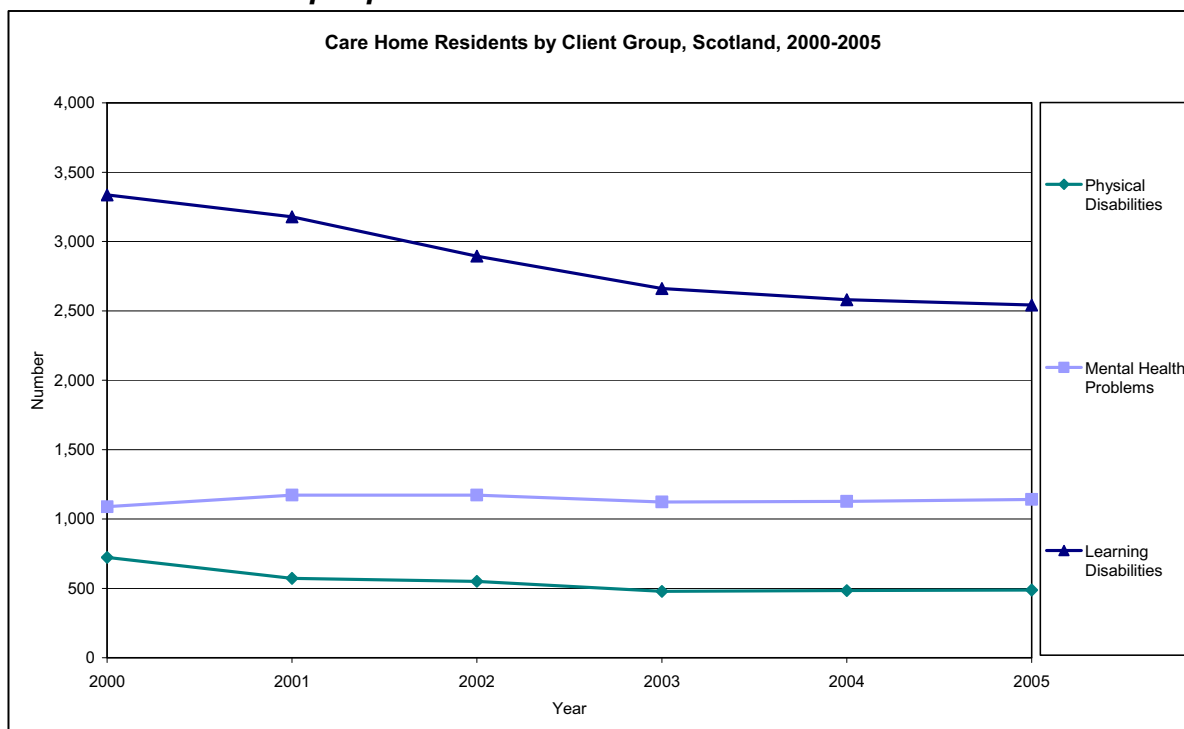
### *Day care services*

6.22 Greater attention has been focused on day care services since the publication of the learning disabilities review. It advocated improvements in quality and in direction and delivery and that there should be a change from full time use of day centres to alternative day use. There has been a reduction in the number of day care services provided, from 657 in 2004 to 633 in 2007, but a rise in the number of people utilising such services from 22,647 to 23,011. In 2007, 45% were people with learning disabilities, an increase in the number of this group using these services in 2004. By way of contrast, there has been a reduction in the number of people with mental health problems and physical impairments using such services (see Scottish Executive 2004c and Scottish Government 2007f).

### *Care homes and residential care*

6.23 There has been a decline in the number of people in care homes with physical and learning disabilities, but the number of people with mental health problems in care homes has stayed roughly the same since 2000 (see Figure 1.3, Scottish Government 2007g and Scottish Executive 2008i,j).

**Figure 1.3**  
**Number of disabled people in care homes between 2000 and 2005**



Source: Scottish Government High Level Study of Equality Statistics 2008

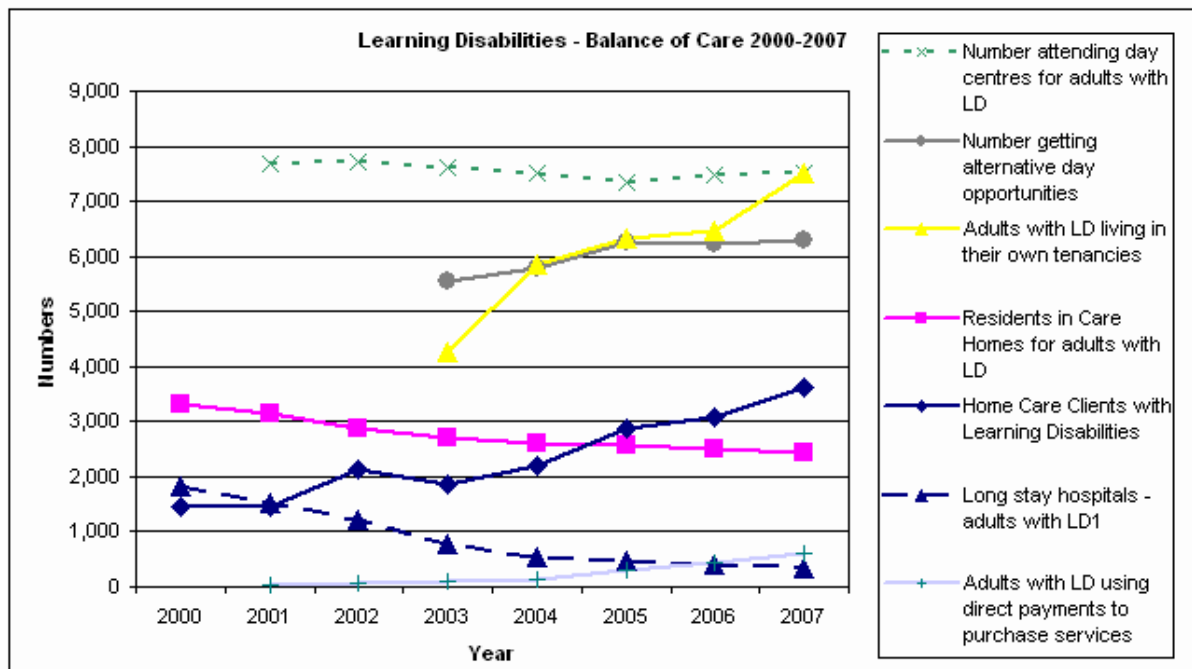
### *People with physical disabilities*

6.24 According to the scoping study for the then Scottish Executive in 2005, 24% of disabled adults aged 16-54, and 19% of those aged 55-64, require regular assistance (Scottish Executive 2005g). It also cited an Audit Scotland report showing that there were 49,756 people aged 18-64 with physical disabilities receiving a community care service in 2003-4. The Scoping study indicated that physically disabled people 'wanted flexible services, responsive to individual needs and preferences and able to offer a range of practical, emotional and moral support'. It also concluded that research pointed to certain gaps in services and a shortage of provision for particular groups, including people with early onset dementia. In terms of solutions the study indicated that staff roles and attitudes were crucial, and there was a need for a holistic approach to services to meet this.

### *People with learning difficulties*

6.25 As the figures above (6.19-20) show there has been a marked change in the balance of care that people with learning disabilities have receiving since 2000. Figure 1.4 below shows that there has been a significant decline in the number of people in long stay hospitals, a decline in the number of adults with learning disabilities in residential care and a concomitant rise in the number of people receiving home care and living in their tenancies (Scottish Government 2008i).

**Figure 1.4**  
**Balance of care for people with learning disabilities**

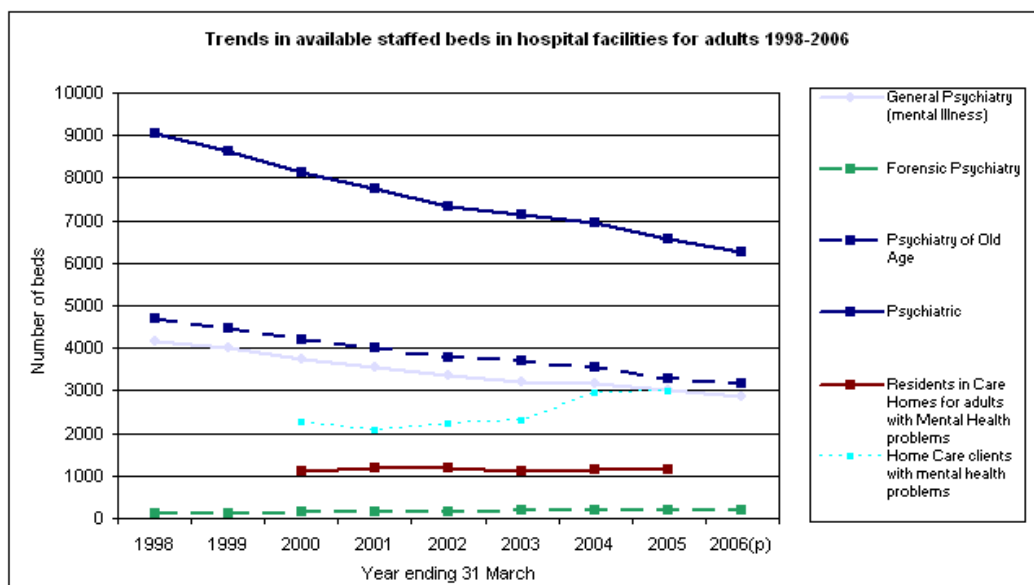


Source: Scottish Government High Level Summary of Statistics Trends 2008

*People with mental health problems*

6.26 There has been a change over the past ten years in the care provision for people with mental health problems, with reductions in hospital in bed treatment to greater treatment in the community. There has been an increase in the number of people receiving home care of 41% between 2000 and 2006 to around 3000 from just over 2000 people. The number of residential care places has remained virtually constant in that period (Scottish Government 2008j).

**Figure 1.5**  
**Trends in hospital and community mental health treatment between 1998 and 2006**



Source: Scottish Government High level Summary of Statistics Trends

### Self-directed support

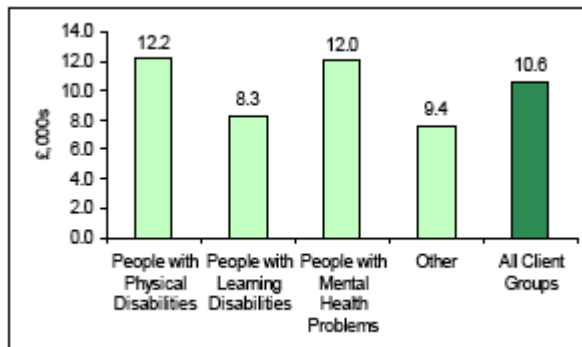
6.27 Research for the Scottish Parliament Health Committee (Riddell et al 2006) shows that there have been increases in the level of take up in the numbers of disabled people using direct payments, rising from 207 people in 2001 to 1438 people by 2005. The study showed that not only were there considerable variations in levels of take up across local authorities in Scotland there were also differences in approaches and views towards direct payments and their use across local authorities.

