A Needs Assessment for People with Physical Disabilities and Sensory Impairment

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This is a very important piece of work, for three reasons.

Firstly, it is estimated that there are more than 20,000 people of working age in Bromley who have a physical disability or sensory impairment, about 10% of the population aged 16-64. About half of these are on benefits and less than half are employed. Given the right kind of support and the right kind of attitudes among non-disabled people, all of these people have the potential to contribute to our society – whether it is by work, volunteering, supporting others, educating, consuming and spending, paying taxes, or simply being present and engaged in the community. Without the right kind of support, these people can consume considerable resources – whether it is because they are unemployed, require special adaptations and services, depend on support from families and carers who, in turn, are prevented from fully engaging in society, or purely because of the guilt and discomfort that more fortunate people in society experience in their presence. There are therefore compelling economic, social and psychological reasons for ensuring that disabled people can play a full role in our community.

Secondly, it is now illegal not to do so. The Equality Act 2010 brought together all anti-discrimination legislation relating to people with protected characteristics, of which disability is one. Public organisations with 150 employees or more are obliged by law to publish evidence of what steps they are taking to ensure that disabled people have access to services and facilities that non-disabled people take for granted. They must demonstrate that they have engaged with disabled people, assessed their needs, put in place measures to meet those needs, and gathered evidence as to the success of those measures. This needs assessment is an important part of meeting those obligations, as will be the implementation of its recommendations.

Thirdly, most of us will experience some sort of disability in our lives, especially as we age, and even if we don’t, the kind of adaptations that make
access easier for disabled people improve access for all kinds of other people. These include carers, older people, people who are overweight, those with pushchairs, small children, heavy loads or luggage, and those who are temporarily unwell or injured. The idea, therefore, that adaptations consume enormous resources aimed at helping only a small proportion of people is simply not true.

During the early phase of this work, when decisions needed to be made about where to focus in this very broad and complex area of physical disability and sensory impairment, a workshop was convened by Disability Voice Bromley, and all their members invited. Sixteen people attended, of whom eleven were representatives of groups of disabled people, and five were disabled members of the public. At first the group felt overwhelmed by the enormity of the task but during the course of the meeting some themes emerged:

- There were many points raised about access to services and facilities that people who are not disabled take for granted. This was apparent in terms of social contact as well as physical access and accessibility of the information needed to find and use services. There was an agreement that without this building block other areas could not be developed. There were many examples given in relation to commercial services, leisure facilities and indeed health where access had been difficult for a range of reasons.

- The whole area of information, both format and dissemination, came up again and again. Having the best information at the right time at the right place to enable people to access daily living activities and services was seen as essential. Although people were aware of some good information, there were many examples in this group where people were unaware of existing services, e.g. Disabled Go. Listing and mapping what was available as well as doing a gap analysis of basics was considered by this group as very important. An example was given of the good work which had already been done on transport.

- Another area highlighted was access to employment and reasonable adjustments in the workplace. There were many examples of
employment services doing very insensitive things to people who were disabled and a lack of flexibility around doing things differently for disabled people. Disabled people did want to work.

- Another theme was helping disabled people to know what their rights are under new equality duties from October 2010. What could be fair to expect in terms of access?

- There was a request for hard figures on the numbers of disabled people in Bromley with what needs and conditions etc. There was a feeling that there is very little information on this and that this hampers progress. It was also suggested that having this information could help to change commercial services if they thought they could attract the 'disabled pound'.

This needs assessment has aimed to cover these areas. It is not, and cannot be, an exhaustive account of disability in Bromley, as this is a vast and complex area. It does not cover, for example, the medical care of specific conditions that can lead to disability, or the prevention of those conditions. It does not specifically cover the needs of carers, partly because these needs have been covered in other pieces of work, and partly because it is assumed that every time you meet a need of a disabled person, you improve the lives of that person’s carers. There are undoubtedly areas which have not been covered, or which need to be covered in more detail, and which need to be addressed in the future. This is not a one off piece of work, but the start of an ongoing commitment to disabled people in Bromley.

It is essential that the recommendations that come out of this report are realistic, given the economic climate, because the hopes of disabled people have been raised through previous pieces of work (for example the Sensory Impairment Strategy 2006) and promises of consultation, and disappointment and cynicism has followed when only a small proportion of recommendations have been implemented or decisions have been made without consulting users. For that reason, it is proposed that the recommendations are set, and committed to, by the organisations and departments themselves.
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Chapter One: Introduction and Background

Main points:

- The Equality Act 2010 brought together into one act the laws against discrimination against people with protected characteristics, including people with disabilities, and added strength to these.
- Public bodies with more than 150 staff are now obliged, by law, to publish evidence that they are complying with equality duties.
- This needs assessment aims to assess the numbers of people in Bromley with disabilities, the services available to them, their access to those services, and their experiences of living in Bromley.

Introduction

This piece of work could not have come at a more opportune moment, coinciding as it does with the Equality Act which was passed in October 2010. The Act strengthens the laws of the Disability Discrimination Act (1995, 2005), and other anti-discrimination legislation, and sets out clear duties of organisations and services. Underlying the legislation is the following vision:

‘Compliance with the general equality duty is a legal obligation, but it also makes good business sense. An organisation that is able to provide services to meet the diverse needs of its users should find that it carries out its core business more efficiently. A workforce that has a supportive working environment is more productive. Many organisations have also found it beneficial to draw on a broader range of talent and to better represent the community that they serve.’

The Equality Act 2010

One of the new requirements under the Act is for public bodies with over 150 staff to publish sufficient evidence to demonstrate their compliance with the general equality duties. This report provides the information, analysis, and results of engagement with a wide range of disabled people in Bromley that is required. Its findings provide an evidence base from which local public sector organisations can understand and quantify the needs of disabled people in the borough.
"If there are unequal societies marred by prejudice and discrimination, then people feel excluded, the economy does not flourish, communities feel resentful, so you don’t have a society which is at ease with itself."

Harriet Harman MP

What is a needs assessment?

Although health and local authorities have long monitored the health and well being of their communities, in 2008 it became a requirement to publish information on the current health and well-being status of residents, the services they are receiving, and an assessment of what they will need in the future, in the form of a Joint Strategic Needs Assessment. The Department of Health guidance describes a (JSNA) as: ‘a systematic method for reviewing the current and future health and well-being needs of a local population, leading to agreed commissioning priorities that will improve health and well-being outcomes and reduce health inequalities’.

This needs assessment, for people with physical disability and sensory impairment, will form part of the next JSNA for Bromley.

Aims of the needs assessment

The aims are:

- To define disability, impairment and ill health.
- To describe the national and local context.
- To assess the numbers of people with disabilities living in Bromley, including types and causes of disability.
- To describe the services that are available to local people with disabilities.
- To report the experience of disabled people living in Bromley, through consulting stakeholders and users.
- To identify the gaps between provision and need, explore ways that these gaps could be closed, and feed into a local strategy that maximises the health, social and mental well-being and potential of each individual with a disability.

It is hoped that this joint piece of work will lead to stronger partnerships between communities, local government and the NHS, and provide a firm foundation for commissioning that improves health, social care and well-being for this group of people.
What is disability?
The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Examples include those with: cancer, diabetes, multiple sclerosis, heart conditions, hearing or sight impairments, height restriction. It also includes mental health and learning disabilities.

Under the social model, disability is not the inevitable consequence of a person’s limitations, but is caused by the physical, organisational and attitudinal barriers present within the society in which they live. Reducing the experience of disability therefore requires a change in the way in which society operates. A simple example is that of a wheelchair user. That person is not effectively disabled in an environment where they can use public transport and have full access to buildings and facilities in the same way that someone without this impairment would do.

In contrast the medical model views a disabled person as someone who has a specific condition that needs to be treated or cared for. This definition, when used in isolation, ignores the wider needs of the individual, increasing the likelihood of an impairment leading to disability.

The National Context
The Disability Discrimination Act (1995) (2005) aimed to end the discrimination that many disabled people face and sets out rights in the areas of employment, education, and access to goods, facilities and services. It also made it easier for a disabled person to buy or rent land or property, and to make disability-related adaptations to their homes.

The key requirements of the DDA are that service providers are required to take reasonable steps to change practices, policies or procedures which make it impossible or unreasonably difficult for people to use a service. This may involve providing auxiliary aids or services, or providing a service by an alternative method.

The Disability Equality Duty
Since December 2006, there has been a legal duty on all public sector organisations to promote equality of opportunity for disabled people. The duty requires public authorities to give due regard to: eliminating unlawful disability discrimination, eliminating harassment of disabled people, promoting equality of opportunity, promoting positive attitudes, encouraging participation in public life, and taking
account of a person’s disabilities, even where that may involve treating a disabled person more favourably than other people.

Government departments, hospitals, larger local councils, Police, NHS trusts, and universities are all obliged to involve disabled people in developing a Disability Equality Scheme with a detailed action plan. These schemes must be published and reported annually, and revised at least every three years. The Equality and Human Rights Commission has responsibility for enforcing the Disability Equality Duty and can take legal action against public sector organisations that fall short of their duties.

Equality Act 2010

The Equality Act gathers together legislation from all existing anti-discrimination Acts and sets out new obligations to protect and promote equality among groups of people with protected characteristics, including people with disabilities.

The aims of the act are to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Public bodies are obliged under the act to publish sufficient information to demonstrate its compliance with the general equality duty across its functions by 31 July 2011 (and by 31 December 2011 for schools), and at least annually after that, from the first date of publication.

This information must include information on the effect that its policies and practices have had on people who share a relevant protected characteristic, including evidence of engagement they undertook, the information they used and the analysis that they did to establish whether their policies and practices have (or would) further the aims of the general equality duty. Details of the duties and guidance can be found here: http://www.equalityhumanrights.com/advice-and-guidance/public-sector-duties/new-public-sector-equality-duty-guidance/
Equality 2025 was launched in December 2006. It is made up of a group of disabled people that consults with other disabled people and advises government on how to meet the government’s vision of equality for disabled people by 2025. One of its aims is to work with policymakers across government at an early stage of policy development and service delivery so that disabled people’s needs are met. The Office for Disability Issues aims to coordinate the way government services are developed and delivered for disabled people. It is also working towards the vision of full equality by 2025. All government departments including those responsible for health, employment, education, transport and trade and industry will be involved with the ODI.

The National Service Framework for People with Long –Term Conditions (DH 2005)
The NSF sets 11 quality requirements to transform the way health and social care services support people with long-term neurological conditions to live as independently as possible. Although the NSF focuses on people with long-term neurological conditions, much of the guidance it offers can apply to anyone living with a long-term condition. The 11 quality requirements:

- Early recognition, prompt diagnosis and treatment
- Emergency and acute management
- Early and specialist rehabilitation
- Community rehabilitation and support
- Vocational rehabilitation
- Providing equipment and accommodation
- Providing personal care and support
- Palliative care
- Supporting family and carers
- Caring for people with neurological conditions

Improving the life chances of disabled people (PM Strategy Unit January 2005)
This sets out a vision for improving the lives of disabled people. By 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society. Future strategy for disabled people seeks to realise this vision through practical measures in four key areas.

- Helping disabled people to achieve independent living
- Improving support for families with disabled children
Facilitating a smooth transition into adulthood
Improving support and incentives for getting and staying in employment

Our Health, Our Care, Our Say (DH 2005)
‘Our health, our care, our say: a new direction for community services’ explains in detail the improvements the Government is going to make to health and social care services, why it feels these changes are necessary and the steps it is taking to make sure they happen. These changes will give the physically disabled more choice about the services they receive, which will, in turn, give more power to influence the type and standard of service offered locally.

Independence, Wellbeing and Choice’ (Green Paper 2005) sets out a vision for adult social care over the next 10 to 15 years and how this might be realised. It invited people to give their views on the vision and the ideas set out in the document, as well as to contribute new ideas to the debate. The consultation and the feedback helped shape the white paper, Our Health, Our Care, Our Say.

A new deal for welfare- Empowering People to Work (Green Paper 2005)
This marked the third stage of the creation of Jobcentre Plus, building towards the aspiration of an 80 per cent employment rate. Helping ill or disabled people, it proposed a new employment and support allowance comprised of an entitlement paid at basic Jobseeker’s Allowance rates, with two additional tiers: an employment support component, which can be withdrawn if the claimant does not engage in or return to work activities, and a support component paid to those unable to engage in any activity.

21st Century Welfare (DWP July 2010)
Proposes major changes to the credits and benefit systems, making the process simple for the user.

The Welfare Reform Bill (DWP 2010)
The purpose of the Bill is to simplify the benefits system in order to improve work incentives. The Bill proposes scrapping all existing back to work programmes and establishing a single welfare-to-work regime. All incapacity benefit claimants will be reassessed. It is likely there will be a peak in demand for advice and appeal representation.
Personal Care at Home Bill 2009-10
The Bill will provide for those with the greatest care needs to be offered free personal care at home. Existing powers allow local authorities to provide certain community care services free of charge for up to six weeks. The Bill will remove this time limit in respect of personal care at home for those in the greatest need. The Government estimates that the Bill would help around 400,000 people with care needs and guarantee free personal care for the 280,000 people with the greatest need. The legislation is intended to be the first step towards establishing a new National Care Service.

Transforming Community Equipment Services (DH, 2005)
Community equipment, either simple aids to daily living such as eating and drinking utensils, grab rails and raised toilet sits or more complex equipment such as hoists, stair lifts, help millions of people to remain independent. The scheme was launched in June 2006, however problems exist with the way the service is provided to its users. The service struggles to meet the needs of the whole population, mainly due to restrictive local budgets. Following review and a consultation period the Department of Health developed a new model which puts the community equipment users at the heart of services. The model is not mandatory but it effectively demonstrates a way to deliver a personalised service.

The New Service Delivery Model (2009) moves simple aids to daily living (SADLS) into the retail marketplace, addressing affordability by creating efficient and sustainable alternatives to public provision through ‘stimulation of the retail marketplace and leveraging the strengths of the third and private sectors. It creates a more efficient supply chain for complex aids to daily living. It also includes empowering individuals to self-help in its solution. The model aims to deliver independence, choice and control for those in need, and puts users at the heart of the service.

The Disabled Facilities Grant is available from the local authority to make adjustments to the home for up to £30,000; however it is not available to everyone because it is means tested, however children under 19 years of age fully qualify.

Standards for Services for Adults who are Deafblind or have Dual Sensory Impairment (Sense/DH funded 2000)
Deaf blindness is a distinct impairment that is more than simply vision or hearing loss. The conditions have traditionally been marginalized and removed from the
mainstream of social care provision. However, recent emphasis on promoting independence and ensuring inclusion has raised awareness.

The document sets out forty five standards that should apply to services for people who are deaf blind or who have a dual sensory impairment, including those required by the DDA (1995). They include requirements that organisations are aware of those with dual sensory impairment in their area, and that they identify their needs and address gaps between need and provision. Families, carers, advocates, and those with dual impairments should all be involved in the policy making process. Staff that regularly deal with deafblind people should be trained in basic communication skills.

