

HEREFORDSHIRE
COUNCIL

NEEDS ANALYSIS:
ADULTS WITH PHYSICAL DISABILITIES

*Principal factors that will determine the need for services for
people aged 18 to 64 with physical disabilities*

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EXECUTIVE SUMMARY

Introduction

Looking forward to 2012 and 2021, this report is an assessment of the principal factors that will determine the need for social and health care for adults aged 16 to 64 years with physical disabilities. A physical disability can be defined as a disability which reduces the individual's locomotion, seeing, hearing, communication and/or ability to carry out activities of daily living (ADLs).¹ Different levels of severity will present different issues to public authorities in terms of what, if any, services people with physical disabilities require.

Demographics of Herefordshire

- Herefordshire's current² estimated population of 18-64 year-olds is 105,600 – 59% of the total population. The county has an older overall age profile than both the West Midlands region and England and Wales.
- Office for National Statistics projections suggest numbers of 18-64 year-olds may increase by 2.0% by 2012, although more conservative local forecasts which take in to account expected housing provision suggest this increase will only be 0.1% by 2011.
- Projections suggest the 18-64 year-old population could be 107,000 in 2021, an increase of just 1.3% from 2005.
- Recent years have seen a more rapid growth in numbers in older age-groups (55-64s) and a more rapid decline in the younger ones (18-34s) than nationally. This ageing of the age profile is expected to continue, with the 55-64 year-old age-group growing most rapidly (by 7% in the short-term and 21% by 2021).
- The county has a smaller proportion of people from 'Black and Minority Ethnic' (BME) backgrounds than England as a whole (3.5% compared to 14.7%), but this population grew by 40.9% between 2001 and 2004 – much more rapid than the overall population growth of 1.7%. It is likely that numbers have increased further since the expansion of the EU in May 2004: between 2,500 and 3,000 workers from new member states were cleared to work in Herefordshire in 2005, although it is not known how many remain in the county. The county also experiences an annual influx of around 3,000 temporary seasonal agricultural workers – mainly over the summer months.
- In 2004, 3.8% of 18-64 year-olds in Herefordshire were estimated to be from a BME background; just under half of these were non-white.

Estimating numbers with a physical disability (current & future)

Numbers of household residents aged 18-64 in Herefordshire with disabilities were estimated (for 2005) and projected using national prevalence rates from 2000-01:

- Currently, an estimated 13,200 people have a disability of any type, 3,200 of whom have a 'serious' disability. The maximum expected increase would be 5%, in both 'serious' and 'moderate', by 2012; 7% in 'moderate' and 8% in 'serious' by 2021.
- There are an estimated 950 household residents with a 'serious' personal care disability, the type of disability most pertinent to social care service planning. This number is expected to increase by a maximum of 5% (50 people) by 2012. No further change is expected in the longer term. Therefore, if all who need such a service are receiving care, there can be expected to be no notable change in demand in either the short or long-term.
- The number of people with a 'moderate' personal care disability (4,600) is expected to increase by a maximum of 5% (250 people) in the short-term, and 8% (350) by 2021.
- Locomotor disabilities are the most common type of disability; the national survey found that almost all of the people with a personal care disability also had a locomotor disability.

¹ Being able to wash, dress, feed, toilet, get in/out of bed or a chair; Health Survey for England, 2001

² ONS 2005 mid-year estimate. In August 2007, after this needs analysis work was completed, the ONS published revisions to the population estimates and projections. As a result, Herefordshire's population was reduced. Analysis has shown that the revisions have no notable effect on the estimates or projections of the numbers of people with a physical disability.

- An estimated 9,200 people have a locomotor disability; 2,050 are classified as 'serious', a number which is expected to increase by a maximum 7% (150) in the short-term and 10% (200) by 2021.
- 1,450 household residents are estimated to have a sight disability, 250 of them 'serious'. This group is expected to remain at a similar level in the short-term, and increase by around 50 people by 2021 (no notable change in 'moderate' numbers).
- An estimated 3,000 people have a hearing disability, but only 100 of these are classified as 'serious'. The latter number would be expected to increase by 50 people by 2012, and remain at this level in 2021.
- It is estimated that there are 1,250 people with a communication disability, 300 of which are classified as 'serious'. The maximum expected change is an increase of 50 people with a 'moderate' communication disability by 2012, with no change in 'serious' in either the short or long-term.

Ethnicity of Adults with Physical Disabilities

- It is not possible to produce estimates of the number of people in different ethnic groups in Herefordshire with physical disabilities.
- The proportion of Physical Disability service users of an ethnic origin other than 'White British' in 2006/07 was less than half the proportion in the total population of 18-64 year-olds in 2004 (which itself may have increased, given anecdotal changes in the ethnicity of the total population since the expansion of the European Union in May 2004).
- Nothing is known about the general health and social care needs of migrant and seasonal workers in Herefordshire.

Geographic Distribution of Adults with Physical Disabilities

- It is not possible to produce projections of the number of people in different parts of Herefordshire who will have a physical disability.
- Further work would be required to determine the distribution of adults with physical disabilities across Herefordshire, and if current services are provided equitably regardless of location.

Carers

- Assuming that the prevalence of caring in Herefordshire is as it was at the 2001 Census, 14,100 people aged 18-64 in Herefordshire are estimated to have been providing at least one hour of unpaid care a week in 2005, with 3,600 providing care for 20 hours or more per week.
- At the same time, 1.3% of 18-64 year-olds in the county (1,340 people) were entitled to Carers' Allowance, i.e. were not in employment or full-time education and were caring for a severely disabled person for at least 35 hours a week.
- Carers are more likely to be in 'not good' health than non-carers, and the disparity increases with the amount of time spent caring per week.
- People who provide care over a long period of time are particularly at risk of poor health. Carers' health is also more likely to deteriorate over time than that of non-carers, with many of the detrimental changes attributable to the caring role. However, these risks are more likely to be in relation to carers' mental health; in an ONS survey only 8% of carers reported that caring responsibilities had a direct impact on their physical health.

Ability to Pay

- Average earnings in Herefordshire are significantly below those in England as a whole, but there is no information on *incomes* locally.
- There is no information about the financial situation of adults with disabilities in Herefordshire, but national evidence suggests that it is reasonable to assume that people with a disability are more likely to have a low income than those without. This will have implications for their ability to pay for the costs of services

Housing

- Although little is known about the housing situation of adults with disabilities in Herefordshire, national and local information suggests that it seems reasonable to assume that people with physical disabilities are more likely to be living in socially rented accommodation than people without.
- In November 2006, 6.5% of 18-64 year-olds registered with Home Point were 'registered disabled', 'registered blind', were deaf or had partial hearing difficulties.

INTRODUCTION

Looking forward to 2012 and 2021, this report is an assessment of the principal factors that will determine the need for social and health care for adults aged 16 to 64 years with physical disabilities. These include demographic change, taking into account the expected levels and characteristics of in-migration; the implications of changing patterns of health, treatment, and the development of health care services in response to them; the extent to which people might be able to pay all or part of the costs of their social care; and housing.

A physical disability can be defined as a disability which reduces the individual's locomotion, seeing, hearing, communication and/or ability to carry out activities of daily living (ADLs).³ Different levels of severity will present different issues to public authorities in terms of what, if any, services people with physical disabilities require.

The Disability Discrimination Act covers people who would be considered to be disabled under this condition, but also includes people with mental impairments and people with cancer, HIV and multiple sclerosis from the point of diagnosis (before the condition has necessarily had an impact on their day-to-day living). It defines a disabled person as: "...someone who has a physical or mental impairment that has a substantial and long-term (i.e. 12 months or more) adverse effect on his or her ability to carry out normal day-to-day activities...like eating, washing, walking and going shopping", in relation to "...mobility, manual dexterity, speech, hearing, seeing and memory".⁴

There are differing views in defining disability: the traditional, medical definition which classifies people on the basis of the impairment from which they suffer, and the social model which defines people as being disabled not by their impairment but by the barriers that society creates for them. Due to the prevalence data that is available, the medical model is used in this report. But the findings will be applied in terms of future services having regard to the social model and therefore the removal of barriers to people's full participation in society.

Note on revisions to Office for National Statistics' population estimates

In August 2007, after the needs analysis work was completed, but before the needs assessment was finalised, the ONS published estimates of population for mid-2006 using a new methodology for estimating international migration at the local level. At the same time, it revised the 2005 mid-year estimates – upon which the estimates and projections of the numbers of people with a physical disability in this needs analysis are based.

The local 2005-based forecasts for Herefordshire will not be revised, but the ONS 2004-based sub-national population projections have been revised to take account of the new methodology.

Herefordshire's estimated population of 18-64 year-olds in 2005 was revised down from 105,600 to 104,300; the estimate for mid-2006 is 104,800. The projection for 2012 is now 105,600 (down from 107,700), and that for 2021 is 103,800 (reduced from 107,000)

Analysis has shown that the revisions have no notable effect on the estimates or projections of the numbers of people with a physical disability. There are some minor changes in some of the categories, but the key figure of the number of people with a serious personal care disability is not affected at all.

³ Health Survey for England 2001; ADLs are being able to wash, dress, feed, toilet, get in and out of bed or a chair.

⁴ Definition of 'disability' under the Disability Discrimination Act (DDA). Directgov website: http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_4001069

DEMOGRAPHICS OF HEREFORDSHIRE

THE COUNTY OF HEREFORDSHIRE

Herefordshire is a predominantly rural county of 842 square miles situated in the south-western corner of the West Midlands region, bordering Wales. With a population of approximately 56,000, the city of Hereford is the major location in the county for employment, administration, health, education facilities and shopping. The five market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington are the other principal centres, with populations ranging from 11,000 (Leominster) to 2,500 (Kington).

The county has beautiful unspoilt countryside, distinctive heritage, remote valleys and rivers, including the river Wye which flows east through Hereford and the Wye Valley Area of Outstanding Natural Beauty. The south-west of the county includes the Black Mountains, and the Malvern Hills form part of the boundary with Worcestershire to the east.

Herefordshire has limited access to the motorway network via the M50, which starts near Ross-on-Wye and joins the M5 north of Tewkesbury in Gloucestershire. The other main road links, which all pass through Hereford, are the A49 (running from north to south), the A438 (east to west) and the A4103 to Worcester.

The nature of Herefordshire's rurality presents unique challenges to service providers, with a relatively small population of 178,800⁵ scattered across the 2nd largest⁶ unitary authority in England. Furthermore, although three English counties⁷ have a lower population density than Herefordshire, no other top tier local authority has a greater proportion of its population living in "very sparse" areas.⁸

CURRENT POPULATION

Herefordshire's current total population is 178,800⁵, of which 59% (105,600) are aged 18-64. Herefordshire has an older overall age profile than both the West Midlands Region and England and Wales, and this is apparent in the older groups within the population of interest in this report. Table 1 shows how Herefordshire has a larger proportion of 55-64 year-olds in its population than either the region or England and Wales as a whole, and a smaller proportion of 18-34 year-olds.

It should be noted that the mid-year estimates exclude around 2,700⁹ Herefordshire students who live away from home during term-time, the majority of whom are likely to be aged 18-21. As the county has no universities, this group is not compensated for by students from other areas living within the county during term-time.

Table 1: Proportion of total population in adult age-groups, 2005

Area		18-34	35-54	55-64	18-64
Herefordshire	No.	29,400	51,000	25,200	105,600
	%	16.4%	28.5%	14.1%	59.1%
West Midlands Region	%	21.6%	27.6%	11.9%	58.4%
England & Wales	%	22.3%	28.1%	11.7%	62.0%

Source: 2005 mid-year estimates, ONS. Note: figures may not sum due to rounding.

⁵ 2005 mid-year estimate, ONS

⁶ Behind East Riding of Yorkshire

⁷ Northumberland, North Yorkshire and Cumbria

⁸ According to the sparsity measures used in the calculation of the Local Government Finance Settlement 2006/07, 29% of Herefordshire's population live in wards with a density of 0.5 persons per hectare or lower and 25% live in Output Areas with a density of 0.5 or lower.

⁹ 2001 Census

Whilst gender distribution is an important issue when considering older people due to the longer life expectancy of females, it is less of one for adults aged 18-64; there is a roughly 50:50 split between males and females in the age groups of interest in Herefordshire, as nationally.