6.28 In addition this study and also research by the Scottish Executive (Scottish Executive, 2005c) showed that there had been significant differences between local authorities in the average size of packages, so that some local authorities which appeared to be making quite extensive use of direct payments were spending a considerably lower proportion of their social care budget than others, which had fewer users but with larger average payments. The study also found a difference in approach with some social care staff worrying about users' ability to cope with financial management and service users who believed that, whilst there were significant administrative demands, these were manageable with support.

6.29 Whilst younger users still account for about seventy per cent per cent of the total, the proportion of users who are sixty five and over has steadily increased over time. From April 2005, eligibility was extended to older people aged sixty five and over assessed as needing care services due to frailty or old age. There was also a marked increase in the value of direct payments (see Figure 1.6), from £2.1 million in 2001 to £24.3 million in 2007 (Scottish Government 2007j). Whilst the average value of a direct payment in 2007 was £10,600 per client, users with physical disability

received the highest average payment (£12,200) and those with learning disabilities received the lowest (£8,300).

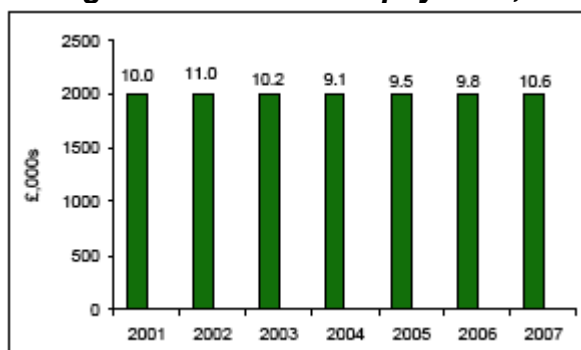
**Figure 1.6**  
**Average value of a direct payment by user group, 2005**



Source: Scottish Government - Direct Payments Scotland 2007

6.30 The average value of a direct payment has fluctuated over time. It is, however, interesting to note that the average value per client in 2007 was £10,600. Between 2004 and 2006 the amount on average was less than the average value per client in 2001 (£10,100) (Scottish Government 2007j). This suggests that there had been an increase in smaller packages during this period (see Figure 1.7).

**Figure 1.7:**  
**Average value of a direct payment, 2001 – 2007**



Source: Scottish Government - Direct Payments Scotland 2007

6.31 Riddell et al. (2006) found that local authorities had not yet shifted funds from traditional services into direct payments and there were anxieties that an increase in uptake of direct payments might destabilize existing provision. The study also showed that there was an expectation amongst local authorities of an increase in direct payments in the future. Around half of local authorities have a dedicated direct payments budget. The research also showed that some groups, particularly people with learning difficulties, mental health problems and black and minority ethnic groups, were particularly poorly represented among direct payment users and that over 40 percent of direct payments in 2005 were being taken up by physically disabled people aged between 16-64 (see table 1.7).

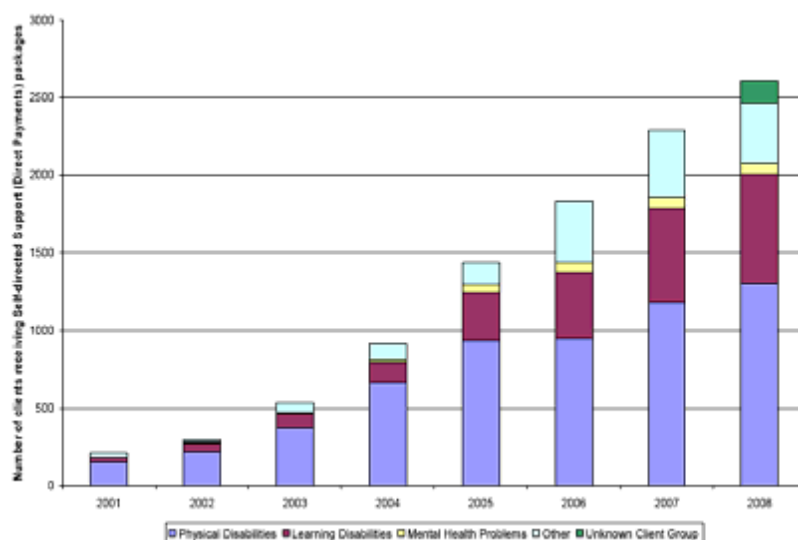
**Table 1.7**  
**Expectations of future use of direct payments by local authorities**

<b>Over the next five years, do you think overall the use of direct payments in your local authority will:</b>				
<b>User group</b>	<b>No Response</b>	<b>Increase</b>	<b>Stay the same</b>	<b>Total</b>
Adults with physical/sensory	4.3	78.3	17.4	100
Adults with learning difficulties	4.3	73.9	21.7	100
Adults with mental health difficulties	4.3	69.6	26.1	100
Older people	4.3	82.6	13	100
Children	0	95.7	4.3	100

Source: Riddell et al. *The Implementation of Direct Payments for people who use care services - Scottish Parliament Health Committee Report SP 624*

6.32 By 2007, the numbers of recipients of direct payments had risen to 2,605, with a growth in the number of people with learning disabilities in receipt of payments, but with still over half of all payments going to physically disabled people. There was also a rise in the number of older people in receipt of direct payments (see Figure 1.8).

**Figure 1.8:**  
**Chart 1: Number of people receiving Self-directed Support (Direct Payments) packages, 2001-2008**



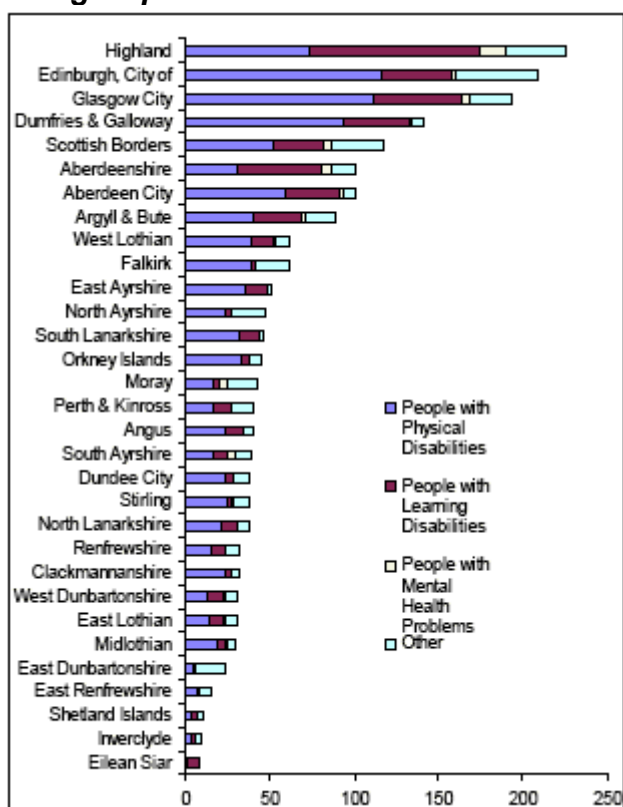
Source: Scottish Government - *Direct Payments Scotland 2008*



## Use of direct payments by local authority

6.33 Whilst all local authorities made some direct payments in the year to 31st March 2007, the figures reveal wide variations between local authorities. Fife Council made the most payments (13% of the Scotland total). The City of Edinburgh had the greatest total value overall (£3.7 million, 15% of the total amount paid. Inverclyde and Eilean Siar had single figures of self directed support users. Figure 1.9 shows the number of self-directed support users by local authority and user group. All but four local authorities made more payments than in the previous year

**Figure 1.9:**  
**Number of people receiving direct payments in 2007 by local authority and user group**



Source: Scottish Government, *Direct Payments Scotland 2007*

From analysis of the rate of these clients per 10,000 population, it was evident that smaller rural authorities tend to have a higher proportion of clients using direct payments, with Orkney having by far the highest proportion of direct payment users. Of the city authorities, Aberdeen had the highest proportion of users followed by Edinburgh City Council. Central belt authorities in the west and Dundee all had relatively low uptake.

## Areas where progress is evident on community care

6.34 Community care is a key area for many disabled people when it comes to receipt of services from their local authority, particularly amongst certain impairment

groups, as well as being a key component of moves towards independent living. Community care has also been a key area of collaboration between local authorities and health boards under the Joint Futures framework and been subject to a considerable number of policy initiatives over the past eight years. A majority of local authorities refer to it (21 authorities out of 32) in their disability equality schemes and a minority of area health boards (5 out of 14).

### *Strategies for impairment groups*

6.35 There has also been progress in regard to the strategies at a national level that were developed in relation to sensory impairment and people on the autism spectrum (see paragraphs 6.15 and 6.18 above). The sensory impairment strategy was aimed at achieving greater consistency in access to services as well as in improving information provision and user participation. Statutory guidance to local authorities was produced by the Scottish Government and Association of Directors of Social Work and CoSLA and published in April 2007 and March 2008, and group members were involved in the development of occupational standards for support staff.

6.36 Supported by the National Autistic Spectrum Disorder Group, a number of innovative care projects have been launched, which are now due to be rolled out across local authorities.

### *Training*

6.37 Many local authority disability equality schemes and action plans included a focus on awareness raising and disability equality training. For example, Aberdeenshire reported training 94% of their community care staff in disability and equality awareness, Glasgow trained all senior social work managers and 200 staff, and Dundee trained 500 staff in anti-discrimination and 381 people in disability awareness. In Glasgow City Council, a joint social work and housing training management team has been established to look at levels of awareness and further areas for development. This has been supported by a survey on equality awareness of 1000 staff in social work.

6.38 A number of authorities specifically reported increasing their staff resource and service in response to greater demand and need for services from disabled people (e.g. Shetland reported increasing its staff resource in the area of learning disability and sensory impairment; East Renfrewshire the creation of a new health and social care centre and learning disability centre).

### *Service provision and user involvement*

6.39 Reviews of service provision by local authorities were also common (5 authorities including Argyll and Bute and Aberdeenshire), often involving consultation with disabled users, including disabled user satisfaction surveys (Angus). Edinburgh City Council consulted service users about increases in home care at weekends and audits of information for service users were conducted by Glasgow City Council and Clackmannanshire. Community care fora were established by East Lothian and South Lanarkshire, which led to the development of new advocacy services in those

authorities, and a new protocol for physically disabled people and people with mental health problems, building on a previous one for people with learning disabilities, was conducted by Glasgow City Council.

### *Health board progress*

6.40 Of those health boards reporting activity, Greater Glasgow and Clyde Health Board made reference to work by the Community Health Partnerships with regard to services for people with a learning disability and for mental health users. NHS Highland had considerable plans for joint work with Highland Council on the provision of integrated services, including learning disability services, the development of advocacy services, as well as the development of community rehabilitation teams for people with stroke and coronary heart disease.