**World Class Commissioning guide to Improving Eye Health Services** (DH, 2009)

This highlights the need for providing integrated, community-based, eye health care services, to ensure that patients do not fall between organisational structures, and that they receive increasingly high quality, personalised care. Commissioners should develop services which prevent the development of eye disease as well as providing treatment for eye disease once it has been diagnosed and support for sight loss when treatment is no longer an option.

**The Independent Living Strategy - a cross government strategy** (2008)

This five-year strategy was developed in partnership with disabled people. It states that ‘The government is committed to delivering on full and equal citizenship for disabled people and sees independent living as being part of the way we advance this’. To help achieve this, the Independent Living Fund and Carers Allowance awards payments to severely disabled people to support the cost of personal assistance, enabling them to live independently in their communities.


The Equalities and Human Rights Commission claim disabled people are four times more likely to be victims of crime than non-disabled people. (Guardian, 14th June 2010). The problems faced in controlling and managing hate crime include the fact that victims rarely report it, perpetrators are seldom brought to justice, internet harassment is particularly difficult to control, understanding of hate crime is poor, and victims often do not seek support. The report suggests working with local groups, providing information to vulnerable members of society, and educating people on what constitutes a health crime and how to report it.
The UK Vision Strategy
This an initiative led by the Royal National Institute for the Blind to develop a unified plan for action on:

- Improving the eye health of people of the UK
- Eliminating avoidable sight loss and delivering excellent support for people with sight loss
- Inclusion, participation and independence for people with sight loss

Transport Policies and Strategies
The Access for All Programme is part of the Railways for All Strategy, launched in 2006 to address the issues faced by disabled passengers using railway stations in Great Britain. Central to the Strategy is the ring-fencing of £35m funding per year, until 2015, for provision of an obstacle free, accessible route to and between platforms at priority stations.

Transport for London (TfL) have prioritised disabled access, using the Olympics 2012 as a stepping stone to create an assessable transport system. TfL plans to make 25% of stations step free by 2012 and the entire bus network is now operated using low floor vehicles. TfL have accessible websites, clear signage, hearing loops at stations, an advice line, and provision of assisted travel for those who need it.

The Local Context
London Borough of Bromley
The council is committed to the equal opportunities policy statement; to value every individual irrespective of their background and to give equal access to employment, training and promotion opportunities. The disability employment strategy expresses commitment to disabled applicants and the desire to increase the number of disabled people employed by the London Borough of Bromley is working towards meeting the criteria needed to gain the ‘positive about disability’ symbol. Areas which are currently being addressed include transport, housing, support for independent living, employment, equipment and adaptations. There is also a current action plan on reducing hate crime, with first year actions completed and actions for the second year identified. Details of current services and activities will be described later on in this report.

Bromley Primary Care Trust
The PCT is equally committed to equal opportunities and to ensuring that people with disabilities have access to the services they need. In the past two years the public
health department, in conjunction with the council, has carried out a needs assessment for those with Learning Difficulties, a rapid needs assessment on Health Inequalities and a needs assessment for Gypsy Travellers. The outcomes will help in planning for their future needs and highlight major gaps in particular areas.
Chapter Two: How many people have disabilities?

Main points

- Approximately 21,601 (11%) individuals aged 16-64 years are estimated to have PDSI in Bromley.
- About half of these are on a disability benefit.
- About 2% of these are in receipt of social services.
- Low rates of service use and claims for benefits compared to the estimated numbers of individuals with PDSI in Bromley may indicate low levels of need for benefits or services or alternatively, high levels of ineligibility, poor awareness or poor access to them.
- There are more claimants of disability benefits and social service users in wards with higher deprivation scores.
- The prevalence of PDSI will increase over the next 10 years in line with population increases and an increase in risk factors for contributing conditions.

Physical disability and sensory impairment (PDSI) affects a wide range of individuals for whom it has various personal, social and economic consequences. This chapter aims to identify the prevalence and distribution of PDSI and its causes, both nationally and within the Bromley population. Analysing such information is essential for providing these disabled people the help, facilities and services they need, as well as for raising awareness and establishing any possible preventative measures.

How many people in England have a disability?

According to the 2001 Census there are 8,369,020 individuals with a Long-term Limiting Illness (LLI) in England with 1,069,752 in London. The Health Survey for England (HSE 2001) found that the proportion of those with LLI who reported disability was 53% for men and 51% for women. Therefore, from the census estimate, approximately 4,351,890 people in England and 556,271 in London could be assumed to experience disability, approximately 9% of the population.

HSE 2001 reported a prevalence of 18% for disability in adults over the age of 16, double the census-derived estimate, with serious disability reported in 5%. An increase in prevalence was observed with rising age. In adults aged 16-64 highest
rates were seen in the 55-64 age group and no statistically significant gender difference was apparent (Table 2).

Table 2: Age-stratified prevalence rates for disability. (Source: HSE 2001)

<table>
<thead>
<tr>
<th>Age range</th>
<th>16-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Moderate Disability</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3%</td>
<td>4%</td>
<td>6%</td>
<td>11%</td>
<td>18%</td>
</tr>
<tr>
<td>Female</td>
<td>4%</td>
<td>5%</td>
<td>7%</td>
<td>11%</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Severe Disability</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>Female</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
<td>6%</td>
</tr>
</tbody>
</table>

NB Questions about disability covered limitations in functional activities (seeing, hearing, communication, walking and using stairs) and in activities of daily living (ADLs). Questions were grouped into five disability types: locomotion, personal care, seeing, hearing and communication, and answers were scored to assess the severity of disability.

HSE 2001 questions predominantly involved PDSI and the definition of LLI would incorporate both physical disability and sensory impairment. However the proportion contributed by each of these to the above prevalence rates is difficult to determine.

In the UK a voluntary formal registration system exists for those who are blind or partially sighted and another for people with deafness or hearing impairment. Numbers of individuals on each register are listed in Table 3.

Table 3: Number of individuals on the Blind and Partially sighted register March 2008 and deaf and hard of hearing register March 2010 (Source: NHS information centre)

<table>
<thead>
<tr>
<th>Register</th>
<th>No. of individuals</th>
<th>Total</th>
<th>Proportion aged 18-64 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blind Register</td>
<td>153,000</td>
<td>309,300</td>
<td>33%</td>
</tr>
<tr>
<td>Partially sighted Register</td>
<td>156,300</td>
<td></td>
<td>30%</td>
</tr>
<tr>
<td>Deaf Register</td>
<td>56,400</td>
<td></td>
<td>53%</td>
</tr>
<tr>
<td>Hard of Hearing Register</td>
<td>156,500</td>
<td>212,900</td>
<td>17%</td>
</tr>
</tbody>
</table>

It is estimated that only 15% of people with an uncorrectable sight loss are on the blind or partially sighted registers, and as few as 2.5% of those who are deaf or hard of hearing registers are on the appropriate register. It is thought that 1 in 7 adults are affected by hearing loss.

Amongst those registered blind, over a quarter reported an additional disability, approximately 60% relating to physical disability and 30% relating to deafness.
25,300 people were registered on both registers, although latest figures estimate that approximately 356,000 people in the UK have dual sensory loss.\textsuperscript{4}

How many people with disability live in Bromley?

The Bromley Setting

The latest mid year population estimate for Bromley is 301,718.\textsuperscript{5} Currently 197,265 people are aged between 16 and 64 years and this group makes up 65.4\% of the Bromley population. Population projections for Bromley are outlined below.

Table 4: Population projections for Bromley (Source: 2009 Round London Plan Projections - revised)

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2015</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number in total population</td>
<td>301,718</td>
<td>304,223</td>
<td>307,255</td>
</tr>
<tr>
<td>16-64ys</td>
<td>197,265</td>
<td>196,885</td>
<td>198,029</td>
</tr>
<tr>
<td></td>
<td>(65.4%)</td>
<td>(64.7%)</td>
<td>(64.5%)</td>
</tr>
<tr>
<td>0 to 15y (%)</td>
<td>60,772</td>
<td>61,700</td>
<td>63,451</td>
</tr>
<tr>
<td></td>
<td>(20.1%)</td>
<td>(20.3%)</td>
<td>(20.7%)</td>
</tr>
<tr>
<td>65yrs+ (%)</td>
<td>47,242</td>
<td>49,037</td>
<td>49,175</td>
</tr>
<tr>
<td></td>
<td>(15.7%)</td>
<td>(16.1%)</td>
<td>(16%)</td>
</tr>
</tbody>
</table>

The age structure of the Bromley population mirrors that of England (Figure 1), however the distribution of age groups varies between wards. Cray Valley West accommodates the highest proportion of young people and Copers Cope the lowest. The highest proportion of over 75s reside in Chislehurst and the lowest in Penge and Cator.

Figure 1: Population structure of Bromley, Source: GLA 2009 Round Demographic Projections
12.3 % of Bromley’s population is currently derived from ethnic minority groups\(^6\) who are particularly concentrated in the northwest of the borough.\(^7\) This figure is predicted to rise to 14.7% over the next 10 years. With respect to deprivation, Bromley ranks 228\(^{th}\) out of 354 English local authorities (the lower the number, the lower the deprivation). A disparity in index of multiple deprivation scores exists between wards as can be seen below in Table 5.

**Table 5: Indices of Deprivation 2007 (Source: Department of Communities and Local Government).**

<table>
<thead>
<tr>
<th>Ward</th>
<th>IMD Score</th>
</tr>
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<tbody>
<tr>
<td>Chelsfield and Pratts Bottom</td>
<td>4.92</td>
</tr>
<tr>
<td>Shortlands</td>
<td>6.0</td>
</tr>
<tr>
<td>Petts Wood and Knoll</td>
<td>6.2</td>
</tr>
<tr>
<td>West Wickham</td>
<td>6.3</td>
</tr>
<tr>
<td>Hayes and Coney Hall</td>
<td>6.5</td>
</tr>
<tr>
<td>Farnborough and Crofton</td>
<td>7.2</td>
</tr>
<tr>
<td>Bickley</td>
<td>7.3</td>
</tr>
<tr>
<td>Biggin Hill</td>
<td>7.7</td>
</tr>
<tr>
<td>Kelsey and Eden Park</td>
<td>8.3</td>
</tr>
<tr>
<td>Chislehurst</td>
<td>10.0</td>
</tr>
<tr>
<td>Copers Cope</td>
<td>11.0</td>
</tr>
<tr>
<td>Darwin</td>
<td>12.2</td>
</tr>
<tr>
<td>Bromley Town</td>
<td>12.5</td>
</tr>
<tr>
<td>Clock House</td>
<td>13.5</td>
</tr>
<tr>
<td>Plaistow and Sundridge</td>
<td>14.2</td>
</tr>
<tr>
<td>Bromley Common and Keston</td>
<td>16.0</td>
</tr>
</tbody>
</table>
Estimating the prevalence of PDSI in Bromley

In the 2001 census 42,375 individuals of all ages with a LLI were identified in Bromley\(^8\) of which 19,453 were aged 16-64 years (Table 6)

Table 6: People aged 16-64 years with LLI Bromley (Source: Census 2001)\(^9\)

<table>
<thead>
<tr>
<th>People aged 16-64 years with LLI Bromley</th>
<th>Age range</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16-44</td>
<td>45-64</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3681</td>
<td>3821</td>
<td>7502</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>5849</td>
<td>6102</td>
<td>11951</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9530</strong></td>
<td><strong>9923</strong></td>
<td><strong>19453</strong></td>
<td></td>
</tr>
</tbody>
</table>

From this, an estimation can be made of 22,035 people of all ages with PDSI in Bromley, with 7,863 aged 16-64 years (4% of individuals within this age group).

In contrast, application of age-stratified prevalence rates for disability from HSE 2001 to 2010 Bromley population data (Table 7) provides an estimate of 21,601 (11%) people aged 16-64 years with PDSI in Bromley, a figure which is over 2 \(\frac{1}{2}\) times greater than the estimate derived from census data, yet lower than a Labour Force Survey (2003/4),\(^10\) estimate of 16.6% (n=30,100).

Table 7: HSE Disability Rates Applied to Bromley Population

<table>
<thead>
<tr>
<th>Age range</th>
<th>16-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Moderate Disability</strong> Male</td>
<td>464</td>
<td>887</td>
<td>1,387</td>
<td>2,228</td>
<td>2,873</td>
</tr>
<tr>
<td>Female</td>
<td>610</td>
<td>1,150</td>
<td>1,630</td>
<td>2,359</td>
<td>2,926</td>
</tr>
<tr>
<td><strong>Severe Disability</strong> Male</td>
<td>155</td>
<td>222</td>
<td>462</td>
<td>608</td>
<td>1,117</td>
</tr>
<tr>
<td>Female</td>
<td>153</td>
<td>230</td>
<td>466</td>
<td>643</td>
<td>1,033</td>
</tr>
</tbody>
</table>

The wider Disability Discrimination Act (DDA) definition used for the Labour Force Survey (LFS) would include non-PDSI related disability, and the fact that census data relies on modification to estimate the proportion of individuals with LLI who have PDSI, may indicate that HSE 2001 estimates are preferable for PDSI prevalence. A comparison of estimates of PDSI prevalence in Bromley in individuals aged 16-64 years derived from the 3 different data sources is demonstrated in the Table 8 below.
Table 8: Estimated prevalence and number of individuals aged 16-64 years with PDSI in Bromley derived from the Census 2001, Health Survey for England 2001 and Labour Force Survey

<table>
<thead>
<tr>
<th></th>
<th>Census 2001</th>
<th>HSE 2001</th>
<th>LFS 2003/4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Prevalence</td>
<td>4%</td>
<td>11%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Estimated number</td>
<td>7,863</td>
<td>21,601</td>
<td>30,100</td>
</tr>
</tbody>
</table>

How many people have sensory impairment?

1,121 individuals in Bromley are registered on the blind register held by Kent Association for the Blind.\(^1\) From this an estimate of 7,473 individuals in Bromley with visual impairment can be made. As of April 2011 Deaf Access had 4,560 service users registered with them.\(^2\) It is estimated that up to 40,000 people in Bromley may be affected by hearing loss. Although this figure (and that for visual impairment) would include individuals of all ages, it greatly exceeds Bromley prevalence estimates for PDSI which reflects the difficulty of measuring sensory impairment or estimating the proportion of the sensory impairment component in PDSI prevalence estimates.

Recent data on the prevalence of dual sensory loss in Bromley is displayed in Table 9 below. As can be seen prevalence increases with age with a majority of individuals affected being over the age of 70 years.

Table 9: Estimates of numbers and prevalence of individuals with dual sensory loss in Bromley (Source: Centre for Disability Research\(^3\))
Causes of physical disability

The causes of disability are often multi-factorial. According to data from the Health Survey for England 2001 (HSE, 2001)\(^{14}\), 45% of those with disability will have more than one condition contributing to it. The major conditions that directly contribute to physical disability are largely neurological or musculoskeletal, and their prevalence is summarised in Table 1 below.