RECENT TRENDS

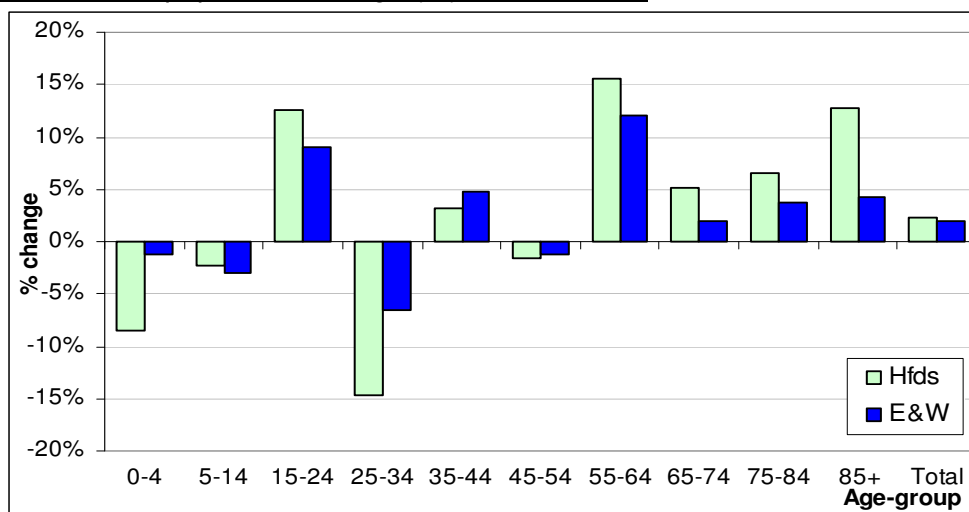
Herefordshire's population grew by 2.2% between 2001 and 2005, which is broadly similar to the national growth (2.0%), but change was not consistent across age-groups (Figure 3). The number of people aged 18-64 increased by 2,500 over this period – a growth similar to the total population growth but, as Table 2 shows, numbers of 18-34 year-olds fell by 4.5%, whilst the population aged 55-64 increased by 15.6%. These changes were in the same direction as national trends, but larger.

Table 2: Observed population change (%), 2001 to 2005

Age-group	Herefordshire	England & Wales
18-34	-4.5%	-0.5%
35-54	+1.0%	+2.0%
55-64	+15.6%	+12.1%
18-64	+2.4%	+2.8%

Source: mid-year population estimates, ONS

Figure 3: Observed population change (%), 2001 to 2005



Source: mid-year population estimates, ONS

MIGRATION

Within UK Migration

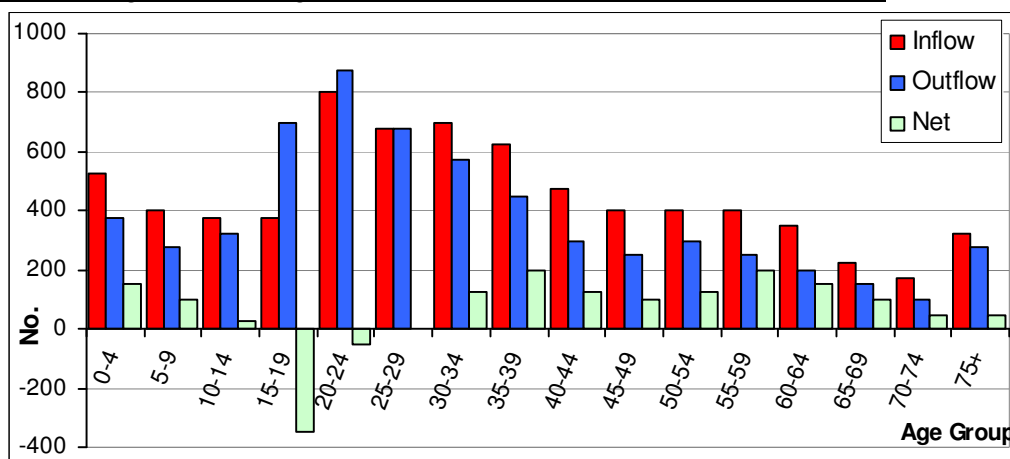
Herefordshire experiences an average annual net gain of just over 1,000 residents from elsewhere in the UK. Analysis of migration within *England and Wales*¹⁰ shows that about two-thirds (65%) of the net migrants into Herefordshire come from London and the South-East (including Bedfordshire, Hertfordshire and Essex); just under a quarter (24%) from neighbouring English counties (Gloucestershire, Worcestershire and Shropshire); 13% from non-neighbouring parts of the West Midlands region and the rest from other parts of England; on average more people move from Herefordshire to Wales than vice versa, giving a net loss.

The average numbers of people in each age group moving into and out of Herefordshire each year, along with the average net in-flow (people moving *in* minus people moving *out*), are shown in Figure 4. The largest flows, both into and out of Herefordshire, are in the 20-

¹⁰ Over the period mid-1998 to mid-2004

24 year-old age group. This is one of the age groups where people are most mobile generally, so the pattern is not necessarily unique to Herefordshire.

Figure 4: Average annual migration between Herefordshire and rest of UK



Source: derived from ONS Internal Migration Estimates; average over period mid-2000 to mid-2004

Notably, the only average net *out*-flows are in the 15-19 and 20-24 year-old age-groups, with the largest in the former: on average 350 more 15-19 year-olds leave the county each year than move into it. This may be explained by the fact that Herefordshire does not have a major centre of higher education, coupled with the fact that young people leaving home to start university are generally aged 18-19 and are counted at their term-time address.

However, it is worth noting that although there is an average annual net loss of 400 15-24 year-olds, this only represents around 2% of the county's population of these ages. To put this into perspective, Rutland UA in the East Midlands 'loses' around 7% of its population of this age-group each year, whilst Westminster 'gains' around 7%.

International Migration

According to the ONS mid-year estimates of population, until 2004 Herefordshire had an average of zero net international migrants per year. In the 2005 estimates, the county had a net in-flow of 440.

The only detailed information available regarding permanent international migration is the number of people moving into Herefordshire from outside the UK in the year before the 2001 Census. This figure was 567, which represents just 0.3% of the total population of the county at the time, and the number moving in the other direction is unknown. 54% of these international in-migrants were aged under 30, which is much higher than the corresponding figure of 44% of in-migrants from within the UK; both figures are higher than the proportion of under 30s of Herefordshire's population (33%).

Migrant workers

Between 2,500 and 3,000 workers from new European Union accession states¹¹ were cleared to work in Herefordshire in 2005. The ages of these migrants are unknown, but it is likely that most were young adults. However, there is currently no information on how long they remain in the county, or even the UK.

The county also experiences a significant influx of temporary seasonal agricultural workers each year (around 3,000¹²) – mainly over the summer months, with the majority from Ukraine and Russia. These are, by definition, students who are permitted to work on participating farms for up to 6 months.

¹¹ Source: Worker Registration Scheme; Work Permits (UK), Home Office. States are: Poland, Lithuania, Estonia, Latvia, Slovenia, Slovakia, Hungary and the Czech Republic.

¹² Source: Seasonal Agricultural Workers Scheme; Work Permits (UK), Home Office.

ETHNICITY

Experimental statistics¹³ suggest that in 2004, 3.5% of Herefordshire's total resident population was from an ethnic minority (6,200 people). This proportion is still very low by national (14.7%) and regional (15.5%) comparisons, but reflects a growth of 40.9% in the BME population from 2001 compared to just 1.7% for the total county population. It is very likely that numbers have increased even more since the expansion of the EU in May 2004 given the migrant worker statistics discussed above.

This information is also available for Herefordshire's 18-64 year-old population, and indicates that younger age-groups have a slightly higher proportion of people from ethnic minorities: 3.8% of 18-64 year-olds are estimated to be from an ethnic group other than 'white British', in comparison with 3.5% of the total resident population (Table 5). This figure rises to 5.1% of 18-34 year-olds.

For all age-groups, 'White other' was the largest ethnic minority group (1.5% of total population aged 18-64). 'White Irish' was the second largest group for 50-64 year-olds (0.8% of all 50-64s), whilst 'Asian or Asian British' was the second largest for 18-34 year-olds (1.0% of all 18-34s). These two ethnic groups were equally sized for 35-50 year-olds (0.5% of all 35-50 year-olds each).

Table 5: Percentage of Herefordshire residents in ethnic group, by age-group, 2004

Age-group	'White British'	Ethnic group other than 'White British'
18 to 34	94.9%	5.1%
35 to 49	96.1%	3.9%
50 to 64	97.3%	2.7%
18 to 64	96.2%	3.8%
Total population	96.5%	3.5%

Source: ONS © Crown copyright.

The small numbers of people aged 18-64 from ethnic minority groups are shown in Table 6, as is the distribution amongst these groups: just under half of people from an ethnic minority are non-white.

Table 6: Percentage of Herefordshire's 18-64 year-old non-'white British' residents in each ethnic group, 2004

Ethnic Group	No. aged 18-64 in ethnic group	% of total 18-64 year-old non-'White British' in group
White British	100,800	-
White Irish	600	15.0%
White Other	1,600	40.0%
Mixed	400	10.0%
Asian or Asian British	600	15.0%
Black or Black British	300	7.5%
Chinese	200	5.0%
Other ethnic group	200	5.0%
Non-'White'	1,800	45.0%
Total non-'White British'	4,000	100.0%

Source: ONS © Crown copyright. Figures may not sum due to rounding (to the nearest 100).

¹³ ONS experimental population estimates by ethnic group.

FUTURE POPULATION

The Office for National Statistics produces population **projections** for local authorities based on recent and nationally projected trends in births, deaths and migration – i.e. estimates of what could be reasonably expected to happen to the population *if recent trends were to continue*. The most recent set of sub-national projections are 2004-based and project forward to 2029.

Herefordshire Council's Research Team produces population **forecasts** for Herefordshire which are also based on recent and nationally projected trends in births, deaths and migration, but, unlike the projections, also take into account anticipated housing provision under the Unitary Development Plan – which has a constraining effect on in-migration. Until the Regional Spatial Strategy is decided it is not possible to anticipate what housing provision there may be after the UDP, so forecasts can only be produced up to 2011. 2005-based interim forecasts have been produced which take account of a higher than average net international in-migration between 2004 and 2005 (but do not make any attempt to forecast future trends in international migration)

As this needs analysis is interested in expected demand for services up to 2012, and longer term to 2021, the ONS projections are considered alongside the local forecasts; the latter is considered as an alternative scenario for the short-term assessment.

Both the forecast and projected figures for 2011 are presented in Table 7a, along with the projections for 2012 and 2021.

Both the forecast and projected figures for 2011 are presented in Table 7, along with the projections for 2012 and 2021.

- The key point to note is that according to the ONS projections, the population aged 18-64 in Herefordshire will rise to a peak in 2011 (at 108,100) before falling slowly but steadily to 107,000 in 2021.
- The local forecasts predict less growth by 2011 (to 105,700 people), so that numbers would have to continue to increase to reach the level projected for 2021.
- In the long term (up to 2021), by far the biggest rate of change is expected to be in the population of 55-64 year-olds: an increase of 20.6% from 2005, which represents an extra 5,200 residents. The population aged 35-54 is expected to fall by 5,000 over the same period, although this only represents a fall of 9.8% due to the larger numbers in this group.
- Comparing the ONS projections for 18-64 year-olds in Herefordshire to the corresponding national ones shows that even the expected rise in numbers to 2011 would result in a slightly lower rate of growth than in England and Wales as a whole (2.4% to 3.7%). The subsequent projected fall in Herefordshire's population of 18-64 year-olds would result in a much lower overall rate of growth between 2005 and 2021 (1.3% compared to 5.5% in England and Wales).

All of the potential changes discussed here would result in an older age-structure of the 18-64 year-olds in Herefordshire, as illustrated in Table 7b. The proportion of this group aged 55-64 is expected to increase from 24% in 2005, to 25-26% in 2011/12, and to 28% by 2021. Conversely, the proportion aged 35-54 is expected to decrease from 48% in 2005 to 47% in 2011/12 and 43% in 2021. The proportion in the 18-34 age group is expected to remain fairly constant, fluctuating between 27% and 29%.