6.41 Also of note was the approach taken by NHS Shetland which included in its Action Plan a Joint Futures Action Plan with Shetland Islands Council, setting out which tasks the two organisations would be taking forward. This included NHS Shetland reviewing its hospital discharge policy jointly with the Council's housing services team in order to ensure that disabled peoples' needs were properly considered.

6.42 In summary, a majority of local authorities and a minority of health board refer to community care actions in their schemes, with a number of reviews of service provision and service user involvement being undertaken which had led to some changes in provision and in some cases new services. Staff training on disability awareness was a feature of several local authorities and some health boards reported undertaking joint activity with local authorities on integrated services.

### **Areas where progress is less evident on community care**

6.43 Whilst community care is an important statutory duty of all local authorities, which necessitates joint activity with area health boards, it is not always referred to in disability equality schemes, with a third of local authorities (11 out of 32) making no reference to it in their schemes, action plans or annual reports and only 5 out of the 14 area boards making reference to community care issues within their disability equality schemes. Little mention was made of the Joint Futures work being undertaken by local authorities and health boards, referred to in the annual performance evaluations in areas such as home care and community care assessments (see Scottish Government 2007l and 2007k).

### **Categories of impairment groups mentioned in disability equality schemes**

6.44 Over the past eight years, a range of policy initiatives have been targeted at people with particular impairments, such as learning disabilities, mental health difficulties and sensory impairments. Sub-groups, such as those with autistic spectrum disorders, have also been the recipients of particular policy developments.

6.45 Reference was made to specific impairment groups within disability equality schemes, for example, in the context of community care, where people with learning disabilities and people with sensory impairments were mentioned most frequently,

followed by people with physical impairments. In addition, care standards for specific groups were mentioned, for example for people with physical and sensory impairments, people with learning disabilities and people with mental health problems.

6.46 A minority of local authorities referred also to the needs of disabled children within their schemes. For example, North Lanarkshire had commissioned research into the care needs of minority ethnic disabled young people, South Lanarkshire had developed a participation advocacy network for young people and East Ayrshire was tracking the progress of disabled children in care outwith the authority. In addition, with regard to children's services, a joint approach with Highland Council had been developed by NHS Highland, involving joint location of services and joint assessment procedures. Interestingly, few authorities mentioned transitions from residential care within the context of community care, by and large referring to this either under independent living, or under housing.

6.47 In summary, there was also considerable reference to impairment groups within disability equality schemes with regard to community care. People with learning disabilities and people with sensory impairments were mentioned most, followed by less frequent mentions of people with physical impairments

### **Reporting on progress - involvement and consultation**

6.48 There was a considerable variation in the approach towards involvement and consultation with disabled people in relation to community care, with some highly developed approaches in some schemes and little specific mention in others. Some local authorities, such as Angus, utilised user organisation satisfaction surveys to gather information, whilst others utilised more direct involvement methods via community care fora to get a specific picture in relation to community care such as East Lothian and South Lanarkshire councils. North Lanarkshire took a multi-faceted approach including working with a range of disabled peoples organisations and disability group as specific users and carers group, as well as more formal consultations and the involvement of individuals on specific groups. Aberdeenshire also utilised an Armchair Equalities Group to involve disabled people who could not attend meetings.

6.49 The most frequent method of involving disabled people was to utilise information from surveys and to convene meetings of specific groups around a particular aspect of service development. A different approach was taken by a few authorities undertaking joint activity, such as Highland Council and the NHS Highland as part of the Highland Wellbeing Alliance. This included commissioning a local organisation of disabled people to undertake a survey of perceptions of social work by adults with learning disabilities.

### **Summary and conclusion**

6.50 Community care is an area that has received significant attention and consideration. A majority of local authorities refer to it in their disability equality schemes as well as a minority of area health boards. In addition there have been a

range of impairment specific initiatives, particularly in the case of people with learning difficulties and also for people with sensory impairments.

6.51 A third of local authorities and just over a half of health boards do not refer to community care within their schemes. Given the statutory responsibilities that local authorities and health boards have in regard to community care as well as the number of developments over the past eight years, it would appear that there has been significant under-reporting in disability equality schemes of activity and planned activity.

6.52 Key activity in regard to taking forward disability equality in community care appeared to be at a local authority level training and awareness development for staff members, as well as the development of user satisfaction and involvement methods. This included interesting developments such as protocols for user involvement by a number of authorities especially for people with learning disabilities, mental health problems and physically disabled people.

6.53 Whilst it was noticeable that there had been some encouraging development in the area of self directed support, this still applied to a minority of authorities and those which had plans were those with the most developed approaches. It would appear that there is considerable scope for development by local authorities in this area, especially as local authorities themselves, according to research for the Scottish Parliament, believe this will become a growth area in the future.

6.54 There were some examples of excellent joint working between some local authorities and health boards, especially in regard to planning and development of services for some impairment groups. More reference could have been made to the Joint Futures work between local authorities and health boards, and to collaboration with Community Health Partnerships. This may be an area for inclusion as part of the three year review of disability equality schemes that public authorities will be undertaking in 2009

## 7. REPORTING ON PROGRESS TOWARDS DISABILITY EQUALITY THROUGH ACCESS TO AND PROVISION OF EQUIPMENT AND ADAPTATIONS

### Introduction

7.1 For many disabled people, the provision of equipment and adaptations can be vital in assisting them to live independently at home, in daily life and in work. The scope of equipment and adaptations is wide ranging. It covers a range of equipment from standard items such as hand rails or raised toilet seats to the more complex or specialist equipment, for example profiling beds. Adaptations to housing can also make the use of facilities and access easier. These can range from widening of door frames for wheelchair access, to adding an extension or a conversion to part of the home. This report considers progress towards the provision and availability of equipment and adaptations by local authorities and health boards and other key public authorities. It is based on a review of disability equality schemes and disability equality annual reports, literature published by public authorities on equipment and adaptations as well as studies by key audit and inspection bodies such as Audit Scotland and Communities Scotland (now the Scottish Housing Regulator). The amount of information and literature available varied considerably, with there being comparatively little information on wheelchair provision, beyond the recent Review of Wheelchair Services.

### Background: wider policy context and evidence

7.2 . Legislation for the provision of equipment and adaptations goes back as far as the national assistance acts as well as the Chronically Sick and Disabled Persons (Scotland) Act 1972 and the Social Work (Scotland) Act 1968. The provision of equipment and adaptations is largely the responsibility of local authorities, though health boards have responsibilities with regard to provision of nursing equipment in the home and wheelchairs, through regional wheelchair services – see below. Local authorities have discretion to charge for equipment and adaptations, but a system of national guidance on charging exists which is developed via COSLA. In the case of housing adaptations, there is a system of grants and loans available. Both systems of provision have been subject to review over the past four years.

7.3 The Joint Futures Group published a report in 2000 *Community Care: A Joint Future* (Scottish Executive, 2000a). Concern in the report on the provision of community equipment led to the commissioning by the Scottish Executive in 2001 of a study into waiting times for equipment for social work provision in Scotland (Scottish Executive, 2001c). This concluded that there was a very large variation in provision ‘both *between* and *within* the authorities as to waiting times and numbers of equipment. While, *overall*, some authorities had shorter waiting times and lower waiting numbers and, *overall*, people waited longer for adaptations than for equipment, there was so much variation that the main conclusion was the *unpredictability* of provision’.

7.4 The Scottish Executive subsequently established a Strategy Forum to review the provision of equipment (Scottish Executive, 2003d). The Forum found that it was necessary to promote a much wider and longer term improvement agenda for the availability of equipment and adaptations within society and this was important from

the perspective of disability equality. It concluded that, whilst throughout Scotland there were many examples of good practice, access to equipment and adaptations remained fragmented, unpredictable and variable in quality<sup>17</sup>. It concluded that four steps were necessary to the development of aids and equipment provision in Scotland:

- Equipment and adaptations should be seen as a normal part of everyday life. Greater use of equipment at certain life stages should be accepted as a normal part of the lifecycle;
- Information on community equipment should be improved and supported by advice and demonstration;
- Equipment and adaptations should be integrated with one another within the wider context of community care, and made available to all impairment groups. Where people require equipment and adaptations, there should be simple processes to access integrated and holistic local information, advice, demonstration, support, products and services;
- Improved service standards were required and the impact of equipment and adaptations on people's lives should be evaluated.

7.5 Audit Scotland also undertook a study in 2004 of the provision of aids and equipment across Scotland (Audit Scotland 2004) called *Adapting to the Future*. The study found that aids and equipment were an important part of an integrated community care service. It found that there were no national figures available for expenditure on equipment and adaptations, but it estimated that £30m was spent in 2001/2 on minor aids and community equipment. It also found that demand was likely to grow in the light of a growing elderly population. It concluded that 'equipment supply is the single most confused area of community care service provision, with adaptations being particularly complicated'. It also found that services were fragmented and the split in responsibilities unhelpful and confusing for users and providers, information was not easy to come by and some people were waiting a long time for equipment<sup>18</sup>. It further found that users did not always know what

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<sup>17</sup> Key amongst its recommendations were that: Local partners should ensure that equipment and adaptations were integrated fully with one another, and as integral components in the planning and delivery of community care and that the Scottish Executive should assist in establishing a 'Joint Future Equipment and Adaptation Network' to share promising practice.

<sup>18</sup> The study concluded that local authorities and NHS bodies should:

- Jointly publish comprehensive information on community equipment and adaptations covering: eligibility criteria, help available, and who to contact and what to pay and what service people could expect
- Ensure that community equipment and adaptation services are developed as part of their overall community care strategy
- Clarify partnership arrangements for the assessment and provision of community equipment and adaptations
- Develop joint protocols and training for assessment of need for community aids and equipment
- Jointly review budgets for community equipment and adaptations and Housing Improvement Grants to ensure that they are set at a realistic level to meet need

choices of equipment or adaptations were available. The study suggested this could be helped by publishing catalogues, supporting self-assessment and self-selection in appropriate cases, and promoting the use of direct payments. The nature of the equipment and adaptations people received, and decisions on whether they had to pay, depended on which authority they lived in and in some cases from which team they received the equipment. In the case of adaptations, their tenancy status was crucial.

7.6 There was also confusion over the fact that local authorities had a discretionary power to charge, with a majority opting not to charge for minor equipment, whilst equipment under the NHS was free. It also found considerable variations in levels of provision which 'may suggest inequity of provision. For example, one council may have low activity levels per thousand population because it mostly issues low demand, high cost pieces of equipment and adaptations. Another council might have very high activity levels, and possibly low expenditure, because it mostly issued high demand, simple and low cost pieces of equipment and adaptations'.