Table 1: Conditions contributing to physical disability and their prevalence.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Prevalence</th>
<th>Source</th>
<th>Most common age affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke</td>
<td>Ranges from 0.33/1000 men and 0.93/1000 women aged 25–34 to 56.39/1000 in men and 93.15/1000 in women aged 85+</td>
<td>Truelsen et al (2006)(^{15})</td>
<td>&gt;65 yrs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Largest single cause of severe disability in England and Wales.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The Department of Work and Pensions estimates that of the &gt;135,000 Strokes that occur in England and Wales each year, 10,000 are in people under retirement age. 65.6-125/100,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5-7/100,000</td>
<td>Ben-Shlomo (1997)(^{16})</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>McDermott and Shaw (2008)(^{17})</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(majority in the 50-70 year age group)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/800</td>
<td>Nicholas and Chataway (2009)(^{18})</td>
</tr>
<tr>
<td></td>
<td></td>
<td>228/100,000 (Approximately 135,000 people in total in the UK)</td>
<td>Neurological Alliance (2003)(^{19})</td>
</tr>
</tbody>
</table>

Table 1 cont.d
<table>
<thead>
<tr>
<th>Condition</th>
<th>Prevalence/Incidence Details</th>
<th>Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spinal Injury</td>
<td>2/10,000</td>
<td>GP Prevalence Survey (2007)</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>186/100,000</td>
<td>Surman et al (2006)</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>26.5% males, 41.7% females</td>
<td>Mathers et al (2006)</td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>0.44% males, 1.16% females (Approximately 297,600 people in total in the UK)</td>
<td>Symmons et al (2002)</td>
</tr>
<tr>
<td>Amputation</td>
<td>Prevalence unclear. Incidence stable at 5.1 per 100,000 over a 5 year period</td>
<td>Moxey et al (2010)</td>
</tr>
<tr>
<td></td>
<td>3506 people were referred to prosthetic services in the UK the financial year 2006-7</td>
<td>National Amputee Statistical Database (NASDAB) (2009)</td>
</tr>
</tbody>
</table>

**Causes of sensory impairment**

Age-related macular degeneration is the leading cause of blindness amongst adults overall. Prior to old age, diabetic eye damage is the predominant cause. Other significant causes of sight loss include: glaucoma, cataracts and diabetic retinopathy.26

Hearing loss is caused by a wide variety of conditions, the most common being age-related hearing loss (which affects >50% of people over the age of 60) and noise exposure. Other conditions include otosclerosis, trauma, certain drugs, infections and tumours. Approximately 1 in 1000 babies are born moderately or profoundly deaf (half of these due to genetic causes).27

**Relationship between disability and socio-demographic characteristics**

**Age**

Disability prevalence increases with age and is nationally estimated to affect 1 in seven working age adults compared to one in 2 adults above state pensionable age.26 Increasing life expectancy means that increasing numbers of people will experience disability in their lifetime.

**Deprivation, social status and education**

With many factors influencing disability it is unclear whether disability is the cause of poorer health and social outcomes or an effect of them. In the HSE 2001, prevalence of disability was associated with area deprivation and age-standardised prevalence of disability also increased from 8% in Social Class I to 22% for men and 24% for women in Social Class IV. 49% of men and 61% of women with a disability had no formal educational qualifications compared to 21% and 26% respectively of those without a disability. In addition, twice as many (45%) disabled people in their early
20s are not in employment, education or training (NEET) compared to their non-disabled counterparts.²⁹

**Employment**

There is an almost two-fold difference in employment rates between those living with disability and those without disability over the age of 35 (38% for men and 37% of women in those with disability compared to 81% and 69% respectively in those without). Whilst 2% of men and 1% of women with no disability were permanently unable to work, this figure rose to 46% and 34% in those with disability.³⁰

**Pay**

In those who do work, there are inequalities in pay³¹, with a pay gap of 11% in disabled men compared to their non disabled counterparts, doubling to 22% in women. More than one in four families with disabled members live below 60% median income. This is compounded by extra costs associated with living with disability. Low income and employment rates during working age life increase risks of poverty in later life. Disability also has financial repercussions for carers directly and also indirectly by limiting their economic potential.

**Health**

Disability is also associated with indirect adverse health effects. For example in a recent review,³² 72% of people with a limiting long-term illness (LLI) in England were estimated to have an unhealthy weight compared to 61% without. In Wales and Scotland obesity rates in people with LLI are 66% and 75% (versus 55% and 66% in those without LLI) respectively. In addition, people with LLI in England, Wales and Scotland are less likely to meet Government guidelines for exercise than those without.

**Ethnicity**

Data from the 2001 census and the HSE 2004 booster sample suggests a difference in disability prevalence related to ethnicity, with Pakistani and Bangladeshi groups being much more likely to report a LLI or disability. A higher prevalence of visual impairment is also seen in black and minority ethnic groups.³³
Prevalence of Individual Conditions Contributing to Physical Disability

National prevalence rates for the main conditions causing physical disability can be applied to Bromley population data to estimate numbers of people with these conditions in Bromley. UK prevalence rates for amputees are lacking and therefore have not been included in the calculations below.

Table 10: Individual conditions and application of national prevalence rates to Bromley population aged 16-64 years

<table>
<thead>
<tr>
<th>Condition</th>
<th>Estimated number in Bromley aged 16 to 64 years (derived from national prevalence rates)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerebral Palsy</td>
<td>367</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>247</td>
</tr>
<tr>
<td>Stroke</td>
<td>857 (age-adjusted)</td>
</tr>
<tr>
<td>Parkinson’s</td>
<td>1006 (age-adjusted)</td>
</tr>
<tr>
<td>MND</td>
<td>12</td>
</tr>
<tr>
<td>Brain Injury</td>
<td>450</td>
</tr>
<tr>
<td>Spinal injury</td>
<td>39</td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>434 (age-adjusted)</td>
</tr>
</tbody>
</table>

For OA, data exists for prevalence of symptomatic OA in the hands, knees and hips in individuals of working age above the age of 50-55 years when the condition becomes more common. Age-adjusted estimates of numbers of people affected by these conditions in Bromley derived from this are displayed in Table 11 below, along with the number likely to experience disability from the condition.

Table 11: Estimated numbers of individuals with symptomatic OA of the hand, hip and knee in Bromley with estimates of those experiencing disability from the condition (Source: Arthritis Research UK)

<table>
<thead>
<tr>
<th>Symptomatic OA Knee Aged 50-64 Years</th>
<th>X-ray evidence of Hip OA with Pain Aged 55-64 Years</th>
<th>Painful radiographic hand OA Aged 50-64 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Number in Bromley</td>
<td>23,819</td>
<td>1,671</td>
</tr>
<tr>
<td>Number estimated to suffer disability related to the condition</td>
<td>17,150</td>
<td>1,203</td>
</tr>
</tbody>
</table>

Although duplication of individuals experiencing OA in more than one joint may occur in these figures, they demonstrate that OA is likely to contribute to the majority of cases of physical disability both in Bromley and nationally.
Number of claimants of disability benefits

Numbers of claimants of all ages receiving disability benefits in Bromley is summarised below.

Table 12: Numbers of Claimants of Disability Benefits in Bromley February 2010 (Source DWP)\(^{36}\)

<table>
<thead>
<tr>
<th></th>
<th>Disability living allowance (DLA)</th>
<th>Incapacity Benefit (IB) &amp; Severe Disability Allowance (SDA)</th>
<th>Employment and Support Allowance (ESA)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Claimants</td>
<td>10,575</td>
<td>6,945</td>
<td>1,780</td>
<td>19,300</td>
</tr>
</tbody>
</table>

Considerable differences can be seen in both numbers and rates of claimants by ward (Figures 2 & 3) and there appears to be a general trend for an increasing number of claimants with increasing IMD score of the ward.

Figure 2: Number of DLA and IB/SDA Claimants by Ward February 2010
Figures for claimants of disability benefits amongst the population aged 16-64 yrs in Bromley are summarised in Table 13.

Table 13: Numbers of Claimants of Disability Benefits in Bromley aged 16-64 years February 2010 (Source DWP)

<table>
<thead>
<tr>
<th></th>
<th>Disability living allowance (DLA)</th>
<th>Incapacity Benefit (IB) &amp; Severe Disability Allowance (SDA)</th>
<th>Employment and Support Allowance (ESA)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Claimants</td>
<td>6,850</td>
<td>6,840</td>
<td>1,750</td>
<td>15,440</td>
</tr>
</tbody>
</table>

Evidence suggests that, 47.8% of working age IB/SDA claimants also receive DLA. This means that approximately 11,334 different individuals aged 16-64 years claim for one or more of these benefits in Bromley. Numbers of claimants peak in the 55-64yrs age group for DLA, whilst for the combined IB, SDA and ESA claimant numbers peak in the 45-54yr age bracket. This may reflect a higher need for personal care or eligibility for the mobility component of DLA in older age groups.
The proportion of DLA, IB, SDA and ESA claims attributable to categories of conditions are outlined in Table 14 below. Also shown are estimates derived from them for the number of people receiving benefits due to these conditions in Bromley (aged 16-64yrs). It can be seen that arthritis is the single condition which accounts for the highest proportion of claims for disability benefits. Conditions directly connected to PDSI are highlighted in red, although the remaining conditions will contribute to PDSI in a proportion of people. Approximately 5,030 people are estimated to claim disability benefits as a result of conditions directly related to PDSI.

Table 14: Proportion of DWP claims by condition (Source: DWP) and predicted numbers for Bromley

<table>
<thead>
<tr>
<th>Main Disabling Condition</th>
<th>Proportion of all claims (%)</th>
<th>Predicted nos based on Bromley Figures Aged 16-64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>19.7</td>
<td>2,229</td>
</tr>
<tr>
<td>Muscle/bone/joint disease</td>
<td>8.1</td>
<td>923</td>
</tr>
<tr>
<td>Blindness</td>
<td>2.4</td>
<td>268</td>
</tr>
<tr>
<td>Stroke related</td>
<td>3.8</td>
<td>428</td>
</tr>
<tr>
<td>Learning difficulties</td>
<td>9.6</td>
<td>1,090</td>
</tr>
<tr>
<td>Other mental health causes</td>
<td>15.2</td>
<td>1,725</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>2.3</td>
<td>262</td>
</tr>
<tr>
<td>Deafness</td>
<td>1.2</td>
<td>137</td>
</tr>
<tr>
<td>Malignant disease</td>
<td>2.4</td>
<td>273</td>
</tr>
<tr>
<td>Chest disease</td>
<td>3.2</td>
<td>368</td>
</tr>
<tr>
<td>Back ailments</td>
<td>8.7</td>
<td>982</td>
</tr>
<tr>
<td>Heart disease</td>
<td>5.9</td>
<td>666</td>
</tr>
<tr>
<td>Parkinsons disease</td>
<td>0.6</td>
<td>63</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>1.9</td>
<td>218</td>
</tr>
<tr>
<td>Renal disorders</td>
<td>0.5</td>
<td>51</td>
</tr>
<tr>
<td>AIDS</td>
<td>0.3</td>
<td>31</td>
</tr>
<tr>
<td>Skin diseases</td>
<td>0.5</td>
<td>59</td>
</tr>
<tr>
<td>Other</td>
<td>13.8</td>
<td>1,561</td>
</tr>
<tr>
<td><strong>Total for Physical disability/PDSI related conditions</strong></td>
<td><strong>44.5</strong></td>
<td><strong>5,030</strong></td>
</tr>
</tbody>
</table>
**Projections**

Disability prevalence remained stable between the 1995 and 2001 HSE surveys. Using ONS population projection data we can estimate that 22,040 aged 16-64 years in Bromley will be affected by PDSI in 2020. Whilst this represents a 2% increase in prevalence, consistent with the projected population increase, it does not take into account any changes in prevalence of conditions that give rise to PDSI, for example diabetes and obesity leading to arthritis and stroke, which may well see an increase over this time period.

**Summary**

The wide variation in estimates from different sources indicates that exact numbers of individuals with PDSI are difficult to ascertain. Variation is at least in part due to the varying definitions of disability, reliance on self-reporting rather than objective measures of disability, shortcomings related to coverage and the fact that physical and mental disability are often addressed together. Data on sensory impairment is largely dependent on voluntary registers which are extremely incomplete. Because estimates are so unreliable, and so little is known about the level of disability experienced by people who are not in contact with services, it is more or less impossible to quantify, with any confidence, the number of people with disabilities who need services but are not receiving them. For this reason it is important that in Bromley we do as much as we can to improve local data collection.

It can be seen, from the summary of data on the following page, that around half of the estimated number of individuals aged 16-64 years with PDSI in Bromley are receiving disability-related benefits, while only about 2% of them are in receipt of social services. 7% of those on disability benefits are in receipt of services. This may mean that a large proportion of people with PDSI do not require benefits or services, or it may mean that some need services but are either not eligible for, or not aware of, services that are available.

There is a marked relationship between deprivation and benefit claims and service use, with higher numbers of claimants and users of services in the wards of highest deprivation.

Disability projections are set to rise, alongside the prevalence of risk factors such as obesity, which is a factor in several conditions including arthritis which contributes to a major proportion of physical disability. Therefore health improvement and
prevention interventions may be an important consideration. Little data allows local assessment of other factors such as ethnicity, measurement of which would be useful in terms of assessing local prevalence alongside access to and usage of services by these groups.

Summary of data on people with PDSI in Bromley

**No of Bromley residents**

- Estimated no with PDSI in Bromley, 16 - 65: 21,000
- No of claimants of DLA, IB or ESE, 16 - 65: 11,334
- No of people registered with Care First 16-65: 1,230
- No of people receiving social services: 340
- No of Freedom Passes in use (16-60): 1,859
- No of blue Badges applications in 2009/10: 5,762 (3869 were issued)
- No of Bromley residents registered with Dial a Ride: 2,134
- No registered with Taxicard: 365
- No members of Disability Voice: 150
- No registered with Deaf Access: 4,450
- No of client contacts at KAB Jan – March 2010: 264
- No of people registered as severely sight impaired: 469
- No of people registered as sight impaired: 625
- No of people using wheelchair service: 3,000
Chapter Three: What do people with disabilities need to maximise their participation in life?

Main points:

- Many disabled people find it impossible or very difficult to travel independently on public transport.
- The knowledge and attitudes of staff and the general public are a crucial determinant of access and quality of life.
- Many disabled people feel disempowered to use services and determine the quality of their own lives.
- There are simple adaptations, too frequently absent, that can make an enormous difference to disabled people’s ability to use services.
- Many disabled people have given up hope of paid work.
- Peer support is an important and under-used resource.
- Emotional well-being is probably not so much a product of social engagement, but a determinant.

Introduction

When a person is disabled, or becomes disabled, there are many day to day activities that are either difficult or impossible to do, activities that non-disabled people take for granted. For example, when a person loses their sight, the most common answer to the question, ‘What do you find difficult to do as a result of your disability?’ is ‘Everything.’ Dressing is difficult, because you need to find the clothes you want, select colours, put them on, and check in the mirror that you look alright. To do this effectively without sight, you need to be extraordinarily well organised. You need to put items of clothing in particular places so that you can reliably find them again. You need help in choosing clothes when out shopping, you need ways of checking your appearance without a mirror; to be absolutely sure, you may need someone to check your appearance for you. Making a cup of coffee is a challenge. Again, you need to put everything in places where you can reliably find them. You need to sense how much to fill the kettle, find ways of checking how much coffee is in the spoon, how much milk to pour, and of ensuring that the hot water goes into the mug and that you don’t over or under-fill it.
Leaving the house is not only difficult, but potentially dangerous. Someone who has lost their sight is in danger of bumping into obstacles and people, and there are pavements, crossings and traffic to negotiate. Deaf teenagers are at higher risk of being run over on the roads that non-disabled teenagers because they can’t hear the traffic. People who are physically disabled take longer to cross the road, and are less visible than non-disabled people if they are in a wheelchair.

In addition to the many practical challenges people with disabilities face in living their lives, they have to cope with the psychological and emotional aspects of loss and disablement. The emotional response to loss of sight, or hearing or mobility is similar to that of bereavement. How well a person is supported emotionally and psychologically will profoundly affect their ability to adapt to their disability and to find new ways of living. A crucial part of the psychological challenge in coping with disability is the attitude of other people. Being stared at in the street, ignored, treated differently, excluded, condescended to, avoided, disregarded, all these can cause great distress to a disabled person, as it would to anyone.

As a result of the difficulties that disabled people have in doing normal activities, the dangers they face in the environment, the psychological distress involved in loss and disablement, and the ignorance and sometimes negative attitudes of other people, often the easiest thing to do is to drop out of life. If you don’t go out you don’t have to dress properly, grapple with public transport, negotiate dangers, experience the many places and activities that are out of your reach, struggle to communicate with people, be ignored or condescended to, and perhaps most importantly you don’t have to depend on another person to accompany and help you.

But people who withdraw or are excluded from life lose some of the most crucial sources of stimulation, self-esteem and happiness that are available to us; contact with other human beings, making a contribution, earning a living, leisure, physical exercise, contact with nature, and so on. They also lose the ability to self support that comes with paid work. This loss will tend to have a depressing effect on a person’s emotional well-being over time, which will in turn reinforce the urge to withdraw. It is also likely to affect their physical health; through lack of physical exercise, not accessing screening and other health promotion services, and through having a higher threshold for seeking medical help when it is needed.

These losses are not only experienced by the individuals concerned. They are also experienced by the people who live with and care for them, their friends and families.
In addition there is a huge loss to society, because when people are excluded from participation they are also excluded from contributing. There is therefore an enormous incentive for society to support disabled people to participate in life and to live as full lives as they can.

The views and experiences of people who are physically disabled or have sensory impairment are crucial to understanding what these groups of people need in order to live at their full potential. The needs assessment team used a variety of methods to gather information from a wide range of users and user organisations:

- Verbal consultation with the Disability Voice Bromley executive, and a specially convened workshop open to all members.
- Users and user representatives on the PDSI Partnership Board.
- 130 user questionnaires were circulated to a large number of relevant organisations, including Dovetail, MS Society, Arthritis Carer, Polio Fellowship, Deaf Access, KAB, Community links and BME groups. They were completed by a total of 50 people (18 who were deaf/hard of hearing, 4 who were blind or visually impaired, and 28 who were physically disabled – conditions included MS, stroke, arthritis, amputated limb, cerebral palsy, spina bifida and others.
- Provider questionnaires were circulated to service providers: Transition Team, Griffin Centre, KAB, Deaf Access, Wheel Chair Services, Occupational Therapist Team Leader, Housing DFG’s, Care Managers, Bromley Mytime, The Stroke Association.
- Interviews with 10 recent users of the service provided by the Kent Association for the Blind (KAB).
- In-depth interviews with 8 individuals with physical disability, hearing and sight loss.
- Information from previous user consultations, including that conducted for the sensory impairment strategy
- Information from local services, eg KAB, Deaf Access, Disability Go.
- Information from national reports and services, eg RNID, RNIB, Shaw Trust

The information gathered during this consultation is presented in this chapter on needs, and in the succeeding chapter on access to services and premises in Bromley.
While physically disabled people and those with sensory impairment experience many similar challenges in life, they also have special needs which are unique to their disability. On the whole the needs of physically disabled people appear better understood by the general public than those of people who are hearing or visually impaired. It is hard to be sure why that is, but the fact that physical disability is more visible, and the needs more immediate and obvious, almost certainly contributes. Adaptations for physically disabled people and wheelchair users, for example disabled toilets, disabled parking bays and automatic doors are also more widespread and visible than those for deaf and blind people. Furthermore, campaigning by physically disabled groups has been high profile over the last twenty years, whereas campaigns by sensory impaired groups seem to have been less so. Whether this is because members of the latter are less vocal, or their campaigns have been given less coverage by the media, is hard to say. One possible explanation is that because people who are sensory impaired find it harder to communicate due to their disability, they do communicate less and so their already invisible impairments remain so.

This chapter investigates the problems that all disabled people encounter in attempting to participate in different parts of life. Because many of the needs of people with sensory impairment are specific to the particular impairment there are two sections devoted to their needs, one for people with hearing impairment and one for people with visual impairment. These are presented first, as they provide a context for the later section.

The needs of people who are deaf or hard of hearing

People who are profoundly deaf

There are many disadvantages of being deaf, but the most crucial is the difficulty in communicating with other people. Of the 720 people who are registered with Deaf Access in Bromley, 23% have been profoundly deaf since birth or early childhood, and most of these use British Sign Language (BSL). According to the centre director, Susan Craney, this 23% use about 80% of the service provision, in other words their needs are far greater than those of people who are hard of hearing. There are multiple reasons for this. Children who are profoundly deaf rarely learn to speak, or do not speak well, and they therefore do not learn language in the same way as non-deaf people. Sign language is a language in its own right, and does not have the same grammatical structure as spoken English. As a result signers use different visual references which do not easily translate to hearing people, and vice versa. This causes problems when they try to communicate, other than with other signers,
and they have difficulty understanding mainstream written materials. Deaf people therefore do not understand much of the information that is given to them, at home, at school, in the media and in the wider community. As a result they do not know as much as other people, and this means that their ability to cope in day to day life can sometimes be akin to that of people with learning disabilities. Many profoundly deaf people have been brought up relying on hearing people and therefore struggle to work because they are not ‘job-ready’. They often have little concept of what is required in terms of time keeping, dress code, what is and is not appropriate behaviour in a hearing environment, what information is acceptable to disclose about themselves, how to plan a journey, fill in forms, pay tax, and open a bank account.

Because they often require interpreters in order to communicate, and often these have been family or friends, profoundly deaf people become accustomed to very little privacy seeing this as the norm. Because they often require interpreters in order to communicate, and often these are family or friends, profoundly deaf people become accustomed to very little privacy, and see this as the norm. Added to all this, deafness is invisible, so all deaf people (including hard of hearing people) find barriers and a lack of awareness of what they need to be independent.

Because communication and day to day activities are so challenging, many deaf people would prefer to avoid situations in which they feel vulnerable or misunderstood. This not only causes social isolation, but means that help is often not sought until the problem is really serious. Deaf people appear to have more health problems than other people (research is being done on this in the UK by SignHealth) and one of the reasons for this may well be that they delay seeking medical care due to communication issues with health professionals. Applying for benefits is difficult because deaf people can’t ask questions about how to complete the forms. If they do complete the forms, they may make mistakes which mean that they don’t get the benefits they are entitled to, or risk committing fraud by applying for benefits they are not entitled to. There are currently no easy read versions of forms.

**People who are hard of hearing**
Most people who are hard of hearing have become so later in life and are therefore able to talk and to read. They are therefore less likely to use BSL, more likely to use lip-reading as a means of communication, and more likely to have a hearing aid. Only about 30-40% of conversation is lip-readable, leaving a large margin for error and misunderstanding, and these can impact on the person’s confidence and ability to cope socially. Hearing aids, while effective in quiet places, are affected by
background noise, making it difficult to hear in public places. Induction loops - electronic systems that pick up speech and transmit it magnified to hearing aid - are very helpful, but they are not always present, not always advertised as being present, and not always switched on and functioning. People who are not deaf aware do not realise that many deaf people use lip-reading in order to communicate, and may turn away from the deaf person while talking. Lighting levels may not be sufficient for the lip-reader to read lips effectively.

Most hard of hearing people used to be able to hear well, and have a social circle that is unaware of their disability. Many deny or hide their disability due to the perceived stigma of deafness, and may experience people’s attempts to help as condescending. Again, it is often less stressful to withdraw from people than to pretend that everything is as usual, or to explain.

Other problems that deaf and hard of hearing people face include:

- Difficulty in accessing *entertainment* such as theatre and cinema. Outside London, signed performances and showings are very infrequent and often poorly advertised. At Beckenham Odeon, for example, there is just one captioned showing a month, with on average two a year at the Churchill Theatre.
- Difficulty accessing *leisure* facilities, as information and instruction is not always provided in formats that are accessible to deaf people, and background music can make communication difficult for hearing aid users.
- Difficulty using *entry phones*, as there are usually no visual cues.
- Difficulty using *buses* when there is no visual display.
- Danger in *traffic* because they are unable to hear approaching vehicles, or even sirens. Lights on unmarked cars may be in the grille and not visible.
- Difficulty in understanding recipes for *cooking*, and in danger of accidents due to unheard alarms or pots boiling over.
- Difficulty hearing *fire and other alarms*, safety announcements, alarms on goods with security tags.
- People with Hearing Dogs for the Deaf may be refused entry to shops/buildings. (These dogs are assistance dogs and are permitted entry to hospitals, food shops, restaurants and other places. They wear a maroon coat and are trained to alert to alarms in emergencies as well as telling people their owner is deaf.)
What can help people who are hearing impaired?

When a deaf person approaches a service, a shop for example, a sign that indicates there is an induction loop inside will immediately give the message that that organisation is aware of the needs of deaf users. As a result that person will feel more welcome and will be more likely to use the service, even if they are not a hearing aid user. At the counter, somebody who is able to understand quickly that a person is profoundly deaf will be able to communicate using simple hand gestures with a clear lip pattern and/or will know to offer a pen and pad to assist communication. They will be patient, know to repeat or rephrase, and will speak up if the hearing aid wearer needs them to. They will not show their irritation, shrug or give up.

‘You know immediately you enter a place whether or not they are deaf aware’

Public services, where good communication is even more important, will enhance accessibility to deaf users if they have easy read, visually presented and colour-coded information and maps; video clips instead of leaflets and web pages, and if staff know how to access and book BSL interpreters if clients need them (some may not, due to confidentiality or other reasons). In meetings or conferences some deaf participants may prefer a speech to text operator, where conversation is typed and transmitted onto a screen for all to see. This may be of advantage to the organization as it obviates the need for minutes.

In order for deaf people to access services successfully, many will need to be trained. They need to be trained in BSL, using speech to text, lip-reading, and supported in making best use of their hearing aids. Profoundly deaf people also need training in the basic skills of day to day living. Much of this training is available at Deaf Access in Bromley.

Priorities

- Deaf awareness training for all staff
- Sign interpretation – software and BSL signers
- Video clips instead of leaflets and web pages
- Improved signage in buildings, using maps, colour coding etc, as done by London Transport.
- Information written in easy read style, large print, with pictures
- Provision of induction loops
The needs of people who are blind or have visual impairment

As with hearing impairment, there are two main groups of people with visual impairment (VI), those who lost their sight at or soon after birth, and those that have acquired blindness or visual impairment later in life. Those who have no memory of sight are more likely to view themselves as having a different life experience, rather than as being disabled. Those who have acquired VI, on the other hand, are acutely aware of what they have lost, and the difference it has made to the quality of their lives and their ability to participate in activities taken for granted by sighted people.

Nevertheless, the practical challenges faced by both groups as adults are very similar, and come mainly under the following three headings:

- Doing things
- Going places
- Accessing written communication and information
- Attitudes of other people

It is technically possible, as a blind person, to do much of your own personal care, including housework and cooking. However, everything is more difficult and takes longer and help is needed with certain tasks, such as ironing and shopping, home maintenance, and selecting clothes.

‘All of my vi friends either have a relative or pay for a cleaner. We do muddle on our own in between visits.’

A major desire of all physically disabled and sensory impaired people is to be able to travel and get around outside the house independently. This is extraordinarily difficult for someone who can’t see, and often dangerous. Obstacles easily avoided by sighted people are a hazard for a blind person without a companion or guide dog. Not all road crossings in Bromley are adapted for visually impaired people, and some road systems, for example ‘open space’ arrangements whereby traffic and pedestrians share the same space, are inherently dangerous for blind people. While there are ‘talking buses’ now, catching a bus is still difficult as users are unable to see bus numbers, and may miss their bus if it draws up behind another bus. Unless there is someone willing to help at the bus stop, locating the door and getting on the right bus is more or less impossible. What is needed is for bus drivers to assist and guide the person onto the bus.
Although a guide dog can help a person to make familiar trips, they are not able to take their owner to unfamiliar places and not all organisations are prepared to accept assistance dogs on their premises. In these instances, again, a companion is necessary. Service users report that there are a number of leisure activities that they would like to participate in, but were restricted from doing so due to lack of transport to venues.

For people to be able to **communicate and access information**, they need to be able to use their preferred formats. This might be by email, Braille, large print, text, or printed materials that are amenable to scanning. For example, people who use screen readers prefer to receive information on test results and appointments by email, whereas these usually arrive by post. They are also able to access websites, provided they are in the right format. Some people have speaking mobile phones and like to receive information by text, while others have scanners that can convert some written materials into Braille. Previous consultations found that VI service users usually depend on fellow users, newsletters and social groups for their information needs. People with VI need others to understand that while sighted people depend, whether consciously or unconsciously, on visual clues to communicate, such as facial expression, lip movements and gestures, VI people don’t have these and so clear speech and, when applicable, supplementary materials, are very important.

Related to the communication of information is the issue of **confidentiality**. The confidentiality that other people take for granted when they attend clinics, for example, is often not available for VI service users because they are unable to travel or attend appointments alone in unfamiliar places, and have to depend on another person to come with them. Information sent in inaccessible written formats entails asking another person to read them. This not only leads to lack of confidentiality for the user, but is also potentially upsetting or embarrassing for the person who is asked to read the correspondence.

Access to services, and successful use of those services, is highly dependent on the level of **disability awareness among staff**. Users need staff to be able to identify and understand their information and communication needs, as well as the physical barriers to access. Staff who have not been trained are often nervous and embarrassed when dealing with disabled clients, and do not know whether or not to offer help, or what kind of help they should offer. Users report being condescended to, being left in waiting rooms with no information about where anything is, including the toilets, or who else is in the room. People who are alone, or with a guide dog,
need to be escorted wherever they are going, by somebody who knows how to guide them. When in shops they need help finding and selecting their purchases. When standing at a counter they need to be acknowledged so that they know that they have been seen.

*If a member of staff can indicate that my presence has been observed, and that I will receive attention within a reasonable timeframe, I will feel less anxious.*

It is also important for staff and the public to remember that assistance/guide dogs are doing a job, and that part of that job is to communicate with their owner. When people stop and talk to the dog, or to their owner about the dog, this may be interrupting an important conversation.

*I do not want everyone I pass (staff or customers) to put out their hands or coo at her without asking. It's like interrupting a conversation in which he/she is not involved.*

People who have been hospital in-patients, or been with a relative who has been admitted, report being given no *information about where things are*, for example, where their locker is and what is on it. Untrained staff are simply unaware of these needs. They also don't understand how rules that are appropriate for sighted people may not be for VI people. For example, one user reported being in hospital having given birth, and not being allowed to change the baby's nappy on the bed. They need help in choosing from the menu and sometimes in eating. If staff are not aware of these needs, a stay in hospital can be very distressing and even dangerous.

Losing one’s sight is a trauma and a bereavement and the users consulted said that everybody in this position needs support, whether or not they ask for it. Currently there is no routine provision of *emotional support* for newly blind people. An assessment of need is made during the assessment carried out by KAB, and referral only made if the person explicitly asks for it. Referral is made via the GP to mainstream mental health services. For someone who is having great difficulty in adapting to daily life, navigating services is something they are unlikely to contemplate unless in dire need.

*Peer support* is seen by users as a very important source of help, especially for the newly blind. A blind person will often have more understanding and be able to
provide more empathy, personalised support and advice than a sighted person. While there is potential for this, some people with VI feel that it is under-developed in Bromley.

People with VI need ongoing support, both emotional and practical. Currently newly registered people with VI are given an initial assessment at home by KAB, which is felt to be of good quality and very helpful. They are also provided with advice on adaptations and equipment and given training on how to use these devices as well as how to cope with day to day life. However, users report that their needs do not end at this point. They feel the need for regular review, updates in training to use their equipment, and assessment of newly emerging problems. They are also concerned about people who are not in contact with services, feel there should be more outreach work, and would like the information and support service at KAB to be more active in drawing people in.

**In which areas of life do disabled people face barriers to participation?**

People with both physical disabilities and sensory impairment generally report the following as being the main areas where they experience difficulties, in order of how commonly cited, with the most commonly cited first:

- Contact with staff and public
- Transport and getting around outside the home
- Information and communication
- Access to health and social services
- Social life – friends and other contacts
- Shopping, dining, leisure and other facilities
- Independence and privacy
- Work
- Education and training
- Emotional well-being

**Contact with staff and public**

Of all reported barriers to a good life, the most commonly reported was the negative attitudes and/or ignorance of the people they come into contact with.
‘I wish there was more understanding from everyone about people like me in wheelchairs. There is still so much that we cannot do, or access, the same as other people.’

‘Attitudes are much better today than they were twenty years ago, but people still pat you on the head and treat you as if you’re simple’

A wheelchair user who was conducting with an accessibility survey of shops was told by one shop manager that he didn’t care if disabled people couldn’t get into his shop.

A visually impaired person reported:

‘I sometimes bump into people and they get upset.’

As reported under the section on visual impairment, admission to hospital can be a difficult and frightening experience if staff don’t understand that blind people need to have their surroundings described to them, need flexibility in rules and to be guided to toilets.

Deaf people report that most staff are unaware of how to communicate with them, either repeating what they say louder, or bypassing them altogether and talking to their companion. If there are inductions loops installed staff don’t always know how to use them.

‘The greatest challenge to a deaf/hard of hearing person is the general lack of understanding of the challenges involved and the need for good communication tactics.’

Transport and getting around outside the home

Difficulty with transport was one of the most commonly raised issues for wheelchair users and people with visual impairment, the main complaint being an inability to use public transport unless accompanied. For people who do not have regular carers this is an especially important issue as it means that they rarely leave home. This affects their ability to socialise, volunteer and to use public amenities.

People who use wheelchairs have a range of physical barriers to getting out and about: steps, uneven surfaces, narrow passages and doorways, heavy doors, obstacles, road crossings, obstruction to ramps. They are also vulnerable because they are below the line of vision for ambulatory people and people sitting in cars. Buses in Bromley now all have ramps for wheelchair users, but users unanimously
report difficulties in using them in practice. The ramps do not work for every
pavement height, drivers are not always helpful, and the space reserved for
wheelchairs on the bus itself is often already full, usually with children’s buggies.
Users report regularly waiting for three buses before they can get on, and most say
that the problems that regularly crop up make it too risky to set off alone. They are
therefore dependent on a carer or companion to take them out. For people with
close family and good networks in their community this is surmountable, but for
people who do not have this support, going out becomes an infrequent event.

‘I wish I could get on public transport on my own, but I have experienced so
many problems that I am scared to travel on my own, as some ramps are too
steep and not always working, and often there are buggies in the wheelchair
space. You can wait for three buses before you can get on.’

Taxicard is a London-wide service, described in Chapter Three, that provides eight
taxi journeys a month, with a maximum distance for each. Return journeys are
counted as two, longer journeys require more than one ticket (although ‘double
swiping’ has recently been stopped) and tickets may not be carried over from one
month to the next. Taxicard is valued and much used, the great advantage of the
system being that people are able to travel alone. Dial-a-ride, in contrast, requires
wheelchair users to bring a companion. User experience of Taxicard is variable,
however, with some finding it reliable and timely, while others report being unable to
arrange for collection at particular times. The latter makes attending events difficult
as even if they are taken on time they may have to wait long periods to be taken
home again. People who live further from the town centre, or who friends and family
at a distance, suffer because they may have to use their month’s allowance on a
single outing. Trips that require more than the month’s allowance are not possible.

Visually impaired people need audio information at bus stops and train stations, and
they also need well-designed and adapted roads and crossings for walking outside
the home.

‘My local shopping area has introduced a ‘shared space’ traffic system which
means that pedestrians and cars share the same space. It is too dangerous for
me to go there now. I asked them to consult with blind people, but they didn’t.’

User involvement was seen as crucial in these and many other many aspects of
planning. Because many service providers have little personal experience of sensory
impairment and physical disability, and therefore have little understanding of the needs of these groups of people unless they have been thoroughly trained, user involvement is especially important.

**Information and Communication**

These areas affect people with sensory impairment and have been covered under the separate sections for hearing and visual impairment earlier in the chapter.

**Health and social services**

Users report that their access to health and social services is usually good, or at least adequate. However they do report encountering a range of problems relating to staff knowledge and attitudes, lack of adaptations, and inflexibility in terms of format of information and modes of communication. Sometimes special provision is made, but fails to meet the needs adequately:

*‘My local GP practice has a special room for physically disabled users – on the first floor!’*

Many of these issues are covered under other headings, but there are specific areas that are important in health care, for example notification of appointments, navigating inside buildings, verbal and written communication of information, how patients are called in from waiting rooms, notification of results, support for disabled in-patients and disabled relatives of in-patients.

*‘Whilst there have been improvements in the audiology department at the PRUH there is always a feeling of little or no funding and/or support.’*

Similar issues arise in health promotion and screening, where provision of information in different formats is particularly important. Another important area, often neglected, are the psychological and emotional needs of disabled people, again covered elsewhere.

**Social life – friends and other contacts**

People with disabilities are in danger of social isolation and many respondents considered seeing more of their friends as a priority. The main barrier reported was being unable to travel independently.
People with PDSI need non-disabled people to help them to get around, but they commonly feel the need for connection with other people who are disabled. People who use sign language can often only communicate with other signers and hearing aid users find it difficult to hear in noisy settings. A disabled person may therefore feel socially isolated even when they are with other people.

‘I’d like more friends – someone to chat to.’

In addition to the practical barriers there is often embarrassment and shame attached to disability, especially recently diagnosed disability, with newly disabled people more likely to avoid social situations. They are therefore at particular risk of isolation.

‘Several friends go out to lunch regularly but I am unable to go as I cannot go on the bus.’

Shopping, dining, leisure and other facilities
Issues around access apply to shops, cafes, restaurants, pubs, clubs, places of worship, cinemas, theatres, leisure centres etc, and have been covered in other sections.

Areas where special problems arise include the need for subtitled or signed performances at local theatres and cinemas. These are reported by users as being infrequent and poorly advertised.

‘I love the theatre, but the equipment available at venues to aid those who are deaf is very basic and often not in the best working order.’

Disabled users need special help to use sports facilities, eg interpretation, instructions in different formats, opportunity to mix with similarly disabled people, and alternative methods of alerting deaf people to announcements and alarms.

People with sight loss need talking books and newspapers.

‘I would love to visit the library and other local amenities’

Attending local events, such as fetes, fun runs, walks, talks etc, can be difficult for disabled people. They need to receive information about them in an appropriate format, be able to travel to the venue and be able to participate when they get there.
‘I don’t get out as much as I should for leisure – this is because most of my carers do not drive and public transport is difficult.’

Independence and privacy
Inherent in an inability to take care of oneself and travel alone is a dependence on other people and therefore a lack of something that non-disabled people take for granted, privacy.

In health and other services there is a common assumption among staff that people with PDSI will attend services with another person. While confidentiality of medical consultations is taken for granted by non-disabled people, the need to take family or friends to help with physical access or interpretation means a loss of that confidentiality. Visually impaired people may need another person to read their post, including hospital appointments and test results.

Work
People who are disabled are much less likely to be in employment than non-disabled people, and to earn less if they are. It is now illegal for employers to discriminate in recruitment and users describing their experiences before the DDA illustrate how important that legislation is. A physically disabled person reported being invited for interview, for example, and told when they got there that the company was ‘only testing the market’ and was not taking anyone on. On another occasion he was told that the job had ‘just gone’. Disabled people have also reported being treated differently at work. For example a blind touch typist discovered one day that her employer stamped all her letters with ‘this letter was typed by a blind person’. The people they work with may not be trained in how to communicate with and support a disabled colleague, making the workplace an uncomfortable and difficult place to work. Disabled people can be rendered unsuitable for employment by being given jobs their disability makes difficult for them to do. For example a physically disabled employee, again before the DDA, was transferred to a job where he had to stand. His health suffered and he had to leave. There may be a lack of adaptations that would make work possible for a disabled person, for example screen-reading equipment for visually impaired employees, and ramps and lifts for wheelchair users.

Disabled people also need more support and often special help in becoming ‘job ready.’ Visually impaired people need training to use adaptations and equipment, as do deaf people. Both groups need help completing forms. Profoundly deaf people,
because they have often missed out on education and because they effectively speak a different language (see section above), often need basic life skills training before they can consider applying for a job.

‘I would like clearer information about what work I can do.’

Even with legislation, and with support in the form of training and support from employment advisers, disabled people are still likely to be disadvantaged in employment. This may be due to lack of enforcement, sick leave or because there are jobs that they are physically unable to do. As a result, disabled people who are employed often feel that their talents and abilities are under-utilised, and find it difficult to rise to positions that are commensurate with those abilities.

‘Barrier of deafness hard to get good work. Would get better job if not have problem communicating.’

Of those respondents who were in paid or unpaid employment, most were working for voluntary organisations related to their disability, and only a few were in mainstream employment. It was notable that many respondents of working age had clearly given up all thought of employment, responding ‘not applicable’ to the question on work.

‘I am highly qualified and would like to share my knowledge, but access to buildings and travel is impossible.’

Education and training

It is outside the remit of this report to look in detail at the needs of disabled children, however the degree to which disabled children are supported and educated will affect their ability to participate in life as adults. Children with disabilities are often behind in education because they miss large chunks of school, and they need special help. If this is not provided, they will be seriously disadvantaged in adult life.

Children who are educated in special schools are more likely to get the special help they need, and to have good social contact with other disabled children, but they gain little experience of mainstream life and may need extra help to integrate when they move into adulthood. Children who are educated in mainstream schools, which is increasingly more common, have the advantage of being used to the kind of education non-disabled children receive, however they are in danger of becoming
socially isolated. Profoundly deaf children, for example, can only communicate with other signers, and physically disabled children are unable to join in many school activities.

Adult education is available to disabled people but some physically disabled users report not being able to access it, due to difficulty getting to them, or difficulty paying for them.

‘I would like to do some courses, but haven’t got the budget for it.’

Emotional well-being
Disablement is potentially traumatic, depressing, anxiety-provoking and isolating but in the drive to meet practical and medical needs these aspects can often be overlooked by social and health services. Often the best people to support newly disabled people are those who have had the same experience, but several users felt that the potential for peer support is under-utilised locally, that it is all too easy for newly disabled people to vanish into their homes. Some physically disabled respondents said that were not enough volunteers to help disabled people to get out and socialise, and gain comfort and inspiration from others like themselves.

Some users emphasised that asking for help with emotional problems is taboo for many people. To counter this, and because mental health may deteriorate over time, especially if a person becomes socially isolated, checks on mental state need to be routine and regular.

In the user survey, individual scores for emotional well-being ranged from the lowest to the highest extremes, and it was interesting to note that there was no apparent relationship between people’s scores and the severity of their disability. While it was not the intention to conduct a piece of quantitative research, anecdotally the more active and social people reported themselves as being, the higher their emotional well-being scores seemed to be. It is not possible to say whether activity and social contact precede or succeed emotional well-being, but enough is known about the benefits of these aspects of life to know that they would certainly help to maintain it.

‘Relationships are important to me and my friends are great.’

Some people are more fortunate than others in terms of having friends and family to support and encourage them, and it is known that some people are genetically more resilient and cheerful than others. However there is much that can be done to help
people to maximise their emotional well-being, in terms of self-help, peer support, social groups, assertiveness training, cognitive therapy and so on. Users report many different ways of making their lives easier and fuller and, provided the opportunities are there, these tips can be passed on.

‘Church lifts up my emotions.’

‘I am one of the few deaf people who wears a badge.’

‘You have to learn to speak up for yourself’.

‘I am, and have been, happy to be deaf.’

Discussion
It is interesting to note that work, emotional well-being and education and training were all cited very infrequently as priorities. This conflicts with what is known about levels of employment, educational attainment and emotional well-being among disabled people, and may reflect a sense of resignation to limitations (in work and education) and of a culture where emotional problems are either not easy to mention or people have low expectations of receiving help. In terms of work, particularly, a number of people of working age who were not in paid work wrote ‘not applicable’ under the section on work, as if a decision had been made, either by them or for them, that work was simply not an option. Both work and education/training are important determinants of emotional well-being, but while the people surveyed were well aware of the beneficial effects of getting out and about and having a social life, it seemed as though work and education had vanished from the horizons of a significant proportion.

It is also interesting to note that emotional well-being, while associated to some extent with the degree of activity and social contact in a person’s life, appeared to have some independence from other variables, including severity of disability. This implies that emotional well-being is a quality of life which can exist in the face of disability, and that social well-being determines other important aspects of life, rather than those aspects of life determining emotional well-being. It is known that there is a genetic component to people’s emotional well-being, but also that, with guidance, people are able to achieve higher levels of well-being without material changes in their circumstances.
What could be done?
This chapter has identified the main areas of day to day living that cause difficulties, and therefore increase disability, among physically disabled and sensory impaired people in Bromley. If Bromley is to become a place where disabled people can thrive, these are the areas where we need to concentrate:

- **Disability awareness among staff and public.** There is a need to explore ways of increasing awareness that are affordable and practical at times of financial constraint. This is the one area where, if progress was made, has the potential to have a large positive impact on all the other areas.

- **Empowering people with disabilities.** There are many services available to people with disabilities but they are not always used. Many people do not register as disabled, they do not always know about available services, and may feel deterred from accessing them. In addition, disabled people themselves are a source of support that is currently underutilised. Thought needs to be given as to how to provide psychological support, both informal and professional, in order to prevent and alleviate mental ill health, and increase motivation and sense of well-being.

- **Transport.** For people who are blind, or who use a wheelchair, to be able to travel on public transport independently would make a huge difference to their lives. While the railway system is relatively accessible, buses currently are not. Some of the solution may lie in increasing practical help provided by bus drivers. Recruitment of volunteer private drivers would help people who currently are dependent on a companion in order to get out of the house, but who don’t have a regular carer.

- **Access.** Accessibility varies widely in the borough. Accessibility audits need to be conducted routinely, and action plans need to be developed on the basis of the results. Ways of bringing more services and premises up to the standards of the best, and the kind of guidance that could be provided to facilitate this, need to be explored.

- **Paid and unpaid employment.** Less than half of all disabled people are employed, and expectations of paid work appear to be low. There are already services in place to support disabled people to find work and advise organisations on adaptations. What needs to be explored is why such a low proportion of disabled people are employed.
Chapter Four: What services are currently provided?

Main points:
- Social care services are provided to people aged 18+ who fulfil the criteria of there being ‘critical’ or ‘substantial’ risks to a person’s independence.
- Care First records all contacts with the service. There are currently 1230 people registered, of whom 340 are currently in receipt of services.
- There is a transition team to support young people leaving children’s services.
- LBB contract with a number of organisations to provide specialist care for people with disabilities.
- Information available on who uses the services, and how often, is incomplete and often absent.
- The sharing of data between the different agencies, through for example a joint database, would greatly improve our knowledge about the service needs of disabled people and help provide better services.

A range of services for adults with physical disabilities and sensory impairment are provided by Bromley Council, Bromley NHS and third sector/voluntary organisations. They are aimed at supporting and helping disabled people and their carers to live as independently and fully as possible. This chapter describes those services. It covers procedures for accessing the services, the costs of those services, what currently works well and what works less well.

Adult Social Care Services
To ensure that services go to those in greatest need, who are at risk of losing their independence, services are provided to:
- Adults aged 18 or over, living in Bromley, who need social care services because of difficulties related to old age, long term illness or disability or mental health problems, OR
- Carers and/or representatives who supports an adult 18 or over with such needs.

Bromley council offer fair access to care services for all adults who ask for help, and use the guidelines which are set by government for all local authorities. Categories under which need is assessed include:
- Risks to health and safety
- Level of independence and choice
- Ability to manage daily routines
- Ability to be involved in family and community life

Bromley Social Services only will offer help if they think there are ‘critical’ or ‘substantial’ risks to a person’s independence. People whose risks to independence are lower will be offered information and advice and redirected to other sources of support whenever possible.

**How are services accessed?**

Bromley’s CareFirst is an Information System that allows the recording of every person who contacts Adult Social Services or the Children’s Disability team. There are currently 1,230 people aged 18-64 registered on CareFirst, with 340 accessing active services, i.e. domiciliary care, care homes (residential and nursing care), day centres, extra-care housing and Bromley Scheme for Adult Placements. This figure includes those who part or fully pay for the service.

When a person contacts Bromley Social Services Direct, their problem and needs are assessed and, if appropriate, they are signposted to services that can help them. If the person has needs which meet the eligibility for social care, their case will be referred to the Care Management Team. Every person referred will receive an assessment of their potential for re-ablement. The re-ablement service offers people the opportunity to identify goals they want to achieve and, through a programme of skills development, enables them to maintain independence within their own home. People who require an ongoing package of support, following re-ablement, are allocated a personal budget to choose how their support is delivered.

The **Disability Telephone Helpline** provides information on services, and can be accessed via text phone. The number published for Disability Helpline is the same number as Bromley Social Service Direct. During week commencing 4th October 2010 the recorded number of Disability Helpline Enquiries was 13.

*Source Bromley Social Service Direct Manager 11/10)*

**Support is available for adults**

- with **physical disabilities**, including those with HIV, acquired brain injury, insulin dependent diabetes, uncontrolled epilepsy and neurological conditions.
• who are **deaf or hard of hearing**, including assessment and provision of equipment. A British Sign Language (BSL) Interpreter can be organised through social services.

• who are **blind or partially sighted**. Kent Association for the Blind (KAB) are contracted to provide support and advice to these clients, and their carers.

• **who regularly care**, without payment, for a relative, partner or friend, who due to illness or disability or vulnerability cannot manage at home without help.

**Transition services for young people and their families**
The multi agency **Transition Team** co-ordinates services for young people aged between 14 and 22 with disabilities and complex needs through transition into adulthood. The aim is to support them to maximise their potential to live independently and to have the opportunity to have as many ordinary experiences as possible. Cases due for transfer have a review assessment, core assessments where necessary, a transfer summary, up to date information including a personal educational plan, and an up to date health assessment. The Transition Team liaises with Adult and Community Services before the young person is transferred to Adult Social Services at 18 years of age. (Figures on those currently in transition are unavailable). The Adults Physical Disability Team involves families, services and professionals, who care for, work and engage with young people with disabilities.

In general young people will stay with the Children’s Disability Team (CDT) until their 16th birthday. However, if a young person comes to the attention of Social Services on or after his or her 14th birthday, where no services were previously provided, the case will go directly to the Transition Team. To ensure all young people are known to all relevant agencies by the young person’s 14th birthday, a quarterly interagency meeting takes place, involving representatives from the Children’s Disability Team, the Transition Team, Connexions, Special Educational Needs and the PDSI Team.

Whilst the knowledge about needs of children with a statement of special needs is good, there could be improvement around how data is collected for young people 16-19 years of age. Sharing data between agencies, perhaps through a joint database, would improve local knowledge about the needs of these children. The School Census and Special Educational Needs Survey 2009/10 estimated Bromley Borough had 179 16-19 year old students with a disability or significant special needs. This figure includes students with multiple learning disabilities, including Autistic Spectrum Disorder and severe social communication difficulties.
The London Borough of Bromley has commissioned the following organisations to provide services on their behalf:

*Bromley Association for the Physically Disabled (BATH)*
The service provides support and information services to older people and disabled people and their carers, alleviating isolation and promoting rehabilitation. The independent living centre provides information and advice on products and equipment. ACS provides an occupational therapist to undertake assessments for those eligible under FAC or refer those who do not meet the criteria. The number of those accessing the above services is unavailable.

**Grants received March 09**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>LBB</td>
<td>115,552</td>
</tr>
<tr>
<td>Bromley NHS Primary Care Trust</td>
<td>53,276</td>
</tr>
<tr>
<td>City Bridge Trust</td>
<td>26,250</td>
</tr>
</tbody>
</table>

*BATH Respite Holiday Scheme* provided respite holidays up till March 2011, but this service has now ended. 46 Clients used the Respite Services in 2009/10 (Source: contracts officer).

**Carers Bromley.** Support workers provide advice to carers about local and national services and facilities, benefits and financial help, including writing letters and filling in forms. Figures on usage are not available.

**Funding for 2009**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>LBB contribution</td>
<td>£196,813</td>
</tr>
<tr>
<td>Bromley NHS PCT</td>
<td>£105,462</td>
</tr>
<tr>
<td>Princess Royal Trust for Carers</td>
<td>£22,500</td>
</tr>
<tr>
<td>Children in Need</td>
<td>£11,156</td>
</tr>
<tr>
<td>The Drug Action Team</td>
<td>£16,600</td>
</tr>
</tbody>
</table>

**Carers Bromley Carers Grant** provides breaks for carers of one to fourteen days, and carers sitting service. Carer’s Bromley circulate a sitters list to all carers registered. There are currently 26 sitters registered.
Housing and support for independent living

**Care homes** provide long-term care for people who can no longer remain safely at home even with support. There are three kinds of care home:-

- Homes that provide accommodation, meals, personal care and attention, but not nursing.
- Homes where nursing services are provided.
- Homes that provide both residential and nursing care.

**Extra Care Housing** provides bedsit, studio and one and two-bedroom specially designed or adapted accommodation for people who are no longer able to live in their own home even with support, but who do not need the level of help given by a care home. There are a range of supported housing schemes within the borough which provide accommodation to people with disabilities and enable them to live independently. At present there are 46 households waiting for fully adapted accommodation. (Source LBB Housing Register Database as of 14/09/2010).

**Bromley Home-seekers** provide information on homes that enable vulnerable adults to share in family and community life.

The **Bromley Home Improvement Agency** helps people to access various grants, including the Disabled Facility grant, discount schemes, loans, equity release and other financial help, and provides advice on independent living.

**CareLink Community Alarm Service** is a 24 hour alarm scheme that helps vulnerable people remain safely in their home by enabling them to summon help in an emergency.

The **Independent Living fund** provides extra funds to top up the support provided by a council. **Homecare**, this is a range of care services provided in the home, which can include a midday meal, assistance with washing, dressing and medication.

**Bromley Scheme for Adult Placements** (B-SAP) provides an alternative choice for people who require support rather than traditional residential care. It can provide both long-term and short-break services.
Number of People Accessing Care Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Number of PDSI Clients 18-64 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistive Technology</td>
<td>11</td>
</tr>
<tr>
<td>Carelink</td>
<td>50</td>
</tr>
<tr>
<td>Day Care</td>
<td>16</td>
</tr>
<tr>
<td>Double Handed Personal Care</td>
<td>34</td>
</tr>
<tr>
<td>Direct Payments</td>
<td>100</td>
</tr>
<tr>
<td>Homecare Service</td>
<td>105</td>
</tr>
<tr>
<td>Extra Care Service</td>
<td>7</td>
</tr>
<tr>
<td>Freezer meals</td>
<td>2</td>
</tr>
<tr>
<td>Live In Care Service</td>
<td>21</td>
</tr>
<tr>
<td>Residential Care</td>
<td>33</td>
</tr>
<tr>
<td>Supported Living</td>
<td>2</td>
</tr>
<tr>
<td>Telephone Benefit</td>
<td>1</td>
</tr>
</tbody>
</table>

For budgeting details please see PDSI Budget 2009/10

The Rehabilitation and Occupational Therapy Team provide assessments, rehabilitation programmes and practical support to help people remain in their homes. They also carry out assessments for applications to the Blue Badge Scheme.

Bromley Council employ a team of 24 Occupational Therapists who are currently serving 223 physically disabled and sensory impaired clients.

*Source business objective Report O/T workers all teams 28/10/2010

Community Equipment Services

Adult and Community Services are proposing to implement the DoH Community Equipment Retail model in Bromley. A new national equipment delivery service is currently being considered, whereby ‘Simple Aids to Daily Living’ (SADL) with a value under £100 are provided through local retail outlets. Clients would be assessed in the
normal way but then given a prescription that can be redeemed at a local accredited outlet for equipment. Clients would also have the opportunity to top up their prescription to enable them to purchase what design they want rather than what the state can afford. There are technicians available if equipment needs repair/maintenance.

Number of Simple Aids to daily living issued in 2010: 14,410 items.

Number of Complex Aids to daily living issued in 2010: 3,560 items.

The service is jointly funded between the Bromley PCT and the London Borough of Bromley.

Integrated Community Equipment Services (ICES) provide mobility aids, and adaptations, e.g. bathing and toileting equipment, hoists, special beds and pressure relieving mattresses and grab rails.

Wheelchair Services
There are approximately 3,000 users of this service in Bromley.
The time of referral to the receipt of a wheelchair will vary depending on priority and need. Terminally ill patients will be seen or issued a wheelchair as a priority, as will those who have pressure problems or require a wheelchair for hospital discharge.

For users of average height/weight waiting time for a wheelchair is normally within a month but for those who require customised seating it is likely to take longer due to the complexity of the equipment required.

Regular clinics are held at Marjorie McClure, Riverside and Nash College for children and young people. Bimonthly clinics are held at the Phoenix centre for pre school children and those in mainstream education.

The National Health Service funds this service and it is based at Bassett’s Resource Centre. Improved technology and increased life expectancy has placed financial strain on this service but needs are currently being met.

Transport
There is currently a Bromley Mobility Forum to enable people with disabilities to raise transport problems with the local authority. This has been funded for one year.

Transport for London offer a Travel Mentoring Service for people with disabilities, whereby a mentor accompanies a disabled person in order to build their confidence.
Where appropriate, mode specific assistance can be booked, for example having Underground staff available to show the customer how to use the system. All London Buses are adapted for passengers who use wheelchairs and electric scooters. Most buses now operate under the iBus system which is a visual display with accompanying audio announcement showing the next bus stop and whether the bus is stopping. Current policy should mean that drivers stop at any stop where someone is waiting regardless of whether the passenger signals for the bus to stop or not. All drivers must now complete a comprehensive BTEC training programme within their first year of service. As well as dealing with the technical aspects of operating a bus, such as deploying the ramp and using the kneeling facility, about 40% of the course looks at customer service issues. This includes a specific focus on identifying different customer groups and their requirements. The programme also includes a day spent on disability awareness/equality training which shows drivers what a difference low-floor accessible public transport can make to the lives of disabled users. This training is backed up by additional learning resources including a training DVD and leaflets for drivers which look at a range of issues relating to disabled passengers.

In the past there have been some issues with drivers deploying the ramps. For example, if a driver fails to position the bus correctly next to the kerb, it can stop the ramp from extending. The bus operators are aware of these ramp operation issues, and driver training is helping to minimise this type of problem. Problems can also occur when the bus is unable to pull into the bus stop, for example, because of illegal parking. Transport for London is working closely with local authorities and the police to ensure that there is effective enforcement of parking at bus stops. Please see the borough’s Transport Review 2009 for further information.

People with disabilities are entitled to a Freedom Pass which enables them to travel free on all buses in the London Transport Network (24 hours). They may also travel on most local rail services between 9.30am and 4.30am the following morning Monday to Friday, and all day at weekends and public holidays. On some routes Freedom Pass Holders may travel free 24 hours a day.

You may be eligible for a Freedom Pass if you are:

- Blind
- Partially sighted
- Deaf/hard of hearing
- Without speech
Numbers of Freedom Passes currently in use (ages 16-60)

Blind/partially sighted 255
Deaf/hear of hearing 224
Without Speech 4
Mobility/walking difficulties 1375
Loss of arms 1

Total 1,859

Figures are based on a combination of 2010 and 2015 expiry dates.

The Freedom Pass scheme costs approximately £244 million per year and is paid for by the 33 London Boroughs. LBB are charged by London Councils for the trips made and administrative costs involved. Budget 2010/11 is £8.6m, but includes all Freedom passes issued to disabled and older people over 60 years.

*source LBB Customer Services Manager

The Blue Badge Scheme is a national arrangement of parking concessions for people with severe walking difficulties who travel as drivers or passengers in cars. Blue badge holders can park on a yellow single or double line for up to three hours (accept where a loading ban is in force). Parking in car parks and pay and display bays are free of charge. Disabled badges must be clearly displayed on dashboards with the expiry date visible. The cost of issue to the service user is £2.00.

Number of Blue Badges issued and rejected in 2009/10

<table>
<thead>
<tr>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>515</td>
<td>0</td>
<td>515</td>
<td>3</td>
<td>57</td>
<td>329</td>
<td>70</td>
<td>209</td>
<td>32</td>
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<td>54</td>
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<td>1893</td>
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<tr>
<td>550</td>
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<td>385</td>
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<td>342</td>
<td>229</td>
<td>281</td>
<td>274</td>
<td>338</td>
<td>3869</td>
<td></td>
</tr>
</tbody>
</table>

*Source LBB Parking Services database 11/10/2010

Figures based on a combination of 2010 and 2015 expiry dates.

The Dial-a-ride service operates across London as part of Transport for London Services, with funding from a direct Government Grant. ‘BATH’ is one of a number of sub-contractors that London Dial-a-ride uses. The service is not designed to provide transport to and from paid work, hospital appointments or journeys to day centres or school. If the member can be flexible with the time they want to travel, dial-a-ride will normally be able to arrange a journey. Users often complain that they are unable to arrange times to suit their needs, particularly when they need to be in a certain place at a certain time. The scheme is a multi-occupancy service, though regular bookings
may be possible depending on resources available. It operates a free door-to-door transport service. Between April 2009 and March 2010 there were 57,576 journey requests and 48,008 Journeys completed. As of September 2010, there were 2,134 Bromley residents registered with Dial-a-Ride.

*Source- Transport for London-Operations Manager 14/10/2010

The London TaxiCard Scheme is a method of providing subsidised door to door transport for people who have a serious long term mobility impairment which makes public transport extremely difficult or impossible. Up to eight journeys per month can be made. (A service user travelling to Bromley Town Centre and then returning home later in the day would equate to two journeys). To be eligible for a Taxicard you must be unable or virtually unable to use buses or trains because of either blindness or any permanent or long term disability/injury which seriously impairs your ability to walk. There are currently 365 physically disabled and sensory impaired people aged 18-64 registered with the Taxicard scheme. Many of the schemes members are over the age of 65 years. The London Taxicard budget for 2010/11 is 19.2million- of this TFL contributes 13million and the 32 London boroughs contribute the remaining 6.2million.

As of 4 January 2011 the following changes have been made to the Taxicard scheme in Bromley:

- the minimum charge you pay is £2.50
- the maximum borough subsidy is £8.30

*Source LBB Carefirst14/9/10 and TFL Website

Users appreciate the service but comment that it would be much better if there was more flexibility about how it can be used. While users might wish to save up their entitlement in order to make one longer journey, the scheme does not allow them to carry over credits from one month to another. Also, people would prefer to have an allowance of journeys rather than distance, as people who live further away from town centres, for example, might use up their month’s allowance on a single trip.

Bromley Community Transport is provided by Bromley Association for People with Disabilities (BATH). BATH provide adapted vehicles to organisations or individuals registered with them, including transport for outings. In December 2009 there was 200 organisations and 50 individual members registered.
**Pedestrians.** Pelican crossings are known as ‘Far Side Signals’ because the pedestrian signal head is mounted on the other side on the crossing, while Puffin crossings are known as a ‘Near Sided Signals’ because the green man/red-man display is placed on the near side pole as you cross. Kerbside detectors and microwave detectors monitor pedestrian presence and if a pedestrian crosses the display reverts back to green. This accommodates different pedestrian walking speeds. Audible signal and Tactile Rotating cones are normally used to inform the visually impaired of a safe crossing time. Crossing times are routinely monitored by Transport for London.

Users report that textured pavements at crossings are essential for the safety of blind people, but while many Bromley crossings have been adapted in this way, many remain to be done. Some traffic systems are inherently dangerous for the visually impaired and users need to be involved when changes are being planned.

**Employment**

*Disabled Employment Advisers* offer support to people with disabilities via Work Choice (delivered through Ingeus and Remploy), Improving Access to Psychological Therapies IAPT) and the current Pathways to Work Programme. They conduct assessments, discussing the individual's job goals and capacity for work, and provide advice on training and help in finding a suitable job. DEAs also encourage and support development of disabled people through the disability symbol. (Also known as the ‘two ticks’- discussed in previous chapter). Unfortunately it is not possible to identify numbers attending for Disabled Employment Advice because data does not specify disability status independently from the benefits claimed.

*Work choice* is a voluntary employment programme that provides support to disabled people facing especially complex barriers to getting and keeping a job. For Bromley residents this support is provided by Ingeus.

*Pathways to Work* helps people who are in receipt of benefits because they are ill or disabled to get work or to prepare for work in the future, the service provided locally by Reed in Partnership. The service offers individual support and access to a wide range of help. In addition, the Government will be implementing the new Work Programme by the summer of 2011. This will be an integrated package of support providing personalised help for people receiving out of work benefits. In order to ensure that as many people as possible benefit from the new scheme as quickly as
possible the Government will be phasing out many of the existing programmes and moving them into the Work Programme.

**Improving Access to Psychological Therapies IAPT** is a national NHS programme aimed at providing ‘talking therapies’ to people with anxiety and depression, and helping people of working age to stay in their jobs, or return to work. The new IAPT in Bromley is provided by the Primary Care Mental Health Team, and Bromley Mind working in partnership.

**Connexions** provides any 13-19 year old, and those up to 25 with learning difficulties and disabilities, with access to information, support and practical help. Tailoring services to meet young people’s needs and giving impartial advice and guidance on education, work and training and other useful services, including specialist support provided by Personal Advisors, where necessary. There are two Special Educational Needs Advisors based in Bromley.

**Springboard Bromley** offers a wide range of pre-employment and work-based training programmes to help people develop and improve their employability. They provide make necessary adaptations for those who are blind or partially sighted.

**Carers and Employment.** Almost two thirds of working-age carers are in some sort of paid employment and a third of those work full-time and provide care for more than 20 hours per week. The Employment Relations Act 1999 gave carers in paid work the right to have time off to deal with a family emergency. Carers cannot, by law, be penalised by their employer for taking time off as long as that time off is fully justified.

**London Borough of Bromley Disability (Positive Action) Employment Strategy**
This strategy sets out the borough’s commitment to disabled applicants and its desire to increase the number of disabled people it employs. It is consistent with the new duty to promote disability equality and the requirement that statutory authorities need to have a Disability Equality Scheme. Managers have been advised they can no longer ask questions regarding sickness and attendance at interview. There are currently 58 employees with disabilities (2.23%, excluding schools staff). Breakdown by disability type or level is not available.

The borough last ran Disability Awareness Training in 2008.
Training on awareness of visual impairment is available for all front line staff and carers. Delegates gain an understanding of common eye conditions, practical guiding, and communication techniques along with an insight into the barriers faced by a person visually impaired. Courses are available for council staff and partner agencies.

**Education**

Bromley aims to ensure that children and young people with Special Educational Needs (SEN) are able to reach their potential, are included in their school communities and make a success of their transition into adulthood. (DDA95/2005 Education Act 1996 Children Act 2004, chronically Sick and Disabled Persons Act 1970 and Improving the life chances of disabled people.)

*The Integrated Youth Support Service* is available to all young people 13-19 and, for those with disabilities up to 25 and aims to reduce the numbers of young people not in education, employment or training and maximise their involvement in the community. It brings together in-house and commissioned elements from the Youth Service, Connexions and targeted youth support team into a single management structure within the Learning and Achievement Division of the Children and Young People’s Service. The service also has a responsibility for commissioning positive activities across the age range of 8-19.

*The Bromley 16-19 Course Directory*, put together by the Bromley 14-19 collaborative, contains details of courses for 16 - 19 year olds. It provides an overview of the range of courses in different subjects and at different levels that are available to students across Bromley for September 2011.

The Sensory Support Service offers specialist advice, support and teaching to children with either a visual or hearing impairment from birth -19 years and their families. It is based in Griffins, and home and school visits can also be arranged. There are currently 9 visually impaired children aged 16+ in mainstream schools, and a further 10 pupils with visual impairment as one of their difficulties. (Data: Griffins Vision Team Leader –Sally Thomas).

There are 14 pupils 16+ with a hearing impairment, of which 9 pupils attend schools in Bromley and 5 attend schools out of borough.; namely Mary Hare School, Margate School for the Deaf, New School and Hamilton Lodge. (Data Griffins Sensory Centre Gina Rosado)
Marjorie McClure is a specialist school for Physical Development. Currently 25 students aged 16+ attend the school; 8 are visually impaired, 1 hearing impaired and 16 physically disabled pupils of varying severity. Riverside School, based in Beckenham and Orpington, and also Glebe House School based in West Wickham are specialist schools and cater for students with complex needs and severe learning difficulties.

Nash College, Hayes, offers day and residential provision to 65 learners from 19 – 25. Residential learners live in single rooms on the college campus or in specially adapted flats. A specialist multi-disciplinary team provides individually planned and supported learning programmes for learners who have severe, complex or profound learning needs or disabilities, a high proportion of whom have communication difficulties. Nash College is part of The National Association of Specialist Colleges (Natspec), which is a membership association for independent specialist colleges that provide further education or training for learners with learning difficulties or disabilities. Natspec supports informed choice for all learners, and believes that specialist provision should always be one of the choices available in an inclusive system.

Some children are placed out of borough because they have needs which cannot be met locally, or in a few cases because the local placement broke down during their earlier secondary schooling and they decided to stay in the placement for 6th form years. For others the choice has been based on courses, peer group and support offered in an out of Borough school/college.

Bromley Parent Partnership Service provides support on behalf of Bromley Local Authority by Bromley Children Project for parents living in the Borough of Bromley. They support parents and carers to make the right choices for their children advising on how to get a child’s needs assessed and advice on how to achieve positive outcomes at meetings/reviews relating to a child’s circumstance.

Bromley College offer a range of courses, including many vocational and pre-vocational courses, specifically for young people with special needs. However some courses are heavily over subscribed. Dorton House, Royal London Society for the Blind in Sevenoaks is a very popular choice. Connexions Bromley employ two special educational needs advisors. They can advise young adults as to the various training courses available to them and employment opportunities. Young Peoples Learning Agency is also a good source of support.
**The H.E.L.P Project.** Helping Everyone with Literacy Problems was launched in July 2010. It has been implemented to help all users who may find it difficult to complete documentation, whether it is because of a literacy problem or they cannot physically fill in a form. The user can produce a wallet-sized card to the provider, which alerts the provider that the person will require some help. It is hoped that the project will help eliminate the frustrations often encountered when trying to access services. The project has been implemented in partnership with Bromley PCT, Affinity Sutton, Met Police, Bromley Safer Neighbourhoods, Sparks and LBB. Due to the sensitivity of the project it has not been advertised in local press.

**Leisure**

**Inclusive Fitness Initiative**

The Spa Beckenham gained this accreditation April 2010, having made adjustments to their building to make the entire area accessible for disabled people. There is a Tuesday Lunchtime Club where disabled people can meet and also use the facilities. Fully trained staff and equipment is available. In May 2010 the Spa held an event specifically for disabled people and invited them to a free induction and the opportunity of a free 3-month membership. (Funded by LBB).

Over four weeks of the lunchtime club, 12 clients attended with a range of impairments, including a wheelchair user with cerebral palsy, and a young adult with brain injury. The group were given a guided tour of the Spa and information about services and activities. 2 clients received a gym induction, 2 went to Pisces swimming club (based at the Spa), a further 4 people began using the gym. A lunch menu was organised for the group at a subsidised rate. Attendance varied throughout the four week period but it is hoped this club will be available again in the near future.

**Bromley Mytime** is a charitable leisure trust committed to working in partnership with Bromley Council to deliver a range of leisure services. They are currently piloting a new low intensity exercise programme for disabled people at The Spa, Beckenham. The classes have been designed to help people with a disability get back into regular physical activity within a leisure centre environment. Sessions are delivered under guidance of a fully qualified instructor with experience of working with people of differing needs. If demand is great further programmes may be available.

**Inclusive and Active** is a five year strategy with a vision of active disabled Londoners. It is a partnership between the Greater London Authority, Sport England
London Region and London sports forum for disabled People, now known as Interactive. Key Themes include changing the culture, concentrating on altering the way that society views disabled people and sport and physical activity, and providing adequate opportunities for disabled people to be active. More People, More Active concentrates on increasing the number of disabled people that view being active as a viable lifestyle choice. Diversifying the Sector focuses on disabled people volunteering and being employed within the sector. Skilling the Sector- concentrates on increasing the level of knowledge with regard to including disabled people.

**Services for people with sensory impairment**

**Deaf Access** provides a one stop shop for advice on services and facilities for deaf and hard of hearing persons and their carers; including children and their parents. Services include help with reading, form filling, benefits help, advice on general living, equipment demonstration and provision, links to interpreters, sign language and lip-reading lessons, and special groups. Community care assessments and care planning are provided to those who meet the Councils FAC criteria, and signposting to those who do not. Deaf Access also maintains the local deaf register.

<table>
<thead>
<tr>
<th>As of Dec 09</th>
<th>New Clients</th>
<th>Existing</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Service Users using the service &amp; visiting the centre</td>
<td>153</td>
<td>720</td>
</tr>
</tbody>
</table>

**Funding 2009/10**

- LBB: £61,716
- Friends subscriptions: £592
- Donations: £6,888
- Investments: £3,138
- Greenwich Council Services: £17,610
- Equipment for SI Impaired: £76,160 (LBB funded)

**Kent Association For the Blind (KAB)** provides support and advice people who are sight impaired, helping them attain the highest level of independence, including information, home assessment, small aids, emotional support and mobility and skills training. Users report the service to be very supportive and helpful, though it could be improved in several ways, including the provision of annual reviews, routine psychological support (as opposed to only on request), greater use of peer support
and attracting larger numbers of blind and visually impaired people. The drop-in information service, for example, was abandoned due to lack of use. Figures below show that only about five people per week were using this service.

**Activity Jan to March 2010**

<table>
<thead>
<tr>
<th>Referrals</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Info/Advice</td>
<td>22</td>
<td>27</td>
<td>27</td>
<td>76</td>
</tr>
<tr>
<td>Full Assessment</td>
<td>40</td>
<td>28</td>
<td>45</td>
<td>112</td>
</tr>
<tr>
<td>Mobility</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Equipment only</td>
<td>10</td>
<td>10</td>
<td>30</td>
<td>50</td>
</tr>
<tr>
<td>Volunteer Support</td>
<td>8</td>
<td>8</td>
<td>3</td>
<td>19</td>
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<td>Misc</td>
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<td>0</td>
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<tr>
<td><strong>Total</strong></td>
<td>82</td>
<td>73</td>
<td>109</td>
<td>264</td>
</tr>
</tbody>
</table>

Funding from London Borough of Bromley £102,218 (estimated 209/10)

KAB also holds the borough’s blind register:

**Number of registrations**

- Severely Sight Impaired: 496
- Sight Impaired: 625

Total registered in Bromley Borough 1,121

* Source KAB Team Leader 11/2010

**Other Voluntary Organisations**

**Disability Voice** is recognised by statutory agencies as representing the views of individuals, their carers and interested organisations. They seek to make recommendations regarding services for PDSI group and inform service users about health and social care issues that are relevant to them. There are currently 150 registered members, with 10-12 core members who meet 6 times a year.

Funding from LBB (2009/2010) £4,752

**Headway** provides advice, information, support services and a range of activities for carers of brain injury survivors. The service also improves the lives of those with
Funding LBB for services £6,775 (2009/10)

**Icare** provide a day centre for approximately 18-20 people per day who have suffered a stroke. Daily programmes include communication and life skills and social activities. They also support carers through provision of information and advice. There are currently 70-80 service users (1 or 2 come twice a week, others attend for 1 day). Funding LBB for services £17,250 (2009/10)

**The Stroke Association** support people and their families through the early days of adjustment, helping them prepare for the changes they have to make, supporting people in preventing the onset of a further stroke by providing information and advice. A specialist support worker will contact the carer and offer emotional support and information to help the family affected by stroke. 45 service users have been offered this service since February 2009. Annual funding: £38,000
The budget for 2009/10 for Commissioned Services totals £406,630.
* Source: financial reports London Contracts Register and Charity Commission
Commissioned Services LBB Finance Department

**Advocacy First** provides advocacy on health and care for people living in the Bromley communities, care homes and those who are leaving hospital. They are supported by Bromley PCT, LBB, the public and funding organisations.

**Age Concern** provides services for people over the age of 50 years. They are able to Support with Planning and a Brokerage Service which can help finding quality local services to help with your caring needs. They can also help you with benefits advice and practical support. They have several ‘pop-in-parlours’ across the borough which is open for lunch and socialising.

**Bromley and District TB Chest, Heart and Stroke Association** provides financial assistance on a one-off basis to people suffering from these ailments who are unable to get help from the statutory services.

**Bromley Chain** is a charity set up by parents of deaf children in Bromley. They provide support for all local deaf and hard of hearing people, representing the views of deaf people. They also loan communication equipment not provided by social
services. Information on deaf issues and a newsletter ‘Chain Mail’ is produced twice yearly.

**Bromley Community Counselling Service** Assessment and counselling services at low cost, and groups for anxiety and anger.

**Bromley Lions Club** is a voluntary service organisation who raises funds and assists those who need help in Bromley. They assist organisations by providing help to disabled and/or vulnerable people.

**Bromley Mencap** merged with **Bromley SCOPE** in 2010, and the newly merged organisation provides information and advice for people with learning disabilities and people with cerebral palsy and their parents/carers. Support and information on benefits, short breaks, education, leisure activities and a supported employment agency.

**Bromley Mind** provides services for adults with mental health needs. They offer various courses including employment support and Coping with Life and assertiveness training.

**Bromley District Talking Newspaper** is a Talking newspaper of local news is provided free each week for severely and partially sighted people. The Royal Mail meets the cost of the delivery whether it is a cassette or a compact disk.

**Bromley Family Link** provides an inclusive Saturday club for 5-19 year olds and a holiday play scheme. The aim is to give young people an opportunity to meet up with friends and socialise. The service is for disabled children and young people who can self-refer

**Bromley Welcare** a voluntary agency offering non-statutory social work and family support, helping families in need.

**Cystic Fibrosis Trust** Information, advice and support for people with cystic fibrosis and their families

**Disabled Go Access Guide** provides detailed information about access to all kinds of places in Bromley, including health facilities, leisure centres and social premises. It was launched in February 2010 and visits to the site increased when the DisabledGo
logo was included as a link on the front page of the London Borough of Bromley website. Please see chapter on access for further information.

**Dovetail** provides advice, information and support for people with physical disabilities within a social setting. Lunch and social activities are also provided. There are branches in Biggin Hill, St Paul’s Cray and Anerley.

**Dovetail Two**, based in Orpington, has a holiday project which was initially funded by the National Lotteries Board but is now entirely self-funding. Accommodation specifically designed by Dovetail Two members is available to rent, offering wheelchair access, adapted bathroom, kitchen, 2 bedrooms, living room with bed-settee, shower chair, and hoists.

**Church Farm Holiday Village** in Pagham, near Chichester also boasts a club house with bars and restaurants, swimming pools, shops and evening entertainment; all of which is fully wheelchair accessible.

**Ethnic Communities Project** For black and minority ethnic communities accessing health and social care in the borough.

**Motability** is a national UK charity, which helps disabled people and their families to become mobile, by enabling them to use their government funded disability allowances to lease or buy a car, powered wheelchair or scooter.

**National Osteoporosis Society** provides a social meeting group every second Wednesday of the month with guest speakers on a wide variety of subjects.

**Pisces swimming club** meets weekly at The Spa Beckenham and provides swimming sessions for people with physical disabilities over the age of 16 years.

**POhWER Advocacy** provides advocacy services to people over sixteen years of age. Services are available to individuals who want the support of an advocate to empower them to speak up for their rights, access information or say what they want about services they receive or need.

**Shopmobility** runs a scheme from two locations; The Glades in central Bromley and The Walnuts in Orpington to help people with limited mobility to shop. Electric or
manual wheelchairs and electric scooters are available free of charge to help with getting around.

**The British Red Cross** Medical Loan Services can offer short-term loan of wheelchairs and bed cradles. There are currently two locations in the Borough; Beckenham and Chislehurst.

**Sharks swimming club** provide swimming lessons and training sessions for people with physical disabilities from 5 years to 65 plus. Special K Club for children with disabilities aged 5 years to 18 years. They provide skills to aid coordination and meet every Saturday.

**New Developments in 2010/2011**

**Social Service Access Hub/Web Portal**

Part of the Supporting Independence in Bromley is to enable a web portal or access hub. This is an online tool that allows an individual to search for care providers, activities and services, allowing them the freedom to purchase services directly and also rate and review services. It will enable individuals to complete self-assessments, check eligibility for services and directly compare and choose providers. It will compliment the Learning disabilities site and the new Bromley Web. Consideration is currently being given to the use of British Sign Language on the site, via videos and use of translation services. Format, text and colour backgrounds are also being discussed. It is hoped that linking to media sites, such as Facebook and Twitter will encourage younger visitors.

**The UK Vision Strategy Group**

A multi-agency subgroup, including users, was been formed to review progress against this. While identifying many areas of good practice, the subgroup identified the following areas for development:

- Awareness raising with BME groups
- Increase number and quality of eye tests for people with Learning Disabilities, older people and people at high risk of visual impairment.
- Develop proposal for peer support for older people with sight loss
- Develop proposal for commissioning emotional support with sight loss.

The group plan to hold events for high risk BME groups, with input from the Local Optometric Committee, and also to do outreach work. The events will take place at
KAB. The KAB has also received funding to review the eye health needs of adults with learning disabilities but there is a need to identify continued funding for the work to continue.

In terms of increasing the uptake of eye tests, The Kent Association for the Blind have a poster campaign promoting regular eye tests (monitoring data currently unavailable).

The Local Optometric Committee and Bromley Primary Care Trust are planning to increase training for optometrists to work more seamlessly with children, the main challenge being to influence optometrists to sign up for it.

Providing effective emotional support is an issue nationally. Bromley would like to appoint an eye clinic liaison officer to provide the first point of support and signposting to services, and KAB are making links with the Improved Access to Psychiatric Therapies (IAPT) service at Bromley Primary Care Trust.

The group also plans to promote registration of those visually impaired on the Visual Impairment register and to cascade this information to GPs and Opticians. Registering can make people eligible for non-statutory concessions, and KAB and Age Concern Bromley carry out free benefits check for individuals registered.

The need to clarify the pathway from optician, to GP, to hospital, to low vision team, rehabilitation and emotional support was also recognised. Referral waiting times also need to be reviewed.

**In summary,** there are a wide range of services for people with disabilities in Bromley, provided by the public, voluntary and private sectors. The degree to which these service meet the needs of disabled people will be assessed in later chapters. Currently the information available on who uses the services, and how often, is incomplete and often absent. The sharing of data between the different agencies, through for example a joint database, would greatly improve our knowledge about the service needs of disabled people and help provide better services.
Chapter Five: How accessible are services in Bromley?

Main points:

- Very few venues, whether public or private, are accessible by independent wheelchair users. Wheelchair access, with assistance, is unavailable at most train stations in Bromley.
- There is generally very little provision of alternative formats (large print and Braille) for people with visual impairment.
- Transport staff are all trained in disability awareness, and a third to half of staff in public services, but proportions of staff trained in private services and outlets is much less. Staff training is not mandatory, locally, in either NHS or council.
- About 50% of GP surgeries have limitations on access, and dental surgeries have particularly poor access for disabled people.
- Loops for hearing aid users are present and functioning in 10% or less of most outlet services, but more likely to be present in entertainment and transport venues.
- The vast majority of venues say they welcome assistance dogs
- BSL signing is very rarely available, and if available needs to be booked well in advance.
- Less than 20% of clothing shops have disabled changing rooms

Access was identified by several disabled groups in Bromley as a priority for this needs assessment. Accessibility does not refer just to physical access, but also to information, communication and attitudes. Accessibility of local services was assessed using a combination of user views and experiences, an audit of premises, and information gathered by Disabled Go.

Access to Transport, shops, catering, and leisure facilities.

Disabled Go is a disability charity that runs a website providing detailed information on accessibility of local services: www.DisabledGo.com. In operation since 2000, Disabled Go was contracted by Bromley council in 2009 to assess accessibility of a thousand premises in Bromley and to publish the information on their website. The aim was to provide disabled people in Bromley with the information they need to make informed choices about accessing the community. The website is free to use and covers a wide range of venues across the borough, including cinemas, hotels,
hospitals, colleges, sports grounds, restaurants, dentists, tourist attractions, railway stations and more. The service has been developed in consultation with disabled people.

Disabled Go Bromley is due to be updated in March 2011. Venues that were previously assessed will be contacted again for updated information, and twenty five new venues will be added. Venues are surveyed in great detail, using the same set of standards in each, so that disabled people can find out whether a premises has everything from adapted toilets to nearby parking. Information includes, for example, whether there are tactile or Braille markings in lifts or on doors, whether venues have audible announcers, dimensions of toilets, positioning of fixtures and fittings and whether alternative formats of information are available. Accessibility information on each premises is provided on the website in a symbol format.

Information gathered by Disabled Go has been analysed to assess the degree of accessibility of different services in Bromley.

Figure 1 shows accessibility of all non-NHS venues assessed in Bromley. The majority of venues are accessible to wheelchair users who have an assistant with them, to assistance dogs, to mobility impaired people who cannot manage more than a few steps, and to people who require a seat. However, very few are accessible to an independent wheelchair user, very few have hearing systems, even fewer offer signing for deaf users, only one in four have trained their staff in disability awareness, and only a tiny number of outlets have printed materials in large font or Braille.
The following tables show the same accessibility data by venue category. It is notable that train and tram stations in Bromley do better than other venues, with the majority having hearing systems and disability awareness training (Table 2). However, wheelchair access is only available at six of the twenty six stations, and large print, Braille and signing services are all absent. Adapted toilet facilities are also rare.

Catering and entertainment venues (Tables 3 and 4) are more likely to have assisted wheelchair access and adapted or at least step-free toilets, although the proportion is still below 50%. The proportion of outlets with hearing systems is consistently below 20%, and in the case of clothing shops, only 10% (table 5). The Churchill Theatre has recently started working with Deaf Access to improve access for people who are deaf or hard of hearing.

In summary:

- Very few venues are accessible by independent wheelchair users.
- There is generally very little provision of alternative formats (large print and Braille) for people with visual impairment.
- Wheelchair access is unavailable at most train stations in Bromley.
- The vast majority of venues say they welcome assistance dogs
- BSL signing is very rarely available
• Less than 20% of clothing shops have disabled changing rooms
• Disability awareness training is almost universal in tram and train stations, present in around a third or more in cafes, restaurants and entertainment venues, and in about 25% of other venues.

Figure 2

Percentage of Airport, Train, Bus and Tram Stations with Disabled Access Facilities

Figure 3

Percentage of Cafes, Bars, Restaurants and Takeaways with Disabled Access Facilities
Figure 4

Percentage of Entertainment and Leisure Venues with Disabled Access Facilities

- Wheelchair Use
- Wheelchair Assistance Walker
- Seat Available
- WC Adapted
- WC step free access
- Changing Rooms
- Large Print
- Braille
- Assistance Dog
- Hearing System
- Conducting of Business
- Home Service
- Disability Awareness Training
- Changing Places
- BSL
- Adapted Room
- Parking
- Parking
- Parking

Figure 5

Percentage of Clothing and Accessories Shops with Disabled Access Facilities

- Wheelchair
- Sitting area
- Wheelchair Assistance Walker
- WC Adapted
- Changing Rooms
- Large Print
- Braille
- Assistance Dog
- Hearing System
- Conducting of Business
- Home Service
- Disability Awareness Training
- Changing Places
- BSL
- Adapted Room
- Parking
- Parking
- Parking
Accessibility of NHS premises

Accessibility information for pharmacies, doctors surgeries, opticians and dental surgeries in Bromley is shown in Figures 7 - 10.

In summary:

- Accessibility to independent wheelchair users is rare.
- Over 80% of pharmacies are accessible to assisted wheelchair users, compared to around 60% of doctors’ surgeries and opticians, and only 25% of dentist surgeries.
- Nearly 40% of pharmacies have hