

## Extension: Unmet Need

## Critical Unmet Care and Housing Needs

### Overview

In carrying out this research, it became clear that there was a significant area in which there were residents with a very high level of unmet needs.

18

Eighteen people didn't always have access to food and drink

Twenty people couldn't wash or be washed regularly

20

19

Nineteen people couldn't go to the toilet when they needed to

Nine people didn't have a toilet they could use at home

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25

Twenty-five people didn't have a bath or shower they could use at home

Thirty-one people couldn't move around their homes easily using the mobility aids they need

31

Access to food and drink, toilet and personal hygiene, and being able to navigate one's own home are critical needs for respondents. This group therefore reflects a significant crisis in provision for this group of disabled people within the Borough. These people are living in a situation where they have been denied their basic dignity, which should be happening to nobody in the borough



*I do not know how to access social care to find what help may be available to me.*



### Recommendations from the report

The report contains a wide range of recommendations around both social care and housing, some of which will be more specific to this cohort than others. These recommendations include:

#### *Social care recommendations*

- An immediate inflation-equal uplift in the minimum income guarantee and personal expenses allowance.
- A commitment to ensuring that charging for social care will never take anyone's income below the UK poverty threshold (with income from Personal Independence Payments, designed to meet extra costs of disability, excluded).
- Development of a process to offer financial support to disabled people facing additional energy costs, including those facing these costs due to the presence of essential carers.
- A commitment to the principle that social care should be free at the point of access, working towards achieving this, and exploring interim steps such as reduced charging.

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- Development of a process to offer financial support to disabled people facing additional energy costs, including those facing these costs due to the presence of essential carers.
- A commitment to the principle that social care should be free at the point of access, working towards achieving this, and exploring interim steps such as reduced charging.
- Formation of a social care working group overseen by the Senior Policy Lead in Co-Production role until the DDPULO is in place, after which the DDPULO will take ownership of the post.
- A co-produced Independent Living Strategy putting disabled people and DDPULOs at the heart of designing the future of care in the Borough, including working with all relevant partners to create a strategy around ensuring people can live self-directed lives. Recommendations for this included a disabled-led independent living support service, financial analysis of the implications of reducing and eliminating care charging, and the development of a strategy towards ending care-charging.
- A commitment to 30% of social housing stock being adaptable, and all single level homes being built to M4(3) (2)a) criteria, making them 'wheelchair adaptable', rather than the government-minimum of M4(2).
- Strengthening enforcement against developers who do not meet their conditions with regard to social housing.
- A redesign of the disabled facilities grant process to create separate forms for different, specific circumstances, and to simplify the process overall.



*It is well-known that the private housing stock fails disabled people, where people renting on the private market can struggle to have their landlords agree to property adaptations.*



### *Housing recommendations*

- The provision of community navigators in a Deaf and disabled-led service who could provide end-to-end support for people accessing services, including housing.
- An Independent Living Strategy 2030, which takes a full-system approach to the barriers Deaf and disabled people face, including housing provision.

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## Evidence and reflections

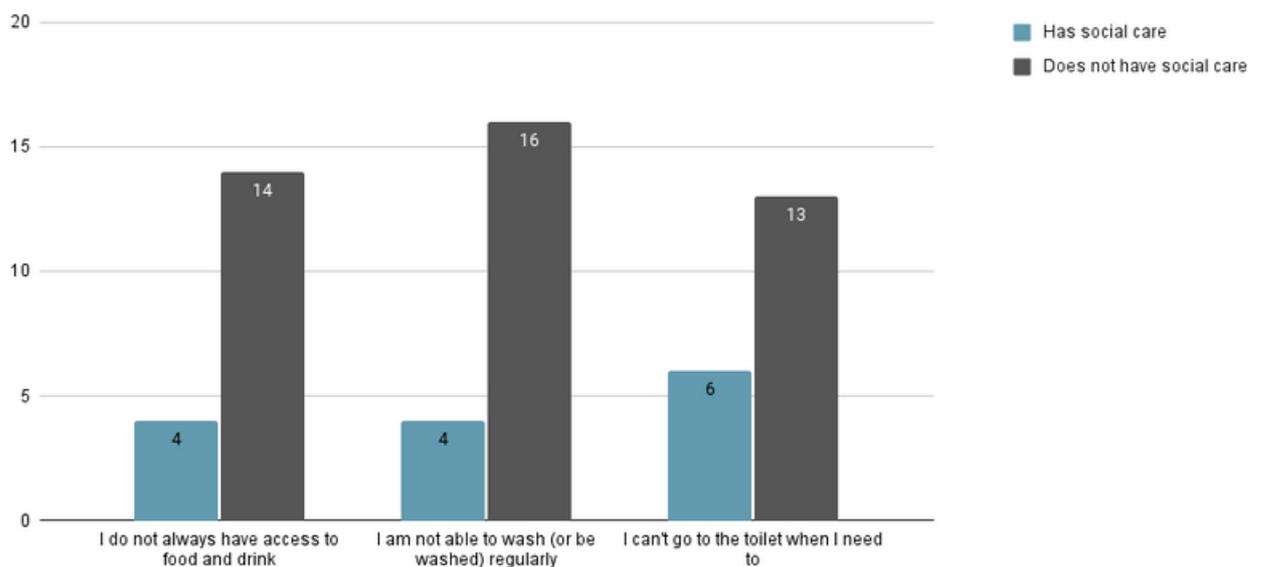
There were 64 respondents in this cohort, meaning 17% percent of respondents fitted into at least one of these categories. Of those, 31 fitted into a single category, and 33 fitted into more than one category. The most common combination was residents who couldn't move around their homes easily using the mobility aids they needed and whose homes didn't have a bath or shower they could use.

## Social care evidence

Of the three care-related statements (access to food and drink, being able to wash regularly, and being able to go to the toilet when needed), there were 37 people who fell into at least one of these categories. Of these, six had support from adult social care, where there is clearly a high level of unmet need. The remaining 29 did not have support from adult social care.

This may reflect some of the comments we received from the survey overall, where people felt that social care was difficult to access. Work is needed to advertise the process of accessing social care, improving signposting from other services, and ensuring that referrals are picked up and addressed quickly, to prevent people from living in unacceptable circumstances.

Critical unmet care needs, split by receipt of social care



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*It seems because I live at home I do not need social care input, which is very frustrating because perhaps I don't want to live at home.*

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“

*I don't really know how to access social care or if I'd be eligible for anything, but as my wife is my carer some respite to support her*

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The financial recommendations around charging for social care from the report would act to reduce financial pressure on Deaf and disabled people at a key time. Furthermore, ensuring people are left with more available funds after care charging will make social care services more accessible to people who currently cannot afford to access them.

A more personalised social care service which is based on the experiences of Deaf and disabled people, with a co-produced Strategy for Independent Living and a disabled-led independent living support service, will also support people with accessing the care required to meet their needs in the future.

### *Housing reflections*

Of the people with significant unmet housing needs (42), 16 did not answer who their housing provider was. Of the 26 who did answer, 6 lived in homes provided by Lewisham Homes, a further 5 lived in homes provided by Phoenix Community Housing, and 10 were living in homes through another housing association, housing co-operative, charitable trust, or registered social landlord.

Here, the social landlord or Council has a responsibility to its tenants to ensure that their housing needs are met appropriately, and it is clear that the needs of these tenants are not currently being met.

It is well-known that the private housing stock fails disabled people, where people renting on the private market can struggle to have their landlords agree to property adaptations. But it is clear here that social landlords are also failing their disabled residents, with residents in housing that does not allow for their basic needs to be met.

The housing recommendations were around simplifying the processes and increasing the provisions of adaptable homes. The provision of community navigators and a redesign of the disabled facilities grant process to simplify it will support people in accessing housing services successfully. These measures will make it easier for significant access issues to be assessed and easily resolved.

However, one of the key challenges in housing provision is the lack of adapted housing. Strengthening and increasing the provision of adaptable housing will ensure that adapting said housing to meet the needs of disabled residents will be more feasible. With the recognition that only 29% of respondents surveyed for the wider report felt their home was suitable for the needs they would have in the future, it is clear that increasing adaptable housing is essential.