#### *Equipment and Adaptations Group*

7.7 In 2005 the Scottish Executive commissioned a scoping report into the needs of younger physically disabled people (Scottish Executive 2005e). This study reviewed the available research and suggested that 'long waiting lists and delays in providing equipment and particularly adaptations were frequently reported' and that these were attributed by more than one source to problems associated with authorisation of funding and a lack of delegated decision-making'. The study concluded however that there had been significant developments in policy and practice over the last decade, reflecting underlying changes in thinking about the purpose of providing equipment and adaptations to disabled people and that more recent approaches were focused 'on joined up, person centred services, aiming to promote equality and social justice'

7.8 An additional £5 million was made available in 2005-06 for local authorities and their partners to improve equipment and adaptation service delivery, choice and quality. This funding was distributed to local authorities using the GAE distribution formula for home based elderly services.

7.9 The Scottish Executive established a National Equipment and Adaptations Group in October 2006. This group was set the task of establishing a user pathway model and the development of an activity and performance framework to take forward recommendations of the *Equipped for Inclusion* and *Adapting to the Future* Reports. The report is scheduled to be issued for consultation by the Scottish Government in 2008.

7.10 Work on a review of equipment and adaptations guidance to clarify the current guidance and legislation has been ongoing for some time. The Scottish Government Partnership Improvement and Outcomes Division is taking forward the review of guidance, with a view to producing revised guidance for consultation by December



2008. The new guidance will include agreed interpretations of current guidance and legislation along with examples of good practice. Over the coming months it is planned plan to engage with stakeholders from NHS, local authorities as well as professional and voluntary organisations, users and carers.

7.11 A conference to promote and discuss the guidance review was held on 11 September, at the Quality Hotel Glasgow. This event was attended by health and social care professionals, professional and voluntary organisation, and equipment providers.

7.12 Revised draft guidance that will clarify the current guidance and legislation will be issued for full public consultation in December.

### ***Wheelchair policy***

7.13 The responsibility for the provision of wheelchairs lies with the NHS, and is run by NHS Wheelchair and Seating Services. The service was established at the end of the Second World War and was centrally run until 1996, when it was decentralised into five wheelchair seating services in Aberdeen, Dundee, Edinburgh, Inverness and Glasgow, run by the respective health boards, with input from neighbouring boards. There are approximately 96,000 wheelchair users using the service, ranging from young disabled children to older frail elderly people.

7.14 Until a review was announced in 2005, there had been few significant national reviews of progress of wheelchair services since decentralisation. However a report on paediatric wheelchair provision<sup>19</sup> was published in 1998 and there were a number of reviews by individual health boards (e.g. Lothian and Forth Valley Health Boards<sup>20</sup> and by NHS Quality Assurance Scotland).

7.15 The announcement of the review followed a petition sent to the Scottish Parliament Petitions Committee raising concerns over the running of the service and timescales for delivery of wheelchair services. The then Minister for Health and Community Care stated that the review would look at the way that the services had been provided, consider unmet need and would suggest a range of improvements. An additional £1.9m was made available to cover immediate needs of the service and improve waiting times (Scottish Executive 2006d). At the heart of the review was a set of principles based on 'a declaration of independence' that had been adopted by a national conference, as part of the consultation process for the review. The declaration read: 'the service should be a basic human right, accessible through self-referral. It should ensure individuals are given all appropriate aids necessary to fulfil the basic rights of all citizens to play an active part in society and their daily life, regardless of physical limitations or differences'

7.16 A key aspect of the review was to look at how to overcome the lack of consistency of eligibility criteria, and absence of assessment and performance

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<sup>19</sup> Paediatric Wheelchair Services: survey of users Final Report Scotinform Ltd.

<sup>20</sup> Services for People with Physical Disability in Lothian Scottish Health Advisory Service 1999 ; Independent Survey of the NHS Wheelchair Services within Forth Valley (commissioned by the Council on Disability, Stirling) Griffiths, J.2005

management systems. The review found that there was an apparent 'shortfall' in funds against the allocation originally made by Scottish Executive Health Department and variation in the:

- funding levels received from NHS Boards;
- input from local NHS Boards to the way the service is run by the five centres;
- number and mix of staff employed in the five centres;
- number of powered chairs issued;
- length of wait for assessment, provision of equipment and repairs, and
- perceptions of the service by wheelchair users and carers.

7.17 The review concluded that there was a need for: a National Assistive Technology Service based on the principles of social inclusion, with an increase in regional centres and a phased removal of eligibility criteria, with plans for each user and set timeframes for delivery. A key principle behind the recommendations was also the desire to see improved coordination with other community services, and individual assessments for users, which would be multi-disciplinary and multi agency. Another key principle for the service should be the availability of services to support life change transitions and the independence of users.

7.18 In March 2007 the Scottish Executive announced that £1 million additional interim funding would be made available to wheelchair services for 2007-08, to build on the improvements already made in reducing waiting times as a result of the £1.9 million interim funding provided in 2005-06. A project board to take forward the recommendations of the *Review of Wheelchair and Seating Services* was established. Additional funding of £4 million in 2008-09, £6 million in 2009-10 and £6 million in 2010-11 was made available to the 5 wheelchair services following business cases being approved by the project boards.

7.19 An action plan for the delivery of the recommendations for the modernisation of the service over the next three years was published at the beginning of August 2008, which is subject to consultation (Scottish Government, 2008f). It covers assessment, provision, service redesign and service delivery, the setting up of regional wheelchair user groups, equipment repair maintenance, as well as allowing for provision of referrals from social care professionals without there needing to be approval from a medical doctor.

## **Research and statistical evidence**

### ***Equipment and adaptations (except for wheelchairs)***

7.20 Methods of data collection for the number of equipment and adaptations have changed over time, so that figures published before 2000 are not necessarily comparable with those collected subsequently. The *Strategy Forum Review of Aids and Equipment - Equipped for Inclusion* (Scottish Executive, 2003d) showed that between 1988 and 1998 there was a 91% increase in the number of social work cases where equipment for daily living was issued, rising from 50,110 cases to 95,790, and a 15% rise in cases where adaptations to property were made (21,418 to 24,635).

7.21 It was also noted that between 1996/7 and 2000/01, housing capital programme data suggested a 25% increase in permanent adaptations carried out by local authority housing services. In the same period Scottish Homes' expenditure on permanent adaptations for housing associations rose by 148%, amounting to £2,342,304.21. In 2000/01, home improvement grants to a value of £9,220,562 were awarded on 3,620 properties. A further £161,005 was awarded on 77 properties to landlords and tenants in the public rented, private or housing association sector. In 2007, Communities Scotland had allocated £72m to capital expenditure to develop housing to varying standards, including housing for people with particular needs. Included in this figure was funding for equipment and adaptations<sup>21</sup>.

7.22 An Audit Scotland study (Audit Scotland, 2004) found that there were difficulties in obtaining accurate information about community equipment and aids. It undertook a study of NHS trusts and social work departments in 2001/02 and found that amongst a group of 10 NHS trusts which provided data, there had been a rise in expenditure between 1999/2000 and 2001/02 of 54% on equipment and aids. Amongst social work departments providing figures, it found that community equipment and minor adaptation referrals rose by an average of over a quarter and assessments by 15% per council during this period. The number of items issued rose by an average of two-thirds. The report was unable to provide a figure for total expenditure, but it estimated that approximately £24.4 million was budgeted for, and £29.8 million was spent on, social work community equipment and minor adaptations in 2001/2.

7.23 The Audit Scotland study concluded that overall the number of major adaptations across Scotland was increasing. The report also found that between 1999/2000 and 2001/02 there had been an increase of 32% in recommendations for adaptations of council properties and 5% in housing improvement grants for private rented and other accommodation.

7.24 Audit Scotland's study found that a majority of people had some idea of who to contact for community equipment, with over half citing the local authority and 47% the NHS, of whom 80% would contact their GP. In those councils providing information for both council and private property adaptations for 2001/02, the number of recommendations for major adaptations to council properties was, on average, four times higher than for housing improvement grant applications for privately owned or rented properties. Audit Scotland suggested that this pointed to the existence of unmet need, since nearly half of people with a long-standing illness, health problem or disability live in owner-occupied properties and around a third live in council properties. Information on levels of adaptations and equipment and need is to be found in the Scottish Household Survey. In 2005, 35% of disabled people, or people with a limiting long term illness had equipment or adaptations to assist them to live independently at home compared to 38% in 2002 (Scottish Executive, 2002b, Scottish Executive, 2004c and Scottish Executive, 2006h). The surveys also show that 18% of disabled people and people with a limiting long term illness had a need for adaptations, very slightly lower than in 2002 (19%) and that the need has

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<sup>21</sup> See Communities Scotland Investment Programme 2006/7  
[http://www.scr.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/otcs\\_015304.pdf](http://www.scr.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/otcs_015304.pdf)

dropped for both younger people and also people over the age of 75. The 2002 survey showed that women were more likely than men to have adaptations in their home already. Table 1.8 shows a comparison over the two periods of the kind of adaptations needed compared to those which have them.

**Table 1.8**  
***Availability and need for adaptations and equipment in the home***

<b>Adaptations &amp; equipment</b>	<b>Already have 2005</b>	<b>Already have 2002<sup>22</sup></b>	<b>Need 2005</b>	<b>Need 2002</b>
<b>Handrail</b>	55		22	24
<b>Bath/shower seat</b>	41		17	20
<b>Stair lift</b>	7		17	14
<b>Bath lifts</b>	7		10	2
<b>Special utensils</b>	8		6	5
<b>Bedpoles or ladders</b>	6		3	1
<b>Ramps</b>	6		3	3
<b>Wheelchair</b>	14		3	4
<b>Adapted toilet seat</b>	18		3	11
<b>Other</b>	<b>17</b>		33	N/A

*Source: Adapted from Scottish Household Surveys 2002 and 2005 Scottish Executive 2006b.*

7.25 According to Audit Scotland in 2002/03, 34 Care and Repair schemes in Scotland received over 10,500 enquiries. Just over 6,000 works completions were handled in that year, with 42% of these involving clients with a disability (Communities Scotland, 2003b). In 2004, the Scottish Executive published a set of standards and guidance for care and repair schemes across Scotland (Scottish Executive, 2004h). The latest statistics available on care and repair schemes for 2005-06 suggest that the number of enquiries had risen to 17,796 with 11,714 works completed in that year of which 6,451 were works carried out for disabled people. There had also been a rise in the number of care and repair schemes operating in Scotland to 39 (Care and Repair Forum Scotland, 2008).

### ***Research and statistics on wheelchair services***

7.26 There is little data available maintained regarding wheelchair and seating services in Scotland.. National statistics are not collected for these services. The Rehabilitation Technology Information Service (ReTIS) is a software programme that supports local service operations. Four of the five wheelchair and seating centres have a server, database and a copy of the ReTIS system. The system was introduced in 2001 to collect and analyse benchmarking data on wheelchairs, prosthetics, orthotics and electronic assistive technology services. ReTIS data is now

<sup>22</sup> Information for 2002 not listed in Social Focus on Disability Scottish Executive 2004a

available for local reporting but national reporting is challenging due to the fact that each centre has its own database configured for local need and national data standards and definitions for these services are not yet developed or in use. The most recent benchmarking report was produced in 2004. 'The Wheelchair Services Review' (ReTIS project 2004) which informed the national, independent review of wheelchair and seating services in Scotland.