Table 7: Expected change in population aged 18-64, Herefordshire and England & Wales

		Current	Short-term			Long-term
		2005	2011		2012	2021
		Estimate	Forecast	Projection	Projection	Projection
18-34	No.	29,400	28,700	29,700	30,100	30,500
	% change from 2005	-	-2.4%	+1.0%	+2.4%	+3.7%
35-54	No.	51,000	50,000	51,100	50,600	46,000
	% change from 2005	-	-2.0%	+0.2%	-0.8%	-9.8%
55-64	No.	25,200	27,000	27,300	27,000	30,400
	% change from 2005	-	+7.1%	+8.3%	+7.1%	+20.6%
18-64	No.	105,600	105,700	108,100	107,700	107,000
	% change from 2005	-	+0.1%	+2.4%	+2.0%	+1.3%
18-64: projected % change, England & Wales		-	-	+3.7%	+3.7%	+5.5%

Source: ONS 2005 mid-year estimates & 2004-based sub-national projections; HC Research Team 2005-based interim forecasts using ONS estimates and Gov't Actuary's Department projected trends; GAD 2004-based national population projections.

Table 7b: Expected proportion of 18-64 year-old population by age-group, Herefordshire

Age-group	Current	Short-term			Long-term
	2005	2011		2012	2021
	Estimate	Forecast	Projection	Projection	Projection
18-34	28%	27%	27%	28%	29%
35-54	48%	47%	47%	47%	43%
55-64	24%	26%	25%	25%	28%
18-64	100%	100%	100%	100%	100%

Source: ONS 2005 mid-year estimates & 2004-based sub-national projections; HC Research Team 2005-based interim forecasts using ONS estimates and Gov't Actuary's Department projected trends; GAD 2004-based national population projections.

As only projections are available for the years after 2011, the only long-term scenario considered is the 2021 ONS projection. Although the focus of the short-term needs analysis is 2012, since the projections suggest that the total population aged 18-64 will peak in 2011 it seems appropriate to consider the forecasts and projections concurrently. The combined factors of different age-groups being expected to peak at different points throughout the period and age-sex-specific prevalence rates mean that different mental health problems could peak at different times in the short-term. In terms of service planning it seems appropriate to consider the 'worst case scenario', i.e. take the population scenario that suggests the highest number of cases of each physical disability. In fact, as will be discussed in subsequent sections, the differences in the numbers estimated to have a physical disability between the short-term forecast and projections are relatively minor.

It must be noted that the forecasts and projections presented here are only possible scenarios of what might happen to Herefordshire's population in the future – if trends change and/or fertility, mortality and migration assumptions are not met the population could be very different.

As mentioned above, the local forecasts take into account the higher than average international in-migration in 2004, without making any assumptions about the effect of any sustained increase. The international migration assumptions for the 2004-based projections are based on movements in the few years prior to the expansion of the European Union; little is known, even at a national level, about the impact of these changes on the population in the longer term.

COMMUNAL ESTABLISHMENT POPULATION

A communal establishment is defined¹⁴ as an establishment providing managed (i.e. supervised full or part-time) residential accommodation. This includes small hotels and guesthouses if they have capacity for 10+ guests (excluding the owner/manager and family), and sheltered housing unless half or more of the residents possess their own facilities for cooking (in which case the whole establishment is classified as separate households).

The only information regarding the population living in communal establishments is from the 2001 Census. As Table 8 shows, the numbers and proportions within the age-groups of interest are both small, but it is important to consider them, since prevalence rates tend to relate to the population living in private households. A further complication is that some Census information includes resident staff and their families whilst others exclude them.

Table 8: Household & communal establishment residents in Herefordshire, 2001 Census

	Age-group			
	18 to 34	35 to 49	50 to 64	18 to 64
Total Population	30,992	37,193	34,902	103,087
Household residents	30,636	37,028	34,766	102,430
Communal establishment residents (inc. staff)	356	165	136	657
% of age-group living in a communal establishment (inc. staff)	1.2%	0.4%	0.4%	0.6%
Communal establishment residents (non-staff)	248	120	100	468
Residents (non-staff) of medical & care establishments	112	83	68	263
Residents (non-staff) of education establishments (inc. halls of residence)	84	11	6	101
Residents (non-staff) of other communal establishments*	52	26	26	104

Source: 2001 Census, tables S001 & S126 © Crown copyright.

** Hotel; boarding house; guest house; hostel (including youth hostel, hostel for the homeless & people sleeping rough; or other. Residents of Hereford Garrison at Credenhill are not included in any of these figures. Note: the age-groups in this table are different to those used throughout the report due to constraints in published Census data.*

The majority (56%) of residents were in 'medical & care establishments', although a third (34%) of 18-34 year-old residents were in 'education establishments' – likely the halls of residence of the Royal National College for the Blind in Hereford.

In their sub-national household projections, which run to 2026, the Office for the Deputy Prime Minister¹⁵ assume that the numbers of people living in communal establishments will remain constant for all ages below 75. In the absence of any other local information, this assumption will be adopted for the purposes of this report.

- At the end of March 2006, Herefordshire Council's social services were funding 31 18-64 year-olds with physical disabilities to live permanently in communal establishments: 21 in residential homes and 10 in nursing homes. 7 of the former and 2 of the latter are living in homes outside the county.
- It has not been possible to obtain information about numbers of students at the Royal National College for the blind; in particular the numbers who settle in the county once they leave college would have been helpful.

¹⁴ 2001 Census, Office for National Statistics

¹⁵ ODPM, now Department for Communities and Local Government (DCLG); 2003-based household projections released in 2006.

Summary: Demographics of Herefordshire

- Herefordshire's current estimated population of 18-64 year-olds is 105,600 – 59% of the total population. The county has an older overall age profile than both the West Midlands region and England and Wales.
- Office for National Statistics projections suggest numbers of 18-64 year-olds may increase by 2.0% by 2012, although more conservative local forecasts which take in to account expected housing provision suggest this increase will only be 0.1% by 2011.
- Projections suggest the 18-64 year-old population could be 107,000 in 2021, an increase of just 1.3% from 2005.
- Recent years have seen a more rapid growth in numbers in older age-groups (55-64s) and a more rapid decline in the younger ones (18-34s) than nationally. This ageing of the age profile is expected to continue, with the 55-64 year-old age-group growing most rapidly (by 7% in the short-term and 21% by 2021).
- The county has a smaller proportion of people from 'Black and Minority Ethnic' (BME) backgrounds than England as a whole (3.5% compared to 14.7%), but this population grew by 40.9% between 2001 and 2004 – much more rapid than the overall population growth of 1.7%. It is likely that numbers have increased further since the expansion of the EU in May 2004: between 2,500 and 3,000 workers from new member states were cleared to work in Herefordshire in 2005, although it is not known how many remain in the county. The county also experiences an annual influx of around 3,000 temporary seasonal agricultural workers – mainly over the summer months.
- In 2004, 3.8% of 18-64 year-olds in Herefordshire were estimated to be from a BME background; just under half of these were non-white.

GENERAL HEALTH IN HEREFORDSHIRE

LIFE EXPECTANCY & GENERAL HEALTH

Herefordshire's population is expected to live longer, on average, than the national population in general. Based on 2002-04 data, life expectancy at birth in Herefordshire is 77.5 years for males and 82.5 years for females, compared to 76.6 and 80.9 respectively for England overall. Increases in life expectancy over the last ten years have been broadly in line with national trends.

The 2001 Census asked residents to say how their health had been overall in the last year (from options: good, fair or not good). Overall, 69% of Herefordshire's household residents said they were in 'good' health and 8% were 'not good'¹⁶. This split is broadly similar to nationally (9% 'not good') and regionally (10%).

7% of Herefordshire residents aged 18-64 said that their health was 'not good', which is again similar to England & Wales and the West Midlands Region (8% and 9% respectively). Propensity to state that health was 'not good' increased with age, from 3% of the county's residents aged 18-24 to 14% of those aged 60-64.

Unsurprisingly, across all ages, much higher proportions of residents of communal establishments stated that their health was 'not good' than in the population as a whole: 11% of 18-19 year-olds, increasing to 42% of 60-64 year-olds in communal establishments¹⁷. As noted in Table 8, Herefordshire's communal establishment population

¹⁶ 2001 Census, Table T07

¹⁷ 2001 Census, Table T09

aged 18-64 was 468 in 2001 (0.5% of all 18-64 year-olds), and 56% of these were resident in medical and care establishments.

LIMITING LONG-TERM ILLNESS

A 'limiting long-term illness' (LLI) is defined as an illness, health problem or disability which limits daily activity or work. At the 2001 Census, 18% of Herefordshire's total population reported having an LLI – the same proportion as nationally and similar to regionally (19%). Of the county's 18-64 year-olds, 14% said they had an LLI, which is broadly equal to the national and regional figures (both 15%). Table 9 shows how the prevalence of limiting long-term illness increases with age.

Table 9: Percentage of Herefordshire residents* that have an LLI by age group

Age-group	% with LLI	No. with LLI
18-24	7%	964
25-44	9%	4,183
45-59	18%	6,502
60-64	28%	2,818

* All people, including those living in communal establishments.
Source: 2001 Census, ONS – Crown Copyright

There is no information from the Census regarding the nature of LLIs, and due to the self-reporting nature of the question, it could well be that what is 'limiting' for one person may not be for another. It should also be noted that an LLI is not necessarily a *physical* impairment.

Research at a national level¹⁸ indicates that the prevalence of LLI is higher than that of disability for all ages below 85, when disability becomes higher (probably due to older people considering activity limitation to be a normal consequence of ageing).

PHYSICAL HEALTH FUNCTIONING

The Regional Lifestyle Survey (2005) examined physical health functioning using a validated measure¹⁹, with raw scores transformed onto a scale of 0 to 100 (100 = best possible health state), and indicated that Herefordshire residents have very slightly better physical health functioning than residents of the region overall. Men report slightly better physical health than women for both geographies (see Figure 10).

Figure 10: Physical health functioning in 12 months prior to Regional Lifestyle Survey, 2005



Source: Regional Lifestyle Survey 2005, Herefordshire Report; HC Research Team

¹⁸ Bajekal, M. & Prescott, A. (2003) *Health Survey for England 2001: Disability*. London: The Stationery Office.

¹⁹ Based on questions which asked people to rate how much they agreed with certain statements related to mental & physical health. The measure is subject to intellectual property rights and may not be reproduced without prior permission being sought from the publishers. Interested parties should either consult WMRO or WMPHO or consult the supplementary technical report.

Summary: General Health in Herefordshire

- Herefordshire's population is expected to live longer, on average, than nationally.
- Similar proportions of 18-64 year-olds in Herefordshire were in 'not good' health and/or had a 'limiting long-term illness' as nationally and regionally, according to the 2001 Census.
- The Regional Lifestyle Survey indicated that Herefordshire residents have slightly better physical health functioning than those of the region overall.

KNOWN ADULTS WITH A PHYSICAL DISABILITY

SERVICE USERS

Prevalence of 'physical disability' is much wider than those who need – or indeed want – help from social services. Herefordshire Council currently uses the National Eligibility Framework FACS (Fairer Access to Care Services) definition of 'critical and substantial need' when determining a need for care.

A person is considered to have a 'critical or substantial need' when any of the following is true:

- Life is, or will be, threatened;
- Significant health problems have developed or will develop;
- There is, or will be, partial or no choice and control over the immediate environment;
- Abuse or neglect has occurred or will occur;
- There is, or will be, an inability to carry out *the majority of personal care or domestic routines*;
- Involvement in many aspects of work, education or learning cannot or will not be sustained;
- The majority of social support systems and relationships cannot or will not be sustained;
- The majority of family and other social roles and responsibilities cannot or will not be undertaken.

If a person is unable to carry out 'several' personal care or domestic routines and/or sustain involvement in 'several' aspects of work, education or learning; sustain 'several' social support systems and relationships; undertake 'several' family and other social roles and responsibilities, their need is classified as 'moderate'. If the word 'several' in these statements can be replaced by the words 'one or two', the need is classified as 'low'.

However, for many reasons, not least the fact that the government guidance specifically includes the qualifying statement that care should be given to people without a 'critical or substantial need' if they are at risk of developing such a need if care is not provided, it is likely that not *all* clients on the database have a 'critical and substantial need'. With current systems, it is impossible to know the extent of this. Having said this, everyone on the database as a physical disability service user has a physical disability and is in need of care from social services.

Information is recorded about people who receive a service from the Physical Disability Team. Table 11 shows the number of physical disability service users in each age group for the last two financial years: both snapshot figures on the last day of the year, and the total number of people who used the service during the year.

Table 11: Physical Disability service users aged 18-64, Herefordshire

Age-group	Service users at 31 st March				All service users during year					
	Physical Disability service users*		Other vulnerable people		Physical Disability service users*		Other vulnerable people		Signposting service**	
	2006	2007	2006	2007	2005/06	2006/07	2005/06	2006/07	2005/06	2006/07
18-34	38	36	4	6	57	72	19	34	2	17
35-54	150	153	36	29	246	296	97	135	20	21
55-64	131	139	23	20	240	284	92	116	43	53
18-64	319	328	63	55	543	652	208	285	65	91

Source: Herefordshire Council Adult and Community Services Directorate

* Coded as either 'physical & sensory disability' or 'frail'; ** people who are referred by the council to other partner organisations, and are not coded.

Due to the way data is collected, and the complexities involved in trying to classify service users, there is limited information about the nature of these people's disabilities. Physical Disability service users are classified as either 'physical & sensory disability' or 'frail', neither of which provides much information.

'Other vulnerable people' fall under the remit of the Physical Disability Team, but may or may not have a physical disability; this group includes people who may have received welfare benefits advice from the council's Joint Working Team.

The people included in the annual count as 'signposting service' include those who contact the council for help but are subsequently referred to a partner organisation, for example someone who needs smoke alarms installed is added to the database, but then signposted to the Fire Service. Their contact may be by telephone, so it is not possible to assign them a FACS code, and it is therefore not possible to know whether or not they have a physical disability.

The large differences between the 'snapshot' counts on the 31st March and the count of all users over the course of a year are due to the turnover of people receiving short-term services such as welfare benefits and intermediate care.

- A wider group of adults with physical disabilities are counted as being 'helped to live at home'; as well as the 328 people receiving 'traditional' social care services in March 2007, a further 293 were helped by less intensive services – mainly the information service, Herefordshire ABLE²⁰ and Maintained Equipment.²¹

An average of five young people with physical disabilities make the transition from children's services to adult social care per year.

BENEFIT CLAIMANTS

People with a disability can claim specific benefits; the two that are available to adults aged 18-64²² are Disability Living Allowance (DLA) and Incapacity Benefit (IB) or Severe Disablement Allowance (SDA).

It should be noted that 'disability' in the context of claiming benefits could equally relate to a physical or mental problem.

²⁰ 'Access to Benefits, Leisure, Employment': "A free, impartial and confidential service of information, advice, and in some cases, practical help...for people connected with any aspect of disability" - http://www.ablehereford.com/what_is.htm

²¹ Equipment that requires servicing annually.

²² People over 65 can claim Attendance Allowance.

Benefits data is presented here to give an indication of actual numbers of people in Herefordshire who meet the criteria for disability-related benefits, but this information is of limited value:

- although the number aged 18-64 claiming each benefit in Herefordshire is available, it is not possible to obtain detailed information about this age-group at a county level, for example the reason for claim, or numbers who claim both benefits;
- it is not possible to calculate take-up rates as the total number eligible is unknown, so is therefore not possible to determine whether any increases in the numbers of claimants are due to increases in eligible numbers, or to improved take-up due to publicity of welfare rights.

Disability Living Allowance (DLA)

DLA is not income-related, and is paid to people who have required help for three months and are likely to need that help for at least six more months. It comprises two components with different levels depending on the severity of the disability:

- Care component – for people who need help with their personal care (i.e. attention in connection with their bodily functions and/or continual supervision to avoid substantial danger to themselves or others), with three possible rates (higher, middle or lower)²³;
- Mobility component – for people who have difficulty walking, with two possible rates (higher or lower)²⁴.

A person can only begin claiming DLA if they are under 65, but can continue to receive it after this age if they satisfy the criteria. As shown in Table 12, roughly two-thirds of Herefordshire claimants are aged 18-64. In 2005, 4.5% of the county's population aged 18-64 were claiming DLA: 4,700 people.

The number of claimants in Herefordshire increased by 7.1% between 2003 and 2005, whilst the population grew by just 1.2%. However, this rise could be related to improvements in take-up rates rather than an increase in prevalence.

Table 12: Claimants* of either (or both) component(s) of Disability Living Allowance, Herefordshire

	2003	2004	2005	2006
All ages	6,560	6,890	7,200	7,430
Aged 18-64	4,390	4,550	4,700	4,860
<i>% of all claimants aged 18-64</i>	<i>67%</i>	<i>66%</i>	<i>65%</i>	<i>65%</i>
<i>% of population aged 18-64 claiming</i>	<i>4.2%</i>	<i>4.3%</i>	<i>4.5%</i>	<i>-</i>

Source: Work and Pensions Longitudinal Study, Department for Works and Pensions.

** All entitled: those in receipt of payment and those whose payment has been suspended, e.g. if in hospital. Count is snapshot as at 31st August each year; all figures rounded to nearest 10.*

Information on the numbers of people claiming each rate of DLA is also published, but it is only possible to obtain exact counts at a county level for the population of working age²⁵ (see Tables 13 & 14).

²³ Higher rate paid to those who need help during the day *and* night; middle to those who need help during the day *or* night; lower rate to those who need help during some of the day or cannot prepare a cooked meal for themselves given the ingredients. Source: Work & Pensions Longitudinal Study, DWP.

²⁴ Higher rate paid to those who are (virtually) unable to walk; lower to those who can walk but need help outside on unfamiliar routes. Source: Work & Pensions Longitudinal Study, DWP.

²⁵ 16 to 59 for females; 16 to 64 for males.

Table 13: Claimants* of Disability Living Allowance (DLA) Care Component (working age), Herefordshire

Rate	2003	2004	2005	2006
Higher	880	880	920	980
Middle	1,170	1,250	1,300	1,330
Lower	1,410	1,480	1,570	1,630
Nil (i.e. eligible for mobility comp. only)	560	530	530	510
All rates	4,020	4,150	4,320	4,450

Source: Work and Pensions Longitudinal Study, Department for Works and Pensions.

* All entitled: those in receipt of payment and those whose payment has been suspended, e.g. if in hospital. Count is snapshot as at 31st August each year; all figures rounded to nearest 10.

Table 14: Claimants* of Disability Living Allowance (DLA) Mobility Component (working age), Herefordshire

Rate	2003	2004	2005	2006
Higher	2,310	2,350	2,390	2,420
Lower	1,200	1,300	1,370	1,470
Nil (i.e. eligible for care comp. only)	500	500	560	550
All rates	4,020	4,150	4,320	4,450

Source: Work and Pensions Longitudinal Study, Department for Works and Pensions.

* All entitled: those in receipt of payment and those whose payment has been suspended, e.g. if in hospital. Count is snapshot as at 31st August each year; all figures rounded to nearest 10.

Assuming that the proportion claiming each level of each component in Herefordshire is the same for people aged 18-64 as for all people of working age, it could be estimated that, in August 2006:

- 4,300 people aged 18-64 were claiming the care component - 1,070 the higher rate, 1,450 the middle rate and 1,780 the lower rate (4,120; 1,000; 1,410 and 1,710, respectively in 2005);
- 560 people were only eligible to claim the care component (580 in 2005);
- 4,260 people aged 18-64 were claiming the mobility component - 2,650 the higher rate and 1,610 the lower rate (4,090; 2,600 and 1,490, respectively in 2005);
- 600 people were only eligible to claim the mobility component (610 in 2005).

People can claim DLA because of any disabling condition, although it is not possible to obtain information on the reason for claim at county level. As at August 2006 the largest single reason for claiming DLA, at both a national and regional level was 'mental health causes': 19% of 18-64 year-old claimants in Great Britain and 16% in the West Midlands. The reasons for claim presented tend to relate to the impairment that a person has rather than their disability²⁶, so it is not possible to quantify the number of people claiming because of a 'physical disability'.

Incapacity Benefit (IB) / Severe Disablement Allowance (SDA)

IB is paid to those who cannot work because of an illness or disability and who meet certain National Insurance contribution requirements. Until 2001 SDA was paid to those who were unable to work but did not meet the contribution criteria; these people can still receive SDA but no new claims can be made.

Although these benefits are primarily for people of working age, some claimants are still able to receive them once they pass state retirement age.²⁷ However, as Table 15 shows, almost all claimants in Herefordshire have been aged 18-64 (98%) since 2003: around 5,900 each year. These figures indicate that 5.6% of the population aged 18-64 in Herefordshire are claiming IB/SDA each year.

²⁶ For example: 'arthritis', 'epilepsy', 'stroke related', 'chest disease', 'renal disorders', 'AIDS'.

²⁷ Currently 60 for women; 65 for men. There is no upper limit for SDA once it has been claimed, and the short-term rate of IB can be paid for up to a year after retirement age.

Detailed data regarding the reason for a claim is only available for the population as a whole (i.e. all claimants aged 16 and above). It should be noted that the single most common reason for claiming IB/SDA each year is 'mental disorder' (over a third of claimants). This is similar to the regional proportion, and about two percentage points lower than the proportion in England as a whole each year (not presented here). 'Mental disorder' is also the only reason for which numbers claiming have increased notably between 2003 and 2006 – the numbers claiming for most other reasons fell slightly.

People with mental health problems are not specifically covered by this report, being the subject of a separate needs analysis. However, they are not excluded from the analysis if they are also physically disabled.

Table 15: Claimants of Incapacity Benefit (IB) or Severe Disablement Allowance (SDA) by reason for claim (all people aged 16+), Herefordshire

Medical reason for claiming		2003	2004	2005	2006	
Mental disorders	No.	2,090	2,150	2,190	2,220	
	%	35%	36%	36%	38%	
Diseases of the nervous system	No.	440	450	440	460	
	%	7%	8%	7%	8%	
Diseases of the respiratory or circulatory system	No.	480	450	470	450	
	%	8%	8%	8%	8%	
Musculoskeletal diseases	No.	1,160	1,120	1,110	1,060	
	%	19%	19%	18%	18%	
Injury or poisoning	No.	390	380	390	360	
	%	7%	6%	6%	6%	
Other	No.	1,390	1,420	1,430	1,340	
	%	23%	24%	24%	23%	
Total IB/SDA claimants		No.	5,960	5,970	6,040	5,890
No. of IB/SDA claimants aged 18-64		No.	5,850	5,850	5,920	5,800
% of all IB/SDA claimants aged 18-64		%	98%	98%	98%	98%
% of pop'n aged 18-64 claiming IB/SDA		%	5.6%	5.6%	5.6%	-

Source: *Work and Pensions Longitudinal Study, Department for Works and Pensions.*
Count is snapshot as at 31st August each year; all figures rounded to nearest 10.

Discussion

The claimant figures suggest that more people aged 18-64 in Herefordshire are unable to work because of a disability (5,800) than require care because of a disability (4,860), although it is not possible to determine how many people are unable to work *and* require care.

The reason for this difference between the numbers of DLA and IB/SDA claimants is unknown; there could be a real difference in the effects of disabilities on peoples' lives, or there may be differences in take-up. No estimates of the proportion of people who are eligible for a disability-related benefit exist, even at a national level, although the Department for Works and Pensions have commissioned a study into the feasibility of estimating DLA take-up.²⁸ However, 'best guesses' of take-up are said to be 'discouraging', particularly in relation to younger people's take-up of DLA (not least because half of applications fail). It is expected that a greater proportion of those who are eligible for IB are claiming it (i.e. take-up is higher), as it is accessed through long-term sick pay.²⁹

²⁸ By the Policy Studies Institute: www.psi.org.uk/research/project.asp?project_id=151

²⁹ Marsh, A (2006) *The trouble with take-up. The Monitor: Blue Skies.* Issue no. 143, Vol. 1
http://www.epolitix.com/EN/Publications/Blue+Skies+Monitor/143_1/home.htm

Summary: Known Adults with a Physical Disability

- There is limited information regarding current numbers of social care service users with a physical disability, but it is estimated that 'core' social care services are provided to just over 300 people, and that other services (particularly the information service, ABLE, & maintained equipment) are reaching a wider group of around 300 more adults with physical disabilities.
- Benefit claimant figures suggest that 5,800 people aged 18-64 in Herefordshire are unable to work because of a disability and 4,860 require care because of a disability, although it is not possible to determine how many people are unable to work *and* require care.
- National and regional figures would suggest that a significant proportion of both of these groups would be claiming primarily for a mental health problem rather than a physical disability (although the two may co-exist), so it is not possible to use these figures as a proxy for disability.

