9. Sensory Impairment and Physical Disability

Introduction
This section focuses on the needs of the Borough’s adults with sensory impairment and physical disabilities. For this Joint Strategic Needs Assessment it particularly focuses on the following areas:

- Hearing impairment
- Sight impairment
- Physical disabilities

Hearing Impairment
Nationally, the Action on Hearing Loss report ‘Hearing Matters’ states, that in 2011, hearing loss affected more than 10 million people in the UK (one in six of the population). By 2031, it is estimated that this figure will have risen to 14.5 million. The World Health Organisation predicts that by 2030, adult onset hearing loss will be in the top 10 disease burdens in the UK and other high and middle income countries, above cataracts and diabetes.

There are four different levels of hearing loss defined as:-

- **Mild hearing loss** – can sometimes make following speech difficult, particularly in noisy situations
- **Moderate hearing loss** – may have difficulty following speech without hearing aids
- **Severe hearing loss** – usually need to lipread or use sign language, even with hearing aids
- **Profound deafness** – usually need to lipread or use sign language

Hearing loss has significant personal and social costs and can lead to high levels of isolation and consequent mental ill health, more than doubling the risk of depression in older people. People with mild hearing loss also have nearly double the chance of developing dementia and this risk increases significantly for those with moderate and severe hearing loss. People with hearing loss are likely to withdraw from social activities involving large groups of people.

A 2005 MORI Poll of more than 2,000 people showed that almost a quarter (22%) are worried that people will think they are getting old if they wear a hearing aid.

Age related damage to the cochlea, or presbycusis, is the single biggest cause of hearing loss. This process occurs naturally as part of the ageing process.

---

23 RNID, Hidden Crisis 2009
The vast majority of people with hearing loss are older and the prevalence increases with age\textsuperscript{24}. People with hearing loss may also have other additional disabilities or long term health conditions that limit their daily activities such as arthritis and mobility problems. This includes half of older people,\textsuperscript{25} whilst as many as 40\% of deaf children will have additional or complex needs\textsuperscript{26}. This often means that barriers to inclusion and feelings of isolation are compounded, so managing hearing loss can be fundamental to effective management of other conditions\textsuperscript{27}.

An estimated 250,000 people will have dual sensory loss and this number is set to grow as the population ages, however this is considered a gross underestimate\textsuperscript{28}. People with hearing loss are also highly likely to have problems such as tinnitus and balance disorders which contribute as risk factors for falls and other accidental injuries\textsuperscript{29}.

There are more than 45,000 deaf children across the UK\textsuperscript{30} and many more children experience temporary conditions as a result of conditions such as glue ear. Half of all deaf children are born deaf, whilst half acquire deafness during childhood\textsuperscript{31}.

In 2009 in England, 71\% of deaf children failed to achieve the government benchmark of five GCSEs at grades A* to C, including English and Maths. Research conducted in 2007 found that even at times of low unemployment, people with severe and profound levels of deafness were four times more likely to be unemployed than the general population.

In Bromley, there are over 31,000 adults over the age of 18 years with moderate or severe hearing impairment (predicted to rise to 35,000 by 2020) and a further 698 with profound hearing impairment (predicted to rise to 813 by 2020).

The number of people with moderate or severe hearing impairment increases with age up to the age of 85 years. The number of people with profound hearing impairment also increases with age, but doubles beyond the age of 85 years\textsuperscript{32}.

\textsuperscript{24} Davis 1995
\textsuperscript{25} RNID Annual Survey 2010
\textsuperscript{26} NDCS Policy on Audiology 2010
\textsuperscript{27} RNID Annual Survey 2008
\textsuperscript{28} Deafblind UK 2006
\textsuperscript{29} Davis et al 2007
\textsuperscript{30} NDCS 2009
\textsuperscript{31} NDCS Technology Appraisal 2007.
\textsuperscript{32} Projecting Adults Needs and Service Information System. Projecting Older People Population Information System. January 2014
The London Borough of Bromley has one full time equivalent member of staff based with Deaf Access to undertake assessments both for social care and equipment, for residents with a hearing impairment.

**Sight Impairment**

Nationally, the World Health Assembly views blindness as a public health issue directly linked with lifestyle and demographic factors\(^{33}\). Currently, almost 2 million people in the UK are living with some degree of sight loss and this number is rapidly increasing. This figure includes around 360,000 people registered as blind or partially sighted, who have severe and irreversible sight loss\(^{34}\). By 2050, it is predicted that four million people will have sight loss.

The UK population is ageing, and it is projected to continue to age over the next few decades, with the fastest population increases in the numbers of those aged 85 and over. This is the age group more at risk of eye disorders causing vision impairment\(^{35}\).

Two thirds of registered blind and partially sighted people of working age are not in paid employment\(^{36}\), and nearly half of blind and partially sighted people feel ‘moderately’ or ‘completely’ cut off from people and things around them\(^{37}\).

Sight loss impacts on a community on many different levels: on a personal level it can be a deeply traumatic life event. On an economic level, it is estimated that in 2008, sight loss cost the UK £22 billion.