7.27 The Review of Wheelchair services – Moving Forward (Scottish Executive 2006) was conducted by Frontline Consultants who undertook a qualitative piece of research that included obtaining views from users and from the wheelchair service itself. This found that:

- Waiting times from referral through assessment to provision of equipment and thereafter for equipment repairs 'were all regarded as excessive'.
- Waiting to be assessed after referral to the service was reported to be from two weeks to over two years, with the longest delays apparently for powered chair assessment or for seating.
- Repairs could take from a few days to over six weeks and some wheelchair users did not have a replacement chair in the meantime.

7.28 The research found that some service users faced:

- having to sit in unsuitable and uncomfortable positions or equipment
- having to borrow a chair (from the Red Cross for example) while waiting for a repair; some bought a replacement chair privately;
- being house-bound or even bed-bound, and
- a worsening of their condition or postural difficulties.

7.29 A questionnaire for the review drew a response from 258 users, particularly from people aged 45 – 64, which showed that 61% of respondents had their wheelchairs repaired within 2 weeks of reporting the fault and 19% within 3-6 weeks, 20% had to wait in excess of 6 weeks and 22% of the total were offered a replacement chair. In terms of the number of users the Review Report showed that there was variation in the number of users by region/ NHS Boards (see tables 1.9 and 1.10):

Table 1.9

**Numbers of wheelchair users by NHS Wheelchair centres**

Centre location	NHS Boards served	Users registered	Population served	Users per thousand population	New referrals/year
Edinburgh	Lothian Fife Borders Dumfries & Galloway (possible low estimate) <sup>23</sup>	20,656	1,240,250	17.7	3,454
Glasgow	Greater Glasgow Lanarkshire Forth Valley Ayrshire & Arran Argyll & Clyde Dumfries & Galloway	60,699	2,614,850	22.2	6,282
Dundee	Tayside, Forth Valley (small number only)	5,711	402,500	13.7	1,306
Aberdeen	Grampian Shetland Orkney	5,601	544,570	11.6	1,335
Inverness	Highland Western Isles	3,099	255,180	12.3	731

Source: Moving Forward- Review of NHS Wheelchair and Seating Services Scottish Executive 2006

Table 1.10

**Availability of wheelchairs in Scotland by region**

Centre	Powered chairs issued (per million population)	Manual chairs issued (per million population)	Population served	Funds per head of population served (£)
Aberdeen	160	3,500	544,600	1.9
Dundee	420	4,000	402,500	2.9
Edinburgh	100	4,000	1,240,300	1.8
Glasgow	270	3,900	2,614,900	2.5
Highland	300	4,700	255,180	3.2

Source: Moving Forward- Review of NHS Wheelchair and Seating Services Scottish Executive 2006.

<sup>23</sup> There were some definitional variances between boards which may mean that figures for Edinburgh and Glasgow may be underestimates.

## **Areas of progress regarding equipment and adaptations**

7.30 Whilst all local authorities have responsibility for the provision of equipment and adaptations, they do not feature strongly in local authority disability equality schemes and action plans with over half of local authorities (17 out of 32) making no mention of equipment and adaptations in their schemes. The guidance that is being developed by the Scottish Government with the input of stakeholders including disabled people on the provision of equipment and adaptations will play an important role in helping set a course for future progress.

7.31 Of those local authorities making reference to equipment and adaptations in their disability equality schemes, a number of trends stand out. A number of authorities have used the opportunity of the development of disability equality schemes to review their policies and approach towards equipment and adaptations (e.g. Dundee City Council, Aberdeen City council). New processes have been put in place by Edinburgh and Glasgow City councils, with Edinburgh introducing a self assessment process for disabled people, a new online equipment facility and a fast track service for cancer patients. Glasgow has set new faster turnaround times and targets, which it reports are being achieved in 90% of cases within the specified timescales.

7.32 Other key areas for attention were housing, with four authorities specifically mentioning both adaptations to council housing stock, and North Ayrshire also introducing grant assistance for disabled private sector tenants. Four councils were also undertaking workplace adaptations and or making provision for aids. In the case of East Renfrewshire, the aim was to enhance employment options for disabled people, and in South Lanarkshire's case, the emphasis was on providing IT equipment and interpreters.

7.33 It is too early to be able to give a full overview of progress in regard to wheelchair and seating services as the review process is still underway, though the distance travelled over the past three years appears both substantial and significant. In the future, it is hoped that there will be greater consistency and personalisation of the service.

7.34 In summary, several local authorities have overhauled their processes and policies towards equipment and adaptations to improve provision and increase access to them and some authorities are making adaptations to council house stock. The review of wheelchair services has made significant progress and its final recommendations are now subject to consultation.

## **Areas where progress is less evident regarding equipment and adaptations**

7.35 Despite the progress referred to above, there is a lack of detail in disability equality schemes and annual reports on equipment and adaptations, which would appear to indicate a lack of recognition of their value in enhancing independent living and disability equality.

7.36 In order to achieve further progress in this area, many local authorities need to be encouraged to take a wider joined-up approach to disability equality, and take a

cross authority perspective of equipment and adaptations service rather than simply perceiving them as a functional service. Councils which have overhauled their equipment and adaptations services with newer customer standards, or have taken a service users' perspective, include North Lanarkshire, Glasgow and Edinburgh City Councils.

7.37 In summary, just over half of all local authorities showed little evidence of progress on equipment and adaptations by making no mention of them in their disability equality schemes and annual reports.

### **Categories of impairment groups mentioned in disability equality schemes**

7.38 Given the nature of equipment and adaptations, references to categories of impairment were confined to people with physically impairments and sensory impairments. There were significant references to wheelchair users in light of the review of wheelchair services.

### **Involvement of and consultation with disabled people**

7.39 A number of local authorities had sought to involve or consult disabled people in the development of their schemes, though this was a minority of authorities. Involvement varied between the general provision of equipment and adaptations, to consultation and involvement in connection with housing. Whilst the number may not have been extensive, there were some very good examples from where consultation and involvement had lead to significant improvements in policies and systems for the provision of equipment and adaptations.

7.40 There has been significant consultation and involvement of disabled people over the Review of Wheelchair Services, including surveys and consultative conferences as well as the development of a users' declaration of principles for the future development of services.

### **Summary and conclusion**

7.41 The amount of information available about equipment and adaptations in disability equality schemes was lower than might have been expected, with just under half of all local authorities referring to them, despite the fact that all local authorities in Scotland are undertaking work and issuing equipment and adaptations. A number of authorities have used the opportunity of the development of disability equality schemes to review their policies and approaches towards equipment and adaptations, and some have put new processes in place and widened eligibility criteria.

7.42 The Reviews undertaken by Audit Scotland and the Scottish Executive suggest that there has been an increase in provision over the past few years, though availability of information and statistics varied. The reviews also noted the range of different policies and approaches used by various local authorities. Information from the Scottish Household Survey suggests that there is a slowly changing pattern of need for equipment and adaptations, with some indications of a slight shift towards more substantial adaptations being required.



7.43 It was noticeable that of the local authorities mentioning equipment and adaptations, a number were focusing attention on adaptations to houses, though only one authority mentioned the private rented sector, despite the higher preponderance of disabled people living in that sector.

7.44 In terms of further progress in this area, rather than simply perceiving the provision of equipment and adaptations as a functional service, many local authorities could benefit from taking a wider joined-up approach, recognising the centrality of equipment and adaptations to independent living and disability equality,

7.45 With regard to the provisions of wheelchairs, it was noticeable how little information had been kept prior to the *Review of Wheel Chair Services* being undertaken. This therefore resulted in a significant task for the review to produce useful and effective data. This has now been achieved and significant progress on the implementation of the Wheelchair Review is underway, with an emphasis on national standards. Regional wheelchair services are currently setting out business cases for the development of their services, and recommendations have been made for future progress.

## **8 REPORTING ON PROGRESS TOWARDS TACKLING POVERTY AMONGST DISABLED PEOPLE**

### **Introduction**

8.1. Poverty was selected as a focus area, as poverty is linked to inequality and has a major impact on life chances. It was therefore felt important to consider the extent to which disabled people in Scotland faced poverty and consider progress made in overcoming it. It is a complex area given the different components that go into making up poverty and therefore this section has sought to bring together data and evidence on poverty in addition to analysing the extent to which progress has been made by public authorities in overcoming it. This latter aspect has proved to be complex and difficult to report on. Whilst many local authorities have referred to poverty in their disability equality schemes and annual reports, as did the Scottish Executive's *Closing the Opportunity Gap* strategy, there were few references in other documentation as to action on poverty specifically in relation to disabled people. Many of the initiatives were in relation to reserved areas such as welfare benefits and employment, which fall within the remit of the Department for Work and Pensions, and in which Scottish public authorities have limited roles.

8.2. The position regarding disabled people and poverty is a complex one in that whilst there is information on disabled people's employment position (see also the education and lifelong learning report) and in regards to take up of welfare benefits, there is less direct information available regarding disabled people and poverty in Scotland. However the bringing together of various studies enables an overall picture to be obtained on the position of disabled people in relation to poverty, which would suggest that disabled people are much more likely to live in poverty than non-disabled people. The evidence for this is set out below.

8.3. Poverty has been reported under the Ministerial Portfolio for Health and Wellbeing as this portfolio has lead responsibility for it within the Scottish Government. However a number of other portfolios contain activity which is likely to have an impact on poverty, such as the Education and Life Long Learning, and Finance and Sustainable Growth portfolios, given their roles in skills and enterprise development respectively.

### **Background: wider policy context and evidence**

#### **Wider policy context**

##### *Introduction*

8.4. In considering policy developments in relation to poverty and disabled people, it is important to look at wider initiatives on poverty, social inclusion and employment, as few documents specifically refer to disability and poverty. Some of these arise from reserved policy initiatives with regard to welfare benefits and employment and they are only mentioned where they have significant bearings on actions taken by Scottish public authorities. There have been a number of strategies in relation to combating poverty published in Scotland since 1999. People living in households

with incomes more than 60% below median household income are usually defined as living in poverty.

8.5. In 1998, the Westminster Government launched the New Futures Fund to promote the employability of people with multiple barriers to employment, including those on Incapacity Benefit. The Fund was managed by Scottish Enterprise over a three year period.

8.6. In 2000, the Scottish Executive published a Social Justice Strategy (Scottish Executive, 2000c). This strategy was based on the development of greater social inclusion and justice and included steps to reduce poverty. It set out a number of targets and milestones in relation to children, young people, families and working age people, older people and communities. The milestones included measures to tackle the problems of people from disadvantaged groups such as lone parents, people from minority ethnic groups and disabled people. Few of the milestones mentioned disabled people explicitly (although one referred to people with learning disabilities), although many implicitly related to the position of disabled people. The Social Justice Strategy was subject to annual reports and the (final) report in 2004 showed improvement in the employment position of disabled people (Scottish Executive, 2003e).

8.7. In 2001, the Scottish Executive published 'A Smart, Successful Scotland' aimed at developing economic growth and skills. The strategy aimed also to tackle poverty through attention to economic growth and skills development (Scottish Executive, 2001d). This strategy was refreshed in 2004 (Scottish Executive, 2004k). The revised strategy set out aims of closing opportunity gaps and promoting equality of opportunity, as well as providing support to young people facing multiple disadvantages.

8.8. The then Scottish Executive set out in 2002 its approach toward regeneration and tackling poverty in urban and rural areas, entitled *Better Communities in Scotland* (Scottish Executive, 2002a). This included support for community planning and for improving better skills for disadvantaged people (including disabled people) such as in literacy and numeracy.

8.9. Glasgow City Council has one of the lowest proportions of working age people in employment in Scotland and high levels of Incapacity Benefit Claimants. In recognition of these problems, the City Council set up a partnership group to identify groups at risk. It published a consultation document *Equal Access to Employment* setting a future strategy, based on a partnership model and looking at mainstreamed employment solutions. Disabled adults featured within the strategy (see also Education and Lifelong Learning portfolio Report). Since its launch some 19 different partnerships projects have been established.

8.10. In 2004, the Scottish Executive moved from its Social Justice Strategy to a new approach called *Closing the Opportunity Gap*, which was aimed at reducing poverty and inequality. The strategy contained six key objectives which included the following:

- To increase the chances of sustained employment for vulnerable and disadvantaged groups - in order to lift them permanently out of poverty
- To improve the confidence and skills of the most disadvantaged children and young people - in order to provide them with the greatest chance of avoiding poverty when they leave school;
- To reduce the vulnerability of low income families to financial exclusion and multiple debts - in order to prevent them becoming over-indebted and/or to lift them out of poverty;
- To regenerate the most disadvantaged neighbourhoods - in order that people living there can take advantage of job opportunities and improve their quality of life;
- To increase the rate of improvement of the health status of people living in the most deprived communities - in order to improve their quality of life, including their employability prospects; and
- To improve access to high quality services for the most disadvantaged groups and individuals in rural communities - in order to improve their quality of life and enhance their access to opportunity.

The strategy was also underpinned by a series of key targets including reducing the number of people on disability benefits (Scottish Executive, 2004l, m).

8.11. As part of meeting the Closing the Opportunity Gap targets, the Scottish Executive announced in 2006 an Employability Framework called Workforce Plus (Scottish Executive 2006o). The programme involved targeting employability issues within seven local authority areas with above average levels of worklessness. These were Glasgow, North and South Lanarkshire, Dundee, North and South Renfrewshire and West Dunbartonshire, all areas where there are high numbers of disabled people and above average numbers of people in poverty.

8.12. Key groups of people identified under the framework for support and attention included 16-19 year olds not in education, employment and training and people who are low paid or low skilled. Action under the framework would be taken forward via the development of a National Workforce Plus partnership and local partnerships. Included within the framework were requests to local authorities to detail progress on the employment of people with a learning disability, as part of the Learning Disability Partnerships in Practice agreements for 2004-07 and work to take this forward become part of the national and local partnerships arrangements under the framework. The framework also set out to develop and publish commissioning guidance to assist local authorities, health boards and the voluntary sector in developing services around mental health and employability in Scotland.

8.13. In 2006, the Scottish Executive also published alongside the Workforce Plus, a specific strategy on improving the position of 16 -19 year olds not in education, employment or training, now referred to as young people in need of more choices and more chances, with disabled young people making up a seventh of the total

population (Scottish Executive, 2006p). The strategy *More Choices More Chances* noted that for some young people, being in a NEET situation was a transitional phase, but for many it represented disadvantage and a lack of opportunity to participate in society and potential poverty. The key aims of the strategy were to stem the flows into NEET, develop lines of accountability and prioritise educational and training outcomes for the NEET group as a step towards lifelong employability.

8.14. The Closing the Opportunities Gap programme was evaluated for the Scottish Government in 2008 (see paragraph 8.26 below) and the Scottish Government has concluded that whilst strong progress had been made on several of the targets, tackling poverty needed to be linked more closely to the Government's economic strategy. Following the publication of a discussion document on *Poverty, Inequality and Deprivation* (Scottish Government, 2008d) the Scottish Government will be publishing a new framework later this year. The discussion document proposes that disaggregation of data on poverty by equality groups where possible will be taken forward. Overall it set out three areas for action:

- Prevention of poverty and tackling root causes, such as worklessness and educational disadvantage;
- Helping to lift people out of poverty such as improving employability through employability services and helping people through key transition points in their lives;
- Alleviating the impact of poverty on people's lives such as via tackling fuel poverty

## **Research and statistical evidence**

### *Levels of poverty*

8.15. Poverty is defined by the Scottish and Westminster Governments as households with less than 60% of median household income. A Department for Work and Pensions (DWP, 2007) study based on the Families Resources Survey shows that individuals in families across the UK in 2006-07 containing one or more disabled people were more likely to live in low income households than those living in families with no disabled person. Thirty percent of UK working age-people in poverty are in families containing one or more disabled adult.

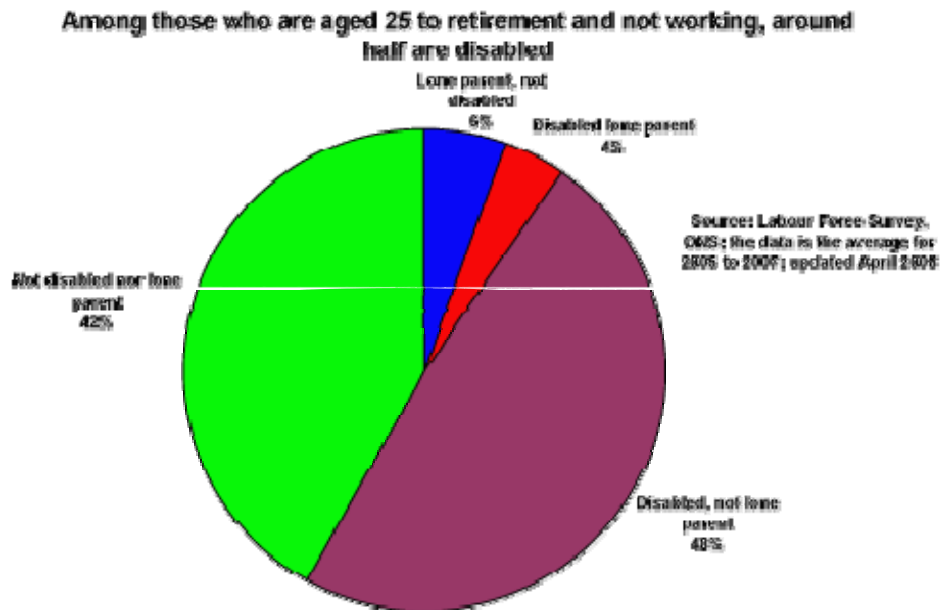
8.16. The survey shows that there had been little change in the proportion of disabled people in poverty since 1998/99. It is difficult to compare poverty figures over time using the FRS as the definition of disability used by the survey changed in 2002/03. In 2002/03 23 percent of UK disabled people were in relative poverty (before housing costs) and there has been little change in this figure since then. The corresponding 2006/07 figure was 24 percent. Unfortunately a breakdown by country within the UK was not available in order to give a Scottish figure. (DWP briefing material, 2007).

8.17. The Joseph Rowntree Foundation/New Policy Institute studies of poverty in 2007 in Great Britain found that at 30%, the poverty rate among those aged 25 to retirement who were disabled was twice the rate for those who were not disabled. It found that the gap between disabled and non-disabled people in terms of risk of poverty is larger than it was a decade ago (JRF, 2007a and JRF, 2007b). The study

also showed that three-quarters of those who have been receiving out-of-work benefits for two years or more were sick or disabled.

8.18. It also found that half of all those who were workless were disabled people (see figure 1.10).

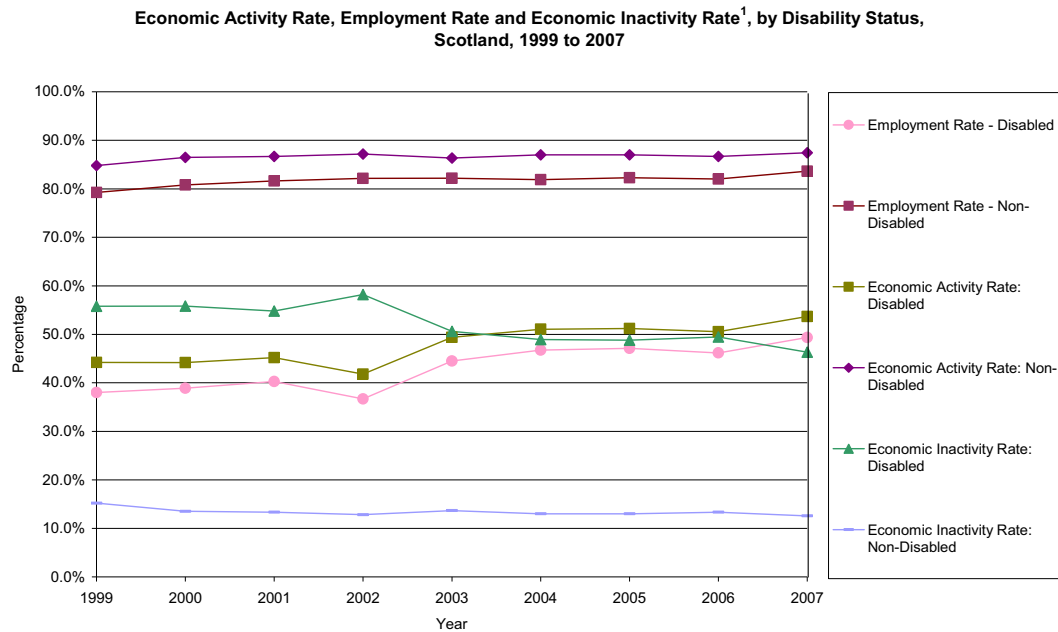
**Figure 1.10**  
**Percentage of people not in work by disability status and whether they are a lone parent or not 2005-2007**



Source: New Poverty Institute: Scotland work and disability

8.19. Data from the Labour Force Survey also shows a considerable gap between economic activity rates of disabled and non-disabled adults, with 46% of disabled adults being economically inactive in comparison with 13% of non-disabled adults in 2007. Figure 1.11 shows some overall improvement since 1999 in the percentage of disabled people economically active and in employment, but the gap between the disabled and non-disabled people remained relatively unchanged.

**Figure 1.11**  
**Economic Activity rates by Disability Status from 1999-2007**



Source: Scottish Labour Force Survey (April-June Quarters)

Note 1. Rates are for females aged 16 to 59 years and males aged 16 to 64 years.

8.20. Research by Riddell et. al. (2005) for the Scottish Executive on the position of disabled people and the labour market in Scotland showed that disabled people were less likely to be in employment than non-disabled people by a factor of 2 to 1, with 39% of disabled people in work compared to 80% of non-disabled people (Riddell et al 2005). In addition she found that disability appeared to be a major factor determining the distribution of income and wealth: in Great Britain 28% of the bottom quintile of households included one or more disabled persons, compared with 15% of households with no disabled adults and that for the top quintile of households the proportions were reversed.

8.21. This finding is similar to findings by Capability Scotland from a survey of disabled people in 2005, where 40% of respondents with a disability or medical condition lived on less than £200 a week (Capability Scotland, 2005b). Research by the Disability Rights Commission in 2004 on average gross hourly pay of disabled and non-disabled people found that disabled people were paid about 10% less than non-disabled employees (Disability Rights Commission, 2004).

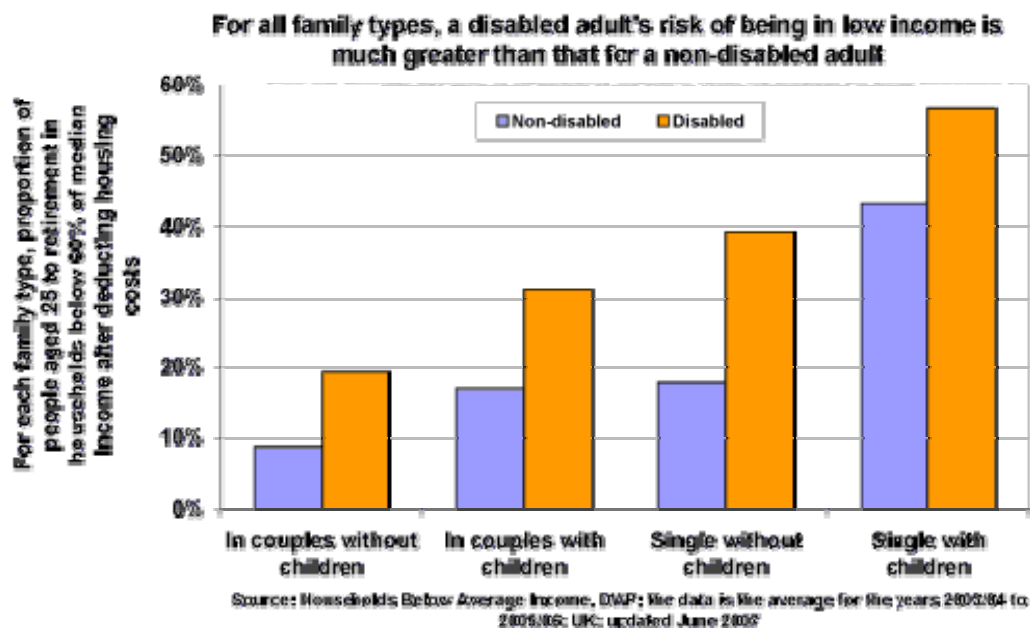
8.22. The Annual Population Survey in Scotland 2007 (Scottish Government, 2008m) found that the employment rate estimate for the disabled people in Scotland was 47.1 % in 2007, with four out of the 32 local authorities having employment rates for disabled people at under 40%. In relation to poverty, the employment rate estimate for people with a disability living in the 15% most deprived areas was 26.2% in 2007. Interestingly, the areas with the highest employment rates for disabled people were those in accessible and remote rural areas.

## Low Income Status

8.23. The New Poverty Institute study (see figure 1.12) shows that, across all family types, disabled people are more likely than non-disabled people to live in low income situations. (New Poverty Institute 2008a)

Figure 1.12

### **Likelihood of being on low income by disability and family status:**



Source: Poverty Site – Low Income and disability- New Policy Institute 2008

8.24. The Scottish Household Survey 2005 showed that disabled people are disproportionately likely to be on low incomes by comparison with non disabled people, with 42% of those people in Scotland with incomes lower than £6,000 per year, and 51% of those with incomes between £6,000 and £10,000 being disabled. Disabled people, it should be remembered, make up around 20% (Census 2001) of the population (Scottish Government, 2007n).

## Welfare benefits

8.25. Welfare benefits take up can be one measure of low income, and disabled people in Scotland have higher benefit take up levels by comparison with non-disabled people. In addition there are some benefits only available to disabled people to offset additional costs incurred as a consequence of barriers they face or relating to their impairments. According to data published by the Scottish Executive (Scottish Executive, 2005h) on the position of disabled people in relation to benefit take up in Scotland, a majority of benefit claimants are disabled, with 17 percent of the population aged 16-64 being in receipt of welfare benefits in August 2004 (536,800 people) of whom 11% were either disabled or sick (356,300 people). Of people over the state pension age claiming benefits, 30 percent were disabled or sick (283,200 people out of 945,400 over the state retirement age). According to the Scottish Government, almost 310,000 people (7% of the population) claim Incapacity



Benefit or Severe Disability Allowance in Scotland, a further 30,000 claim Attendance Allowance or Disability Living Allowance (Scottish Government, 2008k).

### *Evaluating progress on employment and poverty*

8.26. Progress towards meeting *The Closing the Opportunity Gap* targets was evaluated in 2008 (Scottish Government 2008o) and findings showed that there was a consistent trend in Scotland in reducing poverty, which had fallen in absolute and relative terms between 1994/95 and 2004/05. The evaluation looked at two key methods of analysing poverty in relation to equalities groups including disabled people. The first was to infer from UK statistics the position with regard to Scotland and the second was to undertake interviews with key equality groups where data was less available.

8.27. The evaluation included looking at additional analysis of the Households Below Average Income Survey with regard to disabled people in Scotland. It also looked at other data and noted the conclusion of a recent study on Poverty in Scotland which had concluded that 'Disability is a significant factor in shaping the risk of poverty for households with at least one disabled adult and at least one disabled child. It is not the presence of disabled children *per se* that is the significant factor - households with disabled children and a non-disabled adult are no more likely to be at risk of poverty than households without disabled people - but the combination of disability among adults *and* children which is significant' (McKendrick and Dickie, 2007).

8.28. The interviews with equality groups showed that there were repeated references to disabled people being more likely to live in areas of deprivation and in poverty and that people with learning disabilities remain underrepresented in the workforce with high levels of unemployment. The interviews further showed that 'for disabled people, despite evident and sustained efforts to increase the numbers in employment, progress was reported to remain slow, particularly when it comes to sustaining employment for those who find it' (Scottish Government, 2008o).

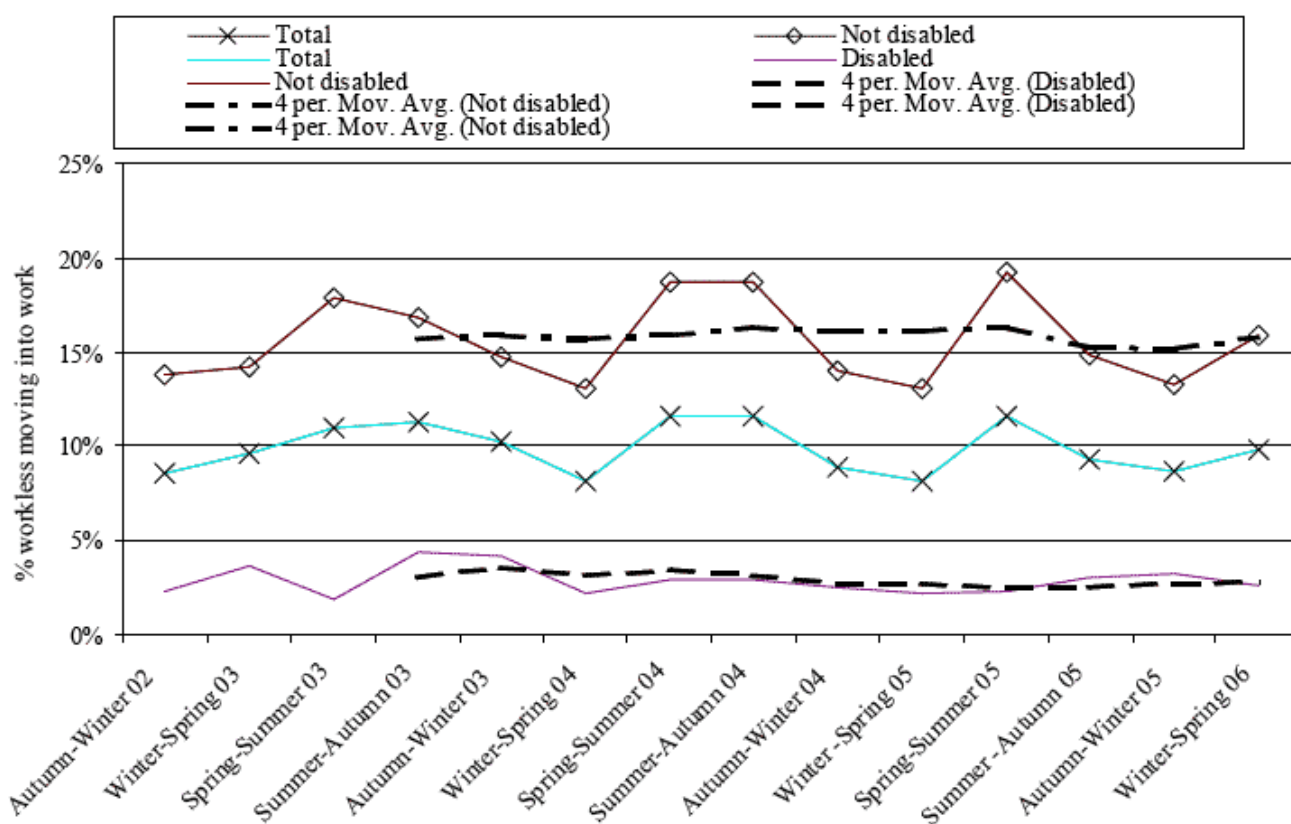
8.29. The study concluded that the results of the interviews had shown that for disability groups, specific barriers remained in place, both physically, in terms of access to services, and socially, in terms of attitudinal difficulties faced in the public sphere. Special mention was made of the challenges disabled people faced in the workplace and when accessing public services. However, overall, there was consensus among the representatives that positive steps were being made to address key concerns and that a proactive effort was being made.

8.30. With regard to the key target of increasing the chances of sustained employment for vulnerable and disadvantaged groups, in order to lift people permanently out of poverty, the evaluation found a mixed picture. It concluded that the numbers of disabled people (and ethnic minority and women) since 2002 moving from unemployment to employment had been slightly negative. It noted however that there had been significant reductions in the numbers of workless people claiming benefits, and there had been reductions in the numbers of workless people in the target areas of Glasgow, North and South Lanarkshire, Dundee, North and South

Renfrewshire and West Dunbartonshire, suggesting an increase in rates of movement of people into employment in these areas.

8.31. The graph below (figure 1.13) from the *Evaluation of Closing the Opportunity Gap* shows the disparity between the movement of non-disabled and disabled workless adults into employment. It reveals very low levels of movement into employment - around 2-3% - for disabled workless people in Scotland, compared to entry rates of between 13% and 19% for non-disabled workless people. The evaluation concludes that 'there is no evidence of significant progress in recent years in narrowing this disparity'.

**Figure 1.13**  
**Moves into employment for workless people who are disabled and not disabled between 2002 and 2006.**



Source: LFS two-quarter longitudinal data sets, beginning with Autumn-Winter 2002 and ending with Winter-Spring 2006

### Child Poverty

8.32. According to the former Disability Rights Commission (DRC), poverty is both a cause and a symptom of disability. Research by the DRC indicates that one in three children growing up in poverty has a disabled parent and over half of all families with disabled children live in or at the margins of poverty (Disability Rights Commission, 2007). A study for the Joseph Rowntree Foundation examining the position of disabled children and housing found that disabled children in Great Britain were more likely to be living in rented accommodation, and more likely than families

without disabled children to be living in accommodation which was not warm enough in winter and could not be kept warm due to cost (Joseph Rowntree Foundation 2008).

**Table 1.11**  
**Comparison of housing conditions reported by families with and without a disabled child**

	<b>Families with child at risk of disability (%)</b>	<b>Families without child at risk of disability (%)</b>
<b>No central heating</b>	9	8
<b>Not warm enough in winter</b>	10	5
<b>Cannot keep child's bedroom warm</b>	8	4
<b>Cannot keep warm due to cost</b>	4	2
<b>Overall poor state of repair</b>	11	7
<b>Problems with damp/mould/condensation</b>	26	20
<b>Problems with pests (insects/rats)</b>	7	5
<b>Problems with wiring</b>	9	6
<b>Problems with plumbing</b>	10	7
<b>Problems with rot/decay</b>	10	8
<b>Problems with drafts</b>	16	12
<b>Damp in child's bedroom</b>	11	8

Source: Joseph Rowntree Foundation 2008 – secondary analysis of Family and Children survey by Emerson and Hatton 2005

### *Fuel poverty*

8.33. There are few detailed statistics regarding fuel poverty<sup>24</sup> and disabled people, however, research on fuel poverty for the Scottish Government shows that it disproportionately affects pensioners and single pensioners, and as disabled people are more likely to fall into the above categories there is likely to be a higher level of fuel poverty affecting disabled people than non-disabled people. In addition, the study shows that those living in private rented accommodation are more likely to be in extreme fuel poverty. As disabled people are more likely to live in rented accommodation, as well as in older properties, and are more likely to be in low income brackets, their chances of experiencing fuel poverty are particularly high. fuel (Scottish Government, 2007b).

<sup>24</sup> Fuel poverty is usually defined as spending at least 10% of income on heating and lighting

8.34. This is reinforced by a survey for Capability Scotland on fuel poverty amongst disabled people, which found that over 40% of the disabled participants in the poll were fuel poor and a further 14% were at risk of becoming fuel poor in that they spent between 5-10% of their incomes on fuel costs. Of those surveyed, nearly a quarter spent at least 20% of their available income on fuel costs (Capability Scotland, 2005a).

### **Areas where progress is evident from disability equality schemes regarding poverty**

8.35. A considerable number of local authorities have identified poverty amongst disabled people as a key issue, with 24 authorities listing actions to reduce poverty amongst disabled people. Several authorities (8) have developed data looking at the position of disabled people and poverty for their localities (e.g. Dundee City Council, East Ayrshire West Dunbartonshire, Glasgow City Council, Highland) and some have also developed strategies in this regard. This data's provenance varies but is mainly a combination of collated local information from a range of local and national sources alongside information gathered from involvement and consultation processes with disabled people. One local authority (Glasgow City Council) had undertaken an analysis of council taxpayers and benefit take up by equality groups in order to help target future benefit action. Dundee City Council had looked in detail at the numbers of disabled people who were unemployed in the city.

8.36. The most frequent tool and action that local authorities deployed was in relation to encouraging increases in the employment of disabled people. Such actions included promoting employment within their local authorities (e.g. Dumfries & Galloway, Moray, North and South Ayrshire); working with other partners on joint strategies such as with health boards or with Workforce Plus partners (e.g. Orkney Islands, Renfrewshire, West Dunbartonshire); and running supported employment schemes and employment development units aimed at young disabled people (e.g. Angus, Dundee City, Glasgow City, South Lanarkshire.) Stirling and West Dunbartonshire had particular programmes aimed at people with mental health difficulties and learning disabilities.

8.37. Given the wide variety of causes of poverty and the link between poverty and ill-health, three local authorities had set themselves objectives of working with their local health boards on anti-poverty approaches in relation to disabled people which has included collaborating on joint planning and in one authority's case on improving health, skills and employment issues (East Renfrewshire, Midlothian, and Perth and Kinross). A further three authorities were working with community planning partners on this (Orkney, Renfrewshire, West Dunbartonshire).

8.38. In addition, five authorities were undertaking work to boost welfare take-up by disabled people in their localities (Aberdeenshire, Edinburgh City, Dundee City, Glasgow and East Renfrewshire) involving welfare benefit take up campaigns and information activities. A number reported specific amounts which had been taken up as a result of their activities, for example, Edinburgh City Council reported that an additional £7.3m worth of benefits were claimed, and in North Lanarkshire the figure was £2.8m.

8.39. A few authorities had identified the need to provide support to disabled young people to assist them in obtaining employment and relevant training opportunities. These authorities included South Lanarkshire which had a secondary schools programme and East Ayrshire and East Renfrewshire, whilst Argyll and Bute Council had held a consultation on child poverty amongst parents with disabled children.

8.40. It would appear that progress has been made in the percentage of disabled people in employment since 1999, but that the movement of disabled people into employment by comparison with non-disabled people is much slower.

8.41. The DWP survey of Households Below Average Income shows that there had been an improvement in the number of disabled individuals in households below the 60% poverty line between 2000/01 and 2006-07, from 37 to 32% of all people, and in the case of households with disabled children, from 7% to 5%. The absence of a breakdown by country within the UK means that it is not possible to be able to tell precisely how much change there had been in Scotland.

8.42. In summary, evidence of progress on eliminating poverty amongst disabled people has been focused on by local authorities and, in some cases, in conjunction with health boards, work has been undertaken on encouraging the employment of disabled people. In addition, attention had also been paid by some authorities to supporting young people in obtaining employment and training. A number of local authorities have also undertaken effective welfare benefit campaigns

### **Areas where progress is less evident regarding poverty**

8.43. There is significant absence of specific data regarding disabled people and poverty, both at a national level and also at local authority level to enable progress toward elimination of poverty affecting disabled people to be measured, particularly as a range of measures are necessary to obtain a good overall picture. The evaluation of progress under *Closing the Opportunity Gap*, whilst being able to consider indicators such as movement into employment, also felt obliged to utilise surrogate measures such as interviews with representative organisations in the field in order to obtain a picture of progress.

8.44. Only a minority of local authorities appeared to have developed data on the position of disabled people and poverty in their areas. Despite the NEET partnerships and the Workforce Plus strategy, anti-poverty action focused on disabled people does not always get highlighted or reported by local partnerships. Whether this is due to difficulties in developing indicators, or lack of prioritisation by comparison with other areas, is difficult to determine.

8.45. The fact that data on poverty and disabled people are relatively recent means that there is often no time series data available to enable a picture of progress to emerge. This appears to be the case regarding fuel poverty. However there is now considerably more data emerging on the position of child poverty and disability on a UK basis but this data is yet to be fully disaggregated for Scotland.

## **Categories of impairment groups mentioned in disability equality schemes**

8.46. There was little data broken down by impairment groups, although information was available on employment rates of some groups. People with mental health problems, learning disabilities and sensory impairments appear to have particularly low employment rates. Whilst the employment rate for disabled people overall is 50%, for people with mental health problems the figure is 23%<sup>25</sup>, for people who are blind or visually impaired the figure is 27% and for people with learning disabilities the figure is 7%.

## **Involvement of disabled people**

8.47. A number of local authorities had sought to involve or consult disabled people in the development of their schemes on addressing poverty, though this was not extensive. The methods varied from a consultation with parents of disabled children, through to engagement with local disability fora on employment related issues. In some authorities, poverty related issues were addressed through their general involvement and engagement with disabled people over the development of their schemes.

## **Summary and conclusion**

8.48. There is significant absence of specific data regarding disabled people and poverty, both at a national level and also at a local authority level, to enable a full overview on progress toward elimination of poverty affecting disabled people to be measured. The data that exists shows that poverty is a significant factor for many disabled people and that disabled people are significantly more likely to live in poverty by comparison with non-disabled people. This is particularly the case in the most deprived parts of Scotland. Unfortunately the lack of time series data hampers efforts to determine the scale of progress in reducing poverty over the past few years.

8.49. There is data at a UK level which shows that there has been little change in the percentage of disabled people in poverty between 2000/01 and 2006-07. However figures for Scotland were not available. There is also data that suggests that there has been progress in terms of the employment position of disabled people, with an increase from 37% to 50% between 1999 and 2007. The data collected for the evaluation of *Closing of the Opportunity Gap* shows, however, that the movement of disabled people into employment is disproportionately slower than that of non-disabled people.

8.50. A considerable number of local authorities have identified poverty amongst disabled people as a key issue, with 24 authorities listing actions to reduce poverty amongst disabled people. Several authorities have developed data looking at the position of disabled people and poverty for their localities and some had also developed strategies to tackle poverty in their localities. Key actions that local

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<sup>25</sup> Labour Force Survey April to June 2006, RNIB 2004 Beyond the stereotypes: Blind and partially sighted people and work, Riddell et al for Scottish Government- Disability and Employment in Scotland: A Review of the Evidence Base 2005

authorities listed to tackle poverty in their localities were efforts to increase employment by disabled people via supported employment schemes, welfare benefit take up campaigns and, in a few cases, working jointly with health boards on joint initiatives.

8.51. There would be appear to be a need to increase the amount of local data on poverty and disability, since more targeted anti-poverty strategies appeared to be associated with the availability of better data.

8.52. In order to further monitor and develop strategies to tackle poverty amongst disabled people on a national level, it would appear necessary for further steps to be taken to increase the availability of data, particularly in relation to disabled children and poverty, and in obtaining Scotland specific information.

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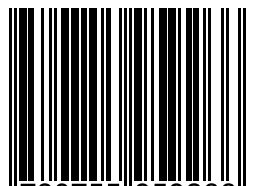
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