ESTIMATING NUMBERS WITH A PHYSICAL DISABILITY (CURRENT & FUTURE)

NATIONAL PREVALENCE OF DISABILITY

As the discussion of what is known locally in the previous section indicated, accurate information on the numbers of adults with disabilities is lacking, but this is also the case at a national level. A Department for Work and Pensions study³⁰ (2004) concluded that “[t]here is no single ‘gold standard’ measure of disability. The multi-dimensional and dynamic nature of disability makes it inherently difficult to measure.”

National estimates are calculated from surveys, and vary from source to source due to real changes over time and methodological differences, but particularly how disability is defined for the purpose of each particular survey, namely:

- Whether severity is taken into account;
- Whether aids are included in the definition (e.g. some surveys classify a person as deaf only if they cannot hear *with* a hearing aid);
- Whether people are asked to self-classify or are objectively assessed;
- Whether the survey is a dedicated survey of disability or a general survey attempting to capture a range of information.

As a result of these differences, estimates of the number of disabled adults in England range from 8.6 million (20%) according to the 1996/7 Disability Survey to 11 million (23%) according to more recent estimates of the number of adults covered by the Disability Discrimination Act. Whilst this is a dramatic difference at a national level, in an area such as Herefordshire with a population of 146,100³¹ adults, the difference between 20% and 23% is not that great (around 4,500 people). However, it must be noted that these percentages relate to the whole adult population and are therefore not appropriate to apply to Herefordshire given the older age structure in the county compared to England overall.

Furthermore, the DWP study concluded that there are no marked differences in age-specific disability rates for the working age population between any of the surveys. The major sensitivity to definitional differences comes in older age-groups where people who are less likely to self-declare a disability, considering limiting illnesses to be a natural consequence of ageing.

³⁰ Bajekal, M. et al, on behalf of the Department for Work and Pensions (2004) *Review of Disability Estimates and Definitions*. Her Majesty's Stationery Office (HMSO).

³¹ 2005 mid-year estimate of population aged 16+, ONS.

The most comprehensive prevalence rates for physical disability come from the Department of Health Report: *Health Survey for England 2001 (Disability)*, which had the specific aim of providing "...latest estimates of the prevalence of disability...and to assess changes in prevalence over time" by comparing rates from the 1995 Health Survey for England with those observed in the 2000 and 2001 surveys combined (for improved precision).³²

The survey provides age-sex specific prevalence rates for moderate and serious disabilities of the following types:

- Locomotor: difficulty, or inability, in walking or bending;
- Personal care: inability to perform self-care tasks or activities of daily living (ADLs)³³ without help;
- Hearing;
- Sight;
- Communication.

Applying these age-sex specific rates to the most recent (i.e. mid-2005) estimate of Herefordshire's household population indicates that there were around 13,200 people with at least one disability, 3,200 of whom have at least one 'serious' disability (Table 16). Locomotor disabilities are most common, followed by personal care. The survey found that almost all of the people with a personal care disability also had a locomotor disability.³⁴

It is likely that personal care disabilities are most relevant for consideration by social care service providers, as by definition people with this type of disability require some form of assistance – and 'personal care routines' are specifically mentioned in the National Eligibility Framework for social care provision. This is the approach taken by Wanless³⁵ in his report on the future demand for social care services among older people, and was adopted in the Herefordshire *Older People Needs Assessment Report*³⁶ in 2006.

People with the other types of physical disability would certainly fall under the protection of the Disability Discrimination Act (DDA), but it is not possible to estimate how many of these would need – or indeed want – services from social care. If they do have a need for assistance because of their disability they would also be classified as having a personal care disability.

Table 16: Estimated numbers of household residents with a physical disability in Herefordshire, 2005

Disability Type	Moderate	Serious	Total
Personal Care	4,600	950	5,550
Locomotor	7,150	2,050	9,200
Sight*	1,200	250	1,450
Hearing*	2,850	100	3,000
Communication	950	300	1,250
One or more physical disability(ies) of any type	10,000	3,200	13,200

Source: Herefordshire Council Research Team, using ONS estimates and rates.

Note: different types of disability cannot be summed as a person may have more than one type.

* Hearing or visual problems remedied by hearing aids or glasses/corrective lenses are not classified as disabilities under the definition adopted here³⁷

³² Bajekal, M. & Prescott, A. (2003) *Health Survey for England 2001: Disability*. London: The Stationery Office, p.13.

³³ being able to wash, dress, feed, toilet, get in and out of bed or a chair.

³⁴ Bajekal & Prescott (2003), p.20.

³⁵ Wanless Review Team (2005) *Social Care Needs and Outcomes: A background paper for the Wanless Social Care Review*. Wanless Social Care King's Fund Report.

³⁶ HC Corporate Policy & Research Team (2006) *Future social care needs and services for older people and adults with learning disabilities in Herefordshire*.

³⁷ Bajekal & Prescott (2003), p.15.

It should be noted that participants were asked what the cause of their disability was, and of all people aged 16+, 2% cited a 'mental disorder' as (one of) the cause(s) of a moderate disability and 5% as (one of) the cause(s) of a serious disability. 3% of all people with any type or number of disabilities said that their disabilities were caused by a 'mental disorder'. This data is not available by age or for different types of disability.

However, these people may have also considered their disabilities to be caused by a physical disease. It is therefore not possible to exclude adults with disabilities caused by 'mental disorders' from the figures considered in this report, although people with mental health problems are also the sole focus of a separate needs analysis.

The overall pattern of diseases cited as the causes of disability were the same as in 1995; by far the most common causes were diseases of the musculoskeletal system and connective tissue such as arthritis, back and other joint problems (40%), although it would seem likely that a large proportion of this group would be aged 65 and over. The only other notable proportion was 'diseases of the circulatory system' (13%).

Accidents were a common cause of disability in under 65s – around 24% of males aged 16-64, and 16% of females. This was highest in males aged 35-44: 33% said their disability was as a result of an accident.

By applying the national prevalence rates to Herefordshire's forecast and projected population, it is possible to also estimate likely future numbers with each kind of disability; the different types are considered separately in subsequent sections.

These projections are based on the assumptions underlying the population forecasts/projections being satisfied, and also on the assumption that prevalence of disability within the household population aged 18-64 will remain constant up to 2021. The latter could be an unrealistic assumption, but in the absence of any national work on likely changes in prevalence there is no way of knowing.

The lack of information nationally is highlighted in a recent Institute of Public Policy Research report for the Disability Rights Commission.³⁸ The authors project possible future trends using observed changes in self-reporting of a long-term health problem or disability and type of impairment in the ONS Labour Force Survey between 2001 and 2004. However, they qualify their work with the caution that "...the fact that a pattern has occurred between 2001 and 2004 is not a guide to the pattern occurring over the next four years, much less over the next 15 years. None the less, these extrapolations give at least some indication of one possible future scenario, although we cannot make any claims for its likely accuracy."³⁹ Their findings for the UK could be applied to Herefordshire's population, but the lack of detail regarding type and severity of disability would not provide any insight with regard to likely future demand for services from adults with a physical disability.⁴⁰

There are health factors that may affect the incidence of particular diseases and subsequently increase the future prevalence of physical disability. For example recent increases in rates of obesity may result in an increase in stroke, coronary heart disease and diabetes, which could affect demand for social care. Smoking rates, and incidence of cancer, may also have an impact. However, on the other hand, if national promotion of health awareness encourages people to improve their diets, stop smoking, etc., there may be a positive effect in terms of reducing prevalence.

These matters will need to be kept under review as and when more information becomes available on trends in the prevalence of chronic diseases, and the link between these diseases and physical disability. Nonetheless, any such changes are unlikely to have a

³⁸ Pillai, R et al (March 2007) *Disability 2020: Opportunities for the full and equal citizenship of disabled people in Britain in 2020*. Disability Rights Commission.

³⁹ *ibid*, p. 46

⁴⁰ The categories of impairment are: joint/limb disorder; sensory disorder; organ disorder; mental illness; progressive illness; other illness.

significant impact on the extent of need for social and health care services in the short-term (i.e. up to 2012).

As the prevalence rates are age-specific they do take account of the particular age structure in Herefordshire, but it should be noted that as they are assumed to be constant over time any projected changes in numbers are only as a result of expected population changes, i.e. a small fall in the numbers of 35-54 year-olds and a large increase in the number of 55-64s (as discussed on p.7).

ANY TYPE OF PHYSICAL DISABILITY

Table 17 shows the likely future numbers of people with at least one disability of any of the types mentioned on p.17. The following points should be noted in relation to these figures:

- the numbers in this table will be less than the sum of the corresponding numbers in each of the subsequent tables: a person can have more than one disability, but are only included once in the 'any type' estimates;
- a person is classified according to their most serious disability, e.g. if they have a serious locomotor disability and a moderate personal care disability, they are classified as having a serious disability.

Also, as mentioned in the footnote to Table 12, it should be noted that hearing or visual problems remedied by hearing aids or glasses or corrective lenses are not classified as disabilities under the definition adopted here.⁴¹

Assuming that the rates are suitable to apply to the current and future population of Herefordshire, there are an estimated 13,200 household residents aged 18-64 in 2005 with a disability of any type, 3,200 of whom have a 'serious' disability. The maximum expected increase by 2012 would be 5%, in both 'serious' and 'moderate' disability. There is expected to be a 7% increase in 'moderate' disability and 8% in 'serious' by 2021.

Table 17: Estimated and projected number of household residents aged 18-64 with any type of physical disability⁴², Herefordshire

Severity	Past Estimate	Current Estimate	Short-term Projection				Long-term Projection	
	2001	2005	2011 (forecast pop'n)	2011 (projected pop'n)	2012 (projected pop'n)	% change in short-term*	2021 (projected pop'n)	% change in long-term
Moderate	9,450	10,000	10,300	10,500	10,450	5%	10,700	7%
Serious	2,950	3,200	3,300	3,350	3,350	5%	3,450	8%
Total	12,400	13,200	13,600	13,850	13,800	5%	14,150	7%

Source: Herefordshire Council Research Team, using ONS estimates, projections and rates.

**Percentage change is presented as change between 2005 estimate and the highest number of cases suggested by the rates according to either the 2011 forecast; 2011 or 2012 projection. Counts rounded to nearest 50; figures may not sum due to rounding.*

PERSONAL CARE DISABILITY

A person is classified as having a 'moderate' personal care disability if they have any difficulty in performing any of the six 'Activities of Daily Living' (ADLs):

- Getting in and out of bed;
- Getting in and out of a chair;
- Dressing/undressing;
- Washing hands and face;
- Feeding themselves (including cutting up food);

⁴¹ Bajekal & Prescott (2003), p.15.

⁴² i.e. one or more of the following types of disability: locomotor, personal care, sight, hearing or communication.

- Getting to and using the toilet.

Their disability is classed as 'serious' if they are unable to perform any of the ADLs without the help of someone else.

As already discussed (p.17), in terms of service provision, it is anticipated that people with a personal care disability would be most likely to require involvement from social services. People with other types of disability that have difficulty performing any of the ADLs will be also be captured within these 'personal care' estimates.

An interesting point to note is that the Health Survey for England found that "almost all personal care disability can be attributed to problems with bed and chair transfer and dressing, for both sexes" and at all ages between 18 and 64. The rates suggest that the highest prevalence of problems with washing, feeding or toileting is amongst men aged 55-64 (3% have some problem getting to or using the toilet).

Table 18: Estimated and projected number of household residents aged 18-64 with a personal care disability, Herefordshire

Severity	Past Estimate	Current Estimate	Short-term Projection				Long-term Projection	
	2001	2005	2011 (forecast pop'n)	2011 (projected pop'n)	2012 (projected pop'n)	% change in short-term*	2021 (projected pop'n)	% change in long-term
Moderate	4,300	4,600	4,750	4,850	4,800	5%	4,950	8%
Serious	900	950	950	1,000	1,000	5%	1,000	5%
Total	5,250	5,550	5,700	5,850	5,800	5%	5,950	7%

Source: Herefordshire Council Research Team, using ONS estimates, projections and rates.

* Percentage change is presented as change between 2005 estimate and the highest number of cases suggested by the rates according to either the 2011 forecast; 2011 or 2012 projection. Counts rounded to nearest 50; figures may not sum due to rounding.

Comparison with Physical Disability service users

According to the definition of 'critical and substantial need' used by Herefordshire Council to determine eligibility for social care, not even everyone classified as having a 'serious' personal care disability (i.e. someone who is unable to perform any one of the six ADLs without assistance) would be considered to have this level of need (see p.11). In other words, those household residents with a 'critical and substantial need' would be a subset of the estimated number with a 'serious' personal care disability.

This is reflected in the relatively small number of Physical Disability service users (319 in March 2006 and 328 March 2007 – presumably including those in communal establishments) in comparison with the estimated number of household residents with a serious personal care disability (950 in June 2005).

Comparison with claimants of the care component of Disability Living Allowance

According to the Department for Works & Pensions definitions (p.13), it would be expected that all of the people claiming any level of the care component of DLA would be classed as having a 'serious' personal care disability, because they require some form of help with their personal care. It therefore seems odd that the numbers claiming DLA (4,300 in 2005) are so much larger than the estimated number of people with a personal care disability (950 in 2005), even given that the latter doesn't include those living in communal establishments.

However, whilst DLA is designed to provide some benefit related to increased living costs due to a disability, guidance⁴³ states that people are still entitled to claim it if they live alone with no-one providing care, and don't want anyone to provide care for them. This indicates that the classification is not a strict as in the *Health Survey for England: disability*, whereby

⁴³ Information about disability living allowance. East Bristol Advice Service:

www.bhas.org.uk/dla/index.shtml

people are only classified as having a serious personal care disability if they are *unable* to perform tasks without help.

Having said this, and although it is not possible to be sure that the comparison is of like with like, the number of people claiming the higher rate of DLA care component (i.e. who need help throughout the day & during the night) (1,000 in 2005) is very close to the number of people estimated to have a 'serious' personal care disability (950 in 2005). Furthermore, the number of claimants of the two lower rates of the DLA care component (3,120 in 2005) is not that much lower than estimated number with a 'moderate' personal care disability (4,600 in 2005).

LOCOMOTOR DISABILITY

A person is classified as having a 'serious' locomotor disability if they are unable to do one or more of the following:

- walk for more than a few steps on their own without stopping and without discomfort;
- walk up and down a flight of 12 stairs;
- bend from standing to pick up a shoe off the floor.

Their disability is classified as 'moderate' if they can bend, walk more than a few steps but not as far as 200 metres, and walk up and down a flight of stairs if they hold on and take rests.

Table 19: Estimated and projected number of household residents aged 18-64 with a locomotor disability, Herefordshire

Severity	Past Estimate	Current Estimate	Short-term Projection				Long-term Projection	
	2001	2005	2011 (forecast pop'n)	2011 (projected pop'n)	2012 (projected pop'n)	% change in short-term*	2021 (projected pop'n)	% change in long-term
Moderate	6,700	7,150	7,400	7,550	7,500	6%	7,700	8%
Serious	1,950	2,050	2,150	2,200	2,150	7%	2,250	10%
Total	8,650	9,200	9,550	9,700	9,650	5%	9,950	8%

Source: Herefordshire Council Research Team, using ONS estimates, projections and rates.

** Percentage change is presented as change between 2005 estimate and the highest number of cases suggested by the rates according to either the 2011 forecast; 2011 or 2012 projection. Counts rounded to nearest 50; figures may not sum due to rounding.*

Comparison with claimants of the mobility component of Disability Living Allowance

From the respective definitions (above & p.13), those people classified as having a 'serious' locomotor disability (2,050 household residents in 2005) should all be eligible for the higher rate of the mobility component (2,600 claimants in 2005), but it is not possible categorically to exclude those with a 'moderate' locomotor disability. It may be that someone who can walk for more than a few steps but not as far as 200m (and therefore has a 'moderate' locomotor disability) is also eligible for the higher rate.

Therefore, the 2,600 claimants of the higher rate of the mobility component may include *some* of the estimated 7,150 household residents with a 'moderate' locomotor disability, as well as those 2,050 with a 'serious' locomotor disability. However, given the issues regarding take-up at a national level (see p.15), it is likely that not all of this latter group would in fact be claiming DLA.

SIGHT DISABILITY

A person is classified as having a serious sight disability if they cannot recognise a friend at arms length (1 metre), or a moderate disability if they can recognise a friend at arms length but not across a road (four metres) – both whilst wearing any corrective glasses or lenses that they require.

Assuming that the rates are suitable to apply to the current and future population of Herefordshire, Table 20 shows that there are approximately 1,450 household residents with a sight disability based on the estimated 2005 population; 250 of these are classed as 'serious'. Looking to the future, the only expected change is a 20% increase in the number of household residents aged 18-64 with a serious sight disability between 2005 and 2021, although the small numbers mean that this represents an increase of just 50 people.

Table 20: Estimated and projected number of household residents aged 18-64 with a sight disability, Herefordshire

Severity	Past Estimate	Current Estimate	Short-term Projection				Long-term Projection	
	2001	2005	2011 (forecast pop'n)	2011 (projected pop'n)	2012 (projected pop'n)	% change in short-term*	2021 (projected pop'n)	% change in long-term
Moderate	1,150	1,200	1,200	1,200	1,200	0%	1,200	0%
Serious	200	250	250	250	250	0%	300	20%
Total	1,350	1,450	1,450	1,500	1,500	3%	1,500	3%

Source: Herefordshire Council Research Team, using ONS estimates, projections and rates.

* Percentage change is presented as change between 2005 estimate and the highest number of cases suggested by the rates according to either the 2011 forecast; 2011 or 2012 projection. Counts rounded to nearest 50; figures may not sum due to rounding.

It should be noted again here that these figures do not include any students at the Royal National College of the Blind, as they are not residents of private households. However, if a significant number of students settle in Herefordshire after leaving the college, it may be that the county would have a higher prevalence of sight disability than in England as a whole. If this were the case, these numbers would be underestimates, but has not been possible to obtain information on how many students do actually settle in Herefordshire.

The students do not receive care from Herefordshire Council whilst they are at the college, but they would be entitled to if they were to remain in the county after leaving the college.

HEARING DISABILITY

A person is classified as having a moderate hearing disability if they can only follow a TV programme whilst wearing their hearing aid (if they have one) with the volume turned up. If they cannot follow it even with the volume turned up they are classed as having a serious hearing disability.

Table 21: Estimated and projected number of household residents aged 18-64 with a hearing disability, Herefordshire

Severity	Past Estimate	Current Estimate	Short-term Projection				Long-term Projection	
	2001	2005	2011 (forecast pop'n)	2011 (projected pop'n)	2012 (projected pop'n)	% change in short-term*	2021 (projected pop'n)	% change in long-term
Moderate	2,700	2,850	3,000	3,050	3,000	7%	3,100	9%
Serious	100	100	150	150	150	50%	150	50%
Total	2,800	3,000	3,100	3,150	3,150	5%	3,250	8%

Source: Herefordshire Council Research Team, using ONS estimates, projections and rates.

* Percentage change is presented as change between 2005 estimate and the highest number of cases suggested by the rates according to either the 2011 forecast; 2011 or 2012 projection. Counts rounded to nearest 50; figures may not sum due to rounding.

It is estimated that approximately 3,000 of Herefordshire's household residents had a hearing disability in 2005, and that 100 of these would be classified as serious.

There is little variation in the numbers with a hearing disability according to the different short-term population scenarios. All suggest a 50% increase in the number with a serious hearing disability (an additional 50 people), and the number with a moderate hearing disability could increase by between 150 and 200 people (5-7%).

In the longer term, the number with a serious hearing disability is not expected to increase any further from 2011/12 levels by 2021; an additional 100 people are expected to have a moderate hearing disability by this time.

No data is available to enable comparison of the numbers suggested by national prevalence rates with the 'real' situation in Herefordshire.

COMMUNICATION DISABILITY

A person is classified as having a communication disability if they are unable to speak without difficulty and/or have problems communicating with other people; the disability is classed as serious if they have difficulty in communicating with even close relatives.

Prevalence of communication disability amongst 18-64 year-olds is much lower than any other type of disability. According to the ONS report⁴⁴, this could be the result of under-counting due to non-response bias (people with a communication disability may be less likely to participate in a survey), or it could be that people with a communication disability are more likely to live in communal establishments.

Applying the rates to the estimated household population of Herefordshire in 2005 suggests that there are approximately 1,300 people with a communication disability; 300 of these have a serious communication disability (Table 22).

Table 22: Estimated and projected number of household residents aged 18-64 with a communication disability, Herefordshire

Severity	Past Estimate	Current Estimate	Short-term Projection				Long-term Projection	
	2001	2005	2011 (forecast pop'n)	2011 (projected pop'n)	2012 (projected pop'n)	% change in short-term*	2021 (projected pop'n)	% change in long-term
Moderate	900	950	1,000	1,000	1,000	5%	950	0%
Serious	300	300	300	300	300	0%	300	0%
Total	1,200	1,250	1,300	1,300	1,300	4%	1,250	0%

Source: Herefordshire Council Research Team, using ONS estimates, projections and rates.

** Percentage change is presented as change between 2005 estimate and the highest number of cases suggested by the rates according to either the 2011 forecast; 2011 or 2012 projection. Counts rounded to nearest 50; figures may not sum due to rounding.*

Assuming that these rates are suitable estimates for the future prevalence, a slight (5%) increase in the number of people with a moderate communication disability can be expected by 2012 (50 people), but then numbers can be expected to return to a similar level as 2005 by 2021. The numbers with a serious communication disability are not expected to change over either period.

No data is available to enable comparison of the numbers suggested by national prevalence rates with the 'real' situation in Herefordshire.

⁴⁴ Bajekal and Prescott (2003), p.19

Summary: Estimating numbers with a physical disability (current & future)

Numbers of household residents aged 18-64 in Herefordshire with disabilities were estimated (for 2005) and projected using national prevalence rates from 2000-01:

- Currently, an estimated 13,200 people have a disability of any type, 3,200 of whom have a 'serious' disability. The maximum expected increase would be 5%, in both 'serious' and 'moderate', by 2012; 7% in 'moderate' and 8% in 'serious' by 2021.
- There are an estimated 950 household residents with a 'serious' personal care disability, the type of disability most pertinent to social care service planning. This number is expected to increase by a maximum of 5% (50 people) by 2012. No further change is expected in the longer term. Therefore, if all who need such a service are receiving care, there can be expected to be no notable change in demand in either the short or long-term.
- The number of people with a 'moderate' personal care disability (4,600) is expected to increase by a maximum of 5% (250 people) in the short-term, and 8% (350) by 2021.
- Locomotor disabilities are the most common type of disability; the national survey found that almost all of the people with a personal care disability also had a locomotor disability.
- An estimated 9,200 people have a locomotor disability; 2,050 are classified as 'serious', a number which is expected to increase by a maximum 7% (150) in the short-term and 10% (200) by 2021.
- 1,450 household residents are estimated to have a sight disability, 250 of them 'serious'. This group is expected to remain at a similar level in the short-term, and increase by around 50 people by 2021 (no notable change in 'moderate' numbers).
- An estimated 3,000 people have a hearing disability, but only 100 of these are classified as 'serious'. The latter number would be expected to increase by 50 people by 2012, and remain at this level in 2021.
- It is estimated that there are 1,250 people with a communication disability, 300 of which are classified as 'serious'. The maximum expected change is an increase of 50 people with a 'moderate' communication disability by 2012, with no change in 'serious' in either the short or long-term.

ETHNICITY OF ADULTS WITH PHYSICAL DISABILITIES

It is not possible to produce estimates of the number of people in different ethnic groups in Herefordshire with physical disabilities as the *Health Survey for England 2001: Disability* did not analyse the prevalence of disability by ethnic group.

Table 23: Ethnicity of Herefordshire service users over year 2006-07 compared to general population in 2004

Ethnic Origin	% of Physical Disability Service users	% of 'other vulnerable adults'	% of pop'n aged 18-64 in ethnic group, 2004
White: British	97.6%	95.7%	96.1%
White: Irish	-	-	0.6%
White: Other	0.8%	1.0%	1.5%
Mixed	-	0.7%	0.4%
Black or Black British	-	-	0.3%
Asian or Asian British	0.6%	0.4%	0.6%
Chinese	-	-	0.2%
Other Ethnic Group	0.2%	0.4%	0.2%
Not Stated	0.9%	1.8%	-
Total non 'White British'	1.5%	2.5%	3.8%
Total	100%	100%	100%

Source: *Physical Disability Service, Herefordshire Council & ONS experimental population estimates by ethnic group* © Crown copyright. Figures may not sum due to rounding.

The distribution of service users across minority ethnic groups is different to the population as a whole, and the percentage of 'other vulnerable people' of an ethnic origin other than 'White British' is slightly lower than that of the population as a whole in 2004 (although this latter proportion may well have increased further – see discussion on p.5). The proportion of Physical Disability service users in 2006-07 of an ethnic origin other than 'White British' is less than half of proportion in the total population of 18-64 year-olds in 2004.

As discussed in an earlier section (p.12), 'other vulnerable adults' are included because they fall under the remit of the Physical Disability service, although they may not necessarily have a physical disability; the way information is currently collected means that it is not possible to know. This group includes people who, for example, have received welfare benefits advice from the council's Joint Working Team or other advice from Herefordshire ABLE.

It should be noted that nothing is known about the general health of the recent inflow of migrant workers to Herefordshire, or of any temporary seasonal workers working in the county.

Summary: Ethnicity of Adults with Physical Disabilities

- It is not possible to produce estimates of the number of people in different ethnic groups in Herefordshire with physical disabilities.
- The proportion of Physical Disability service users of an ethnic origin other than 'White British' in 2006/07 was less than half the proportion in the total population of 18-64 year-olds in 2004 (which itself may well have increased, given anecdotal changes in the ethnicity of the total population since the expansion of the European Union in May 2004).
- Nothing is known about the general health and social care needs of migrant and seasonal workers in Herefordshire.

GEOGRAPHIC DISTRIBUTION OF ADULTS WITH PHYSICAL DISABILITIES

It is not possible to produce projections of the number of people in different parts of Herefordshire who will have a physical disability, as there are no population forecasts or projections below county level.

Herefordshire Council's Physical Disability Service has locality teams that cover specific parts of the county. People are allocated to a team based on the location of their GP. These teams' referrals and caseloads are the only information that can be presented about where people with physical disabilities are in the county.

Table 24: Herefordshire Physical Disability Service locality teams' referrals & caseloads, 2006-07

Team	Referrals 2006/2007	Caseload*	Average monthly assessments/ reviews**	% of county population in area (all ages, 2004)
City (Hereford, plus Credenhill, Clehonger, Lower Bullingham, Lugwardine, Withington & Moreton-on-Lugg)	56 (37%)	236 (47%)	47	38%
West (incl. Leominster, Kington, Golden Valley & Much Birch)	38 (25%)	124 (25%)	21	32%
East (incl. Bromyard, Ledbury & Ross)	57 (38%)	144 (29%)	23	31%
Total	151 (100%)	504 (100%)	-	100%

Source: Physical Disability Service, Herefordshire Council

* Open cases held by Social Services teams. (Generally cases are held open where active work (e.g. an assessment) is taking place, or a service is being provided.)

** Average number of assessments, re-assessments or reviews per month during 2006/07

A comparison with the total population (of all ages) of the areas shows that the West team had fewer referrals than the population would suggest compared to the other areas, and the East team had more. The City team had almost half of the total caseload. However, this comparison takes no account of age structures or the numbers of patients registered with each GP, and how this relates to resident population.

Further work would be required to determine whether this represents the distribution of people with physical disabilities across the county, and whether current services are provided equitably regardless of location.

Work has been done in the past to map the locations of people receiving care in their homes, but this included people of all ages, and the vast majority were over 65.

Summary: Geographic Distribution of Adults with Physical Disabilities

- It is not possible to produce projections of the number of people in different parts of Herefordshire who will have a physical disability.
- Further work would be required to determine the distribution of adults with physical disabilities across Herefordshire, and if current services are provided equitably regardless of location.

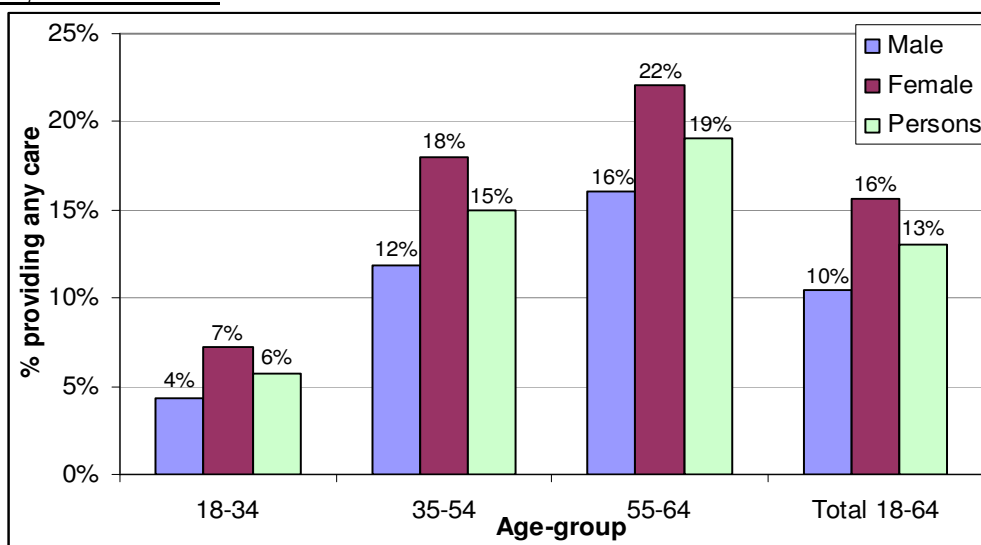
CARERS

NUMBERS OF CARERS

2001 Census

According to the 2001 Census, 13% of 18-64 year-old residents of households in Herefordshire provide at least 1 hour of unpaid care⁴⁵ a week: a total of 13,373 people. However, the gender proportions aren't equal: only 10% of men (5,333 men) compared to 16% of women (8,040 women). Figure 25 illustrates that this disparity is evident across all ages, and also how the proportion providing unpaid care increases with age. This pattern is identical to that across England and Wales as a whole, although each of the Herefordshire figures is one percentage point below the national.

Figure 25: Proportion of household population providing at least one hour of unpaid care per week, Herefordshire



Source: 2001 Census, Table S025 © Crown copyright

- Assuming that prevalence of caring by age and gender has remained consistent since 2001, it could be estimated that 14,100 people aged 18-64 were providing at least one hour of unpaid care per week in 2005, with 60% of them female. Of these, 3,600 would be expected to be providing care for 20 hours or more per week (65% female).

However, it is also likely that snap-shot estimates of the number of carers at a point in time, like the Census provides, are an underestimate of the number of carers over time. Nationally, more than 40% of carers start or stop caring over the course of a year, and less than two-thirds of the actual number of people who provide care over a year are captured at one point within that time.⁴⁶

Carer's Allowance Claimants

The only other information regarding carers in Herefordshire are numbers of people claiming Carer's Allowance. This is likely to be a very small subset of all carers as it is only available to people not in employment or full-time education who care for a severely disabled person⁴⁷ for at least 35 hours a week. Nevertheless, 1,370 people aged 18-64

⁴⁵ Any unpaid help; looking after or supporting family members; friends; neighbours or others because of long-term physical or mental ill-health or disability or problems related to old age.

⁴⁶ Hirst, M (2005) *Estimating the prevalence of unpaid adult care over time*; Research Policy and Planning vol. 23, no. 1.

⁴⁷ I.e. a person in receipt of the medium or higher level of the care component of Disability Living Allowance, Attendance Allowance or a Constant Attendance Allowance at the maximum rate under the War Pensions or Industrial Injuries Scheme (DWP).

were entitled⁴⁸ to Carer's Allowance in August 2006 – a similar number to the previous two years (see Table 26). The number entitled in 2005 represents 1.3% of the population aged 18-64; the proportion entitled increases slightly with age, from 0.7% of 18-34 year-olds to 1.9% of 55-64 year-olds (in 2005).

Table 26: Numbers entitled⁴⁸ to Carer's Allowance in Herefordshire, by age.

Year (August snapshot)	18-34	35-54	55-64	18-64
2006	210	680	480	1,370
2005	220	650	470	1,340
2004	210	670	450	1,330
2003	220	650	380	1,250

Source: *Work and Pensions Longitudinal Study (WPLS)*, Department for Works and Pensions.

Carers' Assessments

Herefordshire Council carries out carers' assessments for people who are providing care; there is the facility to record information about these people and the care they are providing, but there are known to be significant gaps in the data.

THE CARED FOR

The Census didn't ask for whom care is provided, so nothing can be deduced about people who *require* care from this source. However, a national survey of adults living in private households⁴⁹ (2000) identified carers and asked for more detail about their situation. 62% of carers cared for someone with only a 'physical disability' (as defined by the respondent) and a further 18% were looking after someone with both a physical and mental disability. It is not possible to estimate numbers of people aged 18-64 being cared for in each of these categories, as there is no information regarding the ages of people being cared for, although it would seem reasonable to expect that the majority of people being cared for have a physical disability.

CARERS' HEALTH

National analysis of the Census⁵⁰ has shown that carers are more likely to be in 'not good' health and/or have a limiting long-term illness themselves than non-carers.

- In Herefordshire, 14% of 18-64 year-olds who provide 20+ hours of care per week are in 'not good' health, compared with 7% of both those providing 1 to 19 hours and those providing no care. The difference is particularly marked in males of all ages, as illustrated by Figure 27.

Furthermore, people who provide care over a long period are at particular risk of poor health, and carers' health is more likely to deteriorate over time than that of non-carers – with many of the detrimental changes attributable to the caring role.⁵¹

However, the risks to carers' health are more likely to be related to mental health than physical health: in a survey of carers' mental health⁵² (2001), ONS found that only 8% said their caring responsibilities had a direct impact on their physical health.

⁴⁸ 'entitled' includes some people who are entitled to receive Carer's Allowance, but do not because they are receipt of another benefit which exceeds their weekly rate; it does not necessarily include everyone in the population who is eligible to claim.

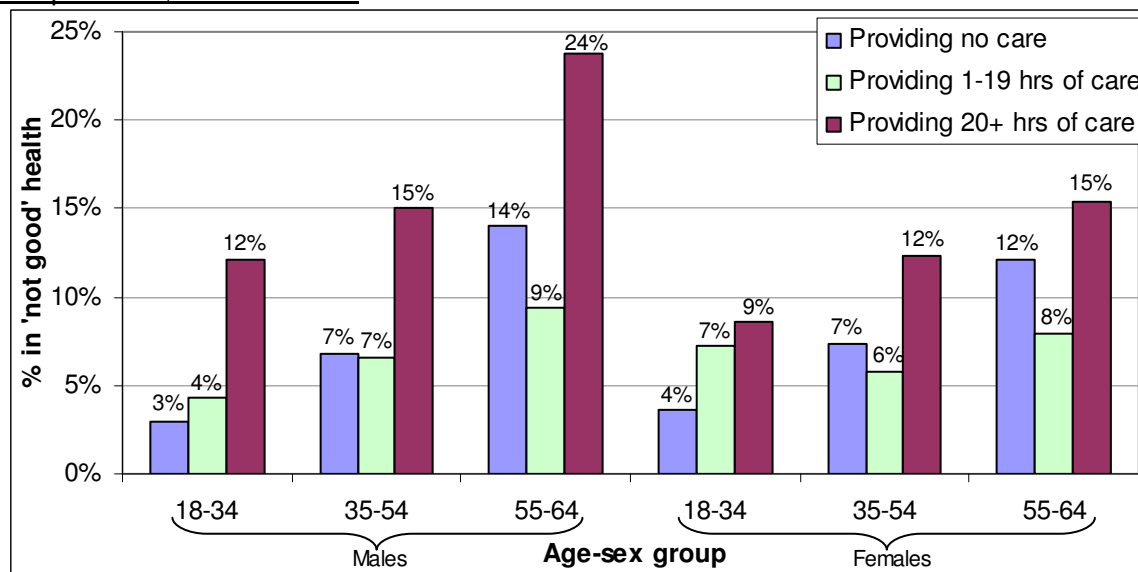
⁴⁹ Maher, J and Green, H (ONS) (2002) *Carers 2000*. London: The Stationery Office

⁵⁰ *Facts about carers* (2005), Carers' UK: www.carersuk.org

⁵¹ Hirst, M (2004) *Health inequalities and informal care*; quoted by Carers' UK in *Facts about carers*

⁵² Singleton et al (2002) *Mental Health of Carers*. London: The Stationery Office

Figure 27: Proportion of household population in 'not good' health by age, sex & amount of care provided, Herefordshire



Source: 2001 Census, Table S025 © Crown copyright

- Assuming that people aged 18-64 care for the same 'type' of people as all people aged 16 and over; the caring situation in Herefordshire in 2005 was the same as in Britain as a whole in 2000; and prevalence of caring by age and sex has not changed locally since 2001, it could be estimated that around 8,800 adults aged 18-64 in Herefordshire care for someone with a 'physical disability' (as defined by the respondent). An estimated further 2,500 care for someone with both a physical and mental disability.

Summary: Carers

- Assuming that the prevalence of caring in Herefordshire is as it was at the 2001 Census, 14,100 people aged 18-64 in Herefordshire are estimated to have been providing at least one hour of unpaid care a week in 2005, with 3,600 providing care for 20 hours or more per week.
- At the same time, 1.3% of 18-64 year-olds in the county (1,340 people) were entitled to Carers' Allowance, i.e. were not in employment or full-time education and were caring for a severely disabled person for at least 35 hours a week.
- Carers are more likely to be in 'not good' health than non-carers, and the disparity increases with the amount of time spent caring per week.
- People who provide care over a long period of time are particularly at risk of poor health. Carers' health is also more likely to deteriorate over time than that of non-carers, with many of the detrimental changes attributable to the caring role. However, these risks are more likely to be in relation to carers' mental health; in an ONS survey only 8% of carers reported that caring responsibilities had a direct impact on their physical health.

ABILITY TO PAY

EARNINGS

The only information on earnings is for the total population of the county as a whole; the only available relevant breakdown is by gender.

- In 2006, average (median) gross weekly earnings for full-time employees who work in Herefordshire were £390.60, compared to £415.50 for the West Midlands region and £453.30 for England.⁵³ Whilst Herefordshire's median earnings appear lower than regionally *and* nationally, the difference with the region is not statistically significant.
- Herefordshire's lower quartile earnings are also significantly lower than England's: 25% of people who work in the county earned less than £297.00 per week, whereas the equivalent national figure is £320.30.
- The top 25% of earners in Herefordshire earned more than £551.20. The equivalent figure for England as a whole was £642.0, but this is not significantly higher (due to the sample size).
- Herefordshire has one of the largest gender pay gaps of neighbouring English authorities, and of all authorities in the West Midlands region: on average, full-time female workers earn only 72% of the amount earned by their male counterparts. The national equivalent figure is 79%.

INCOME

There are no data on levels of *income*⁵⁴ in Herefordshire, but the Indices of Deprivation 2004⁵⁵ included an 'income' domain based on the extent to which households in an area were dependent on income related benefits. Overall, Herefordshire is more 'income deprived' than two-thirds of English local authorities.⁵⁶

In addition, income deprivation 'hotspots' exist within the county: ten areas⁵⁷ in Herefordshire were in the 25% most deprived areas in England. Six of the ten areas of the 'South Wye' part of Hereford city are amongst these; the remainder are north of the river in Hereford ('College Estate' and 'Courtyard') and in Leominster ('Ridgemoor') and Bromyard ('Central').

EMPLOYMENT AND FINANCIAL CHARACTERISTICS OF PEOPLE WITH A DISABILITY

The Family Resources Survey⁵⁸ defines 'disability, including limiting long-standing illness' as: "people with a long standing illness, disability or infirmity, and who have a significant difficulty with day-to-day activities. Everyone in this group would meet the definition of disability in the Disability Discrimination Act (DDA); however these estimates do not reflect the total number of people covered by the DDA as the FRS does not fully collect this information." It should be noted that this definition includes people with disabilities that are not physical.

⁵³ 2006 Annual Survey of Hours & Earnings, Office for National Statistics (ONS)

⁵⁴ Earnings plus unearned income from investments, etc.

⁵⁵ Office for the Deputy Prime Minister (ODPM), now Department for Communities & Local Government (DCLG). Based on data from 2001.

⁵⁶ Herefordshire ranked 114th out of 354 English local authorities in terms of income deprivation.

⁵⁷ Lower Super Output Areas (LSOAs): statistical geographies of about 1,500 people that nest into wards. They were determined by ONS, but names were given by HC Research Team.

⁵⁸ Family Resources Survey, Great Britain: 2005/06: www.dwp.gov.uk/asd/frs

The 2005/06 survey found that, when considering people *of all ages* living in households, those who said they had a disability were less likely to be employed or self-employed than in the sample as a whole: 27% of disabled males and 21% of disabled females were employed / self-employed compared to 66% of all males and 54% of all females. It is not appropriate to apply these percentages to estimates of Herefordshire's disabled population aged 18-64 as no account has been taken of age. Disability is more likely in the over 65s, whilst this age-group are also less likely to be in employment than younger people. If age-specific rates were considered the differences in these percentages may not be as great, but it is not possible to do this.

The increased prevalence of disability at older ages may well be linked to the finding from the same survey that the main source of household income was a pension for a greater proportion of disabled people than in the sample as a whole (36% of disabled males and 45% of disabled females compared to 15% and 19% respectively, overall).

A greater proportion of disabled people were reliant on social security benefits as their main source of household income than the sample as a whole, particularly males: 25% of disabled males compared to 12% of all males, and 18% of disabled females compared to 13% of all females. Again though, it is not possible to apply these percentages to the estimated 18-64 year-old disabled population in Herefordshire.

The *Health Survey for England: Disability* ranked the 'equivalised household income'⁵⁹ of all survey respondents, and found that over a third (34%) of people aged 16-64 with any disability were in the lowest income quintile (ie the 20% of households with the lowest equivalised income), with only 8% in the highest quintile. The comparative figures for those without a disability were 13% and 26%, respectively.

Summary: Ability to Pay

- Average earnings in Herefordshire are significantly below those in England as a whole, but there is no information on *incomes* locally.
- There is no information about the financial situation of adults with disabilities in Herefordshire, but national evidence suggests that it is reasonable to assume that people with a disability are more likely to have a low income than those without. This will have implications for their ability to pay for the costs of services

⁵⁹ a measure that adjusts the total household income to account for the number of people in the household

HOUSING

It is recognised that Herefordshire needs to develop a range of housing options for younger adults and supported housing schemes are being explored in partnership with Housing Association, Strategic Housing and Care Providers.

HOME POINT REGISTER

As at November 2006, 5,896 people aged 18-64 were registered with Home Point, the agency which implements choice-based lettings in Herefordshire. Of these, 339 (5.7%), said on their application form that they were 'registered disabled', 42 (0.7%) said they were 'registered blind', and 37 (0.6%) said they were deaf or had partial hearing difficulties.

Responses to these questions are subjective as there is no clear definition of 'registered disabled', and some people who are 'registered blind' may not consider themselves to be disabled. This is illustrated by the fact that the only person who was blind and had hearing difficulties said that they were *not* 'registered disabled'. In fact, only 36% of those who were 'registered blind' (15 people) also said that they were 'registered disabled'. The proportion for people with hearing difficulties was higher: 43% (16 people) were also 'registered disabled'.

- To clarify these figures: in total, 386 people aged 18-64 (6.5%) stated that they were either 'registered disabled', 'registered blind' or were deaf or had partial hearing difficulties on their Home Point application form.

It is worth noting that at least seven applications from the 42 people who were 'registered blind' were linked to the Royal National College for the Blind, either because of courses coming to an end and wanting to remain in the area or relationships to current students at the college.

TENURE OF PEOPLE WITH DISABILITY / LIMITING LONG-TERM ILLNESS

According to the *Health Survey for England 2001*, the majority of people (aged 16 and over), both with and without a disability, were owner-occupiers, but the proportion was significantly higher for those without a disability. Approximately 25% of people aged under 65 with a disability were living in social housing, compared to 10% of those without a disability.⁶⁰

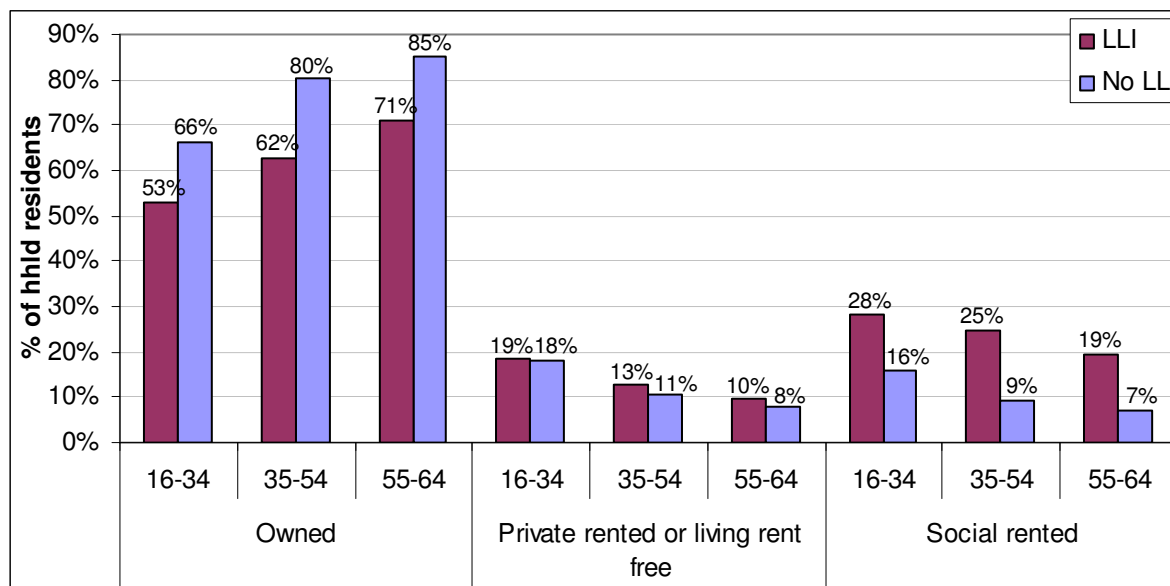
The likelihood of living in either socially or privately rented accommodation decreases with age, but even taking this into account, household residents aged 18-64 in Herefordshire with a limiting long-term illness (LLI) are considerably more likely to live in socially rented accommodation than those without an LLI – as Figure 28 illustrates. However, it should still be noted that, despite this, across all age-groups the majority of people with an LLI live in owner-occupied accommodation – as was the case with people with disabilities nationally.

- To put this in a different way, 25% of Herefordshire residents aged 18-64 living in socially rented accommodation have an LLI, in comparison with just 11% of those living in owner occupied accommodation and 13% in privately rented. These figures are remarkably similar to the proportions in the *Health Survey for England 2001*.

Therefore, although little is known about the housing situation of adults with disabilities in Herefordshire, it seems reasonable to assume that people with physical disabilities are more likely to be living in socially rented accommodation than people without.

⁶⁰ Bajekal and Prescott (2003)

Figure 28: Tenure of household residents, by age and presence of limiting long-term illness (LLI), Herefordshire



Source: 2001 Census, table S017 © Crown copyright

Summary: Housing

- Although little is known about the housing situation of adults with disabilities in Herefordshire, national and local information suggests that it seems reasonable to assume that people with physical disabilities are more likely to be living in socially rented accommodation than people without.
- In November 2006, 6.5% of 18-64 year-olds registered with Home Point were 'registered disabled', 'registered blind', were deaf or had partial hearing difficulties.

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