The Bromley Vision Strategy February 2013 has found that:

- **Ageing** is a risk factor in many eye conditions and in other health conditions which may lead to sight loss.
- **Smoking** increases the risk of sight loss; smokers are 50% more likely to develop macular degeneration than non-smokers and to do so at an early age. Bromley’s smoking prevalence is the 16\(^{th}\) highest in London at 18.1\% compared to the 20\% England average.
- **Obesity** has been shown to be a risk factor in all four major eye diseases, Macular Degeneration, Glaucoma, Diabetic Retinopathy and Cataracts. The 2014 Health Profile gives a modelled estimate for obesity prevalence in Bromley of 21.2\% of those aged 16 years and over, representing approximately 54,000 adults.
- **There are clear associations between excessive consumption of alcohol** over a sustained period of time and the development of all four main eye

\(^{33}\) Bromley Vision Strategy, February 2013
\(^{34}\) Access Economics 2009
\(^{35}\) UK Vision Strategy 2013-2018
\(^{36}\) Douglas et al, Network 1000,2006
\(^{37}\) Pey, Nzegwu and Dooley, 2006
diseases. In addition, alcohol consumption by women during pregnancy has also been linked to ocular abnormalities in children.

- The restriction of blood to the eye (as occurs with high blood pressure) can cause damage to the retina and result in deterioration of eye health. Heart health and good circulation are therefore essential to maintaining good health. In Bromley, the prevalence of hypertension is higher than the national average. In 2012-13, there were approximately 46,000 people on Bromley GP hypertension registers. This is likely to further strain the provision of local sight loss services.

- **Stroke** is a risk factor in the development of visual impairment and will have an impact on the provision of local visual impairment services.

- **Diabetes** is the leading cause of sight loss in working age people. As such, it could be considered to be one of the most economically damaging factors leading to sight loss. In 2013 there were 13,681 people in Bromley diagnosed with Diabetes. This reflects a continuous rise in the prevalence over the last 11 years from 1.6% to 5.2%. Given that 40% of people with Type 1 Diabetes and 20% of those with Type 2 Diabetes will go on to develop Diabetic Retinopathy, Diabetic related visual impairment will become a major pressure on local low vision and rehabilitation services.

People with Learning Disabilities are ten times more likely to have eye problems than the rest of the population. People with Learning Disabilities are ten times more likely to have eye problems than the rest of the population. A pathway for adults and young people with learning disabilities has been developed by the Local Optical Committee Support Unit (LOCSU) to ensure that it reflects the needs of people with learning disabilities and is based on established successful learning disability services provided by community optometrists in a number of areas in England.

In Bromley, the numbers of adults between the ages of 18 and 64 years of age with a serious visual impairment is 124, predicted to rise to 135 by 2020.

In the older age groups (over 65 years) there are larger numbers of people with moderate or severe visual impairment, 4,851 (predicted to rise to 5,416 by 2020). Age related macular degeneration is the most common cause of registrable sight loss in older people.

### Physical Disabilities

It is estimated that there are 19,316 people of working age in Bromley who have a physical disability or sensory impairment, about 10% of the population aged 18-64. This figure is projected to increase to 21,332 by the year 2020.

---

38 See Ability and RNIB 2011
39 Projecting Older People Population Information System January 2014
The graphs below show that the numbers of people with physical disability increase markedly with age.

**Figure 9.1**

Trends in Moderate Physical Disabilities in Bromley by Age Group

Source: Projecting Older People Population Information System January 2014

**Figure 9.2**

Trends in Serious Physical Disabilities in Bromley by Age Group

Source: Projecting Older People Population Information System January 2014

---

40 Projecting Adult Needs and Service Information January 2014
The Bromley needs assessment for people with Physical Disability and Sensory Impairment (June 2011) identified the following priorities

- Disability awareness among staff and public,
- Empowering people with disabilities
- Accessible public transport to enable independent travel
- Access to services and premises within the borough
- Paid and unpaid employment opportunities.

**Progress to date**

Staff training is currently being addressed in LBB, and improving accessibility has been made a priority. Transport issues are being addressed by the Mobility Forum, which has contributed extensively to the development of Bromley South station, and is contributing to plans at Bromley North.

A new Vision Strategy group has been set up, with support from external specialist agencies, and a strategy developed. A counselling support group for newly registered people with visual impairment has been set up and early reports say that this is very much appreciated by, and beneficial to, participants.

Disabled Go has performed an annual review of venues in Bromley this year and has reported a number of improvements relating to access, with 24% of venues implementing non-structural changes such as:

- The introduction of disability equality training
- Provision of hearing assistance
- Provision of an email address as an alternative method of contact.

In addition, 5% of venues had some form of structural change to improve access, and encouragingly these premises included GP and dental surgeries, pharmacies and opticians.

The government’s Health and Social Care reforms, changes in the way benefits are provided and stricter criteria for access to those benefits, such as mobility allowance, will all have an impact on local disabled people.

For more information please contact Catriona.Ellis@Bromley.gov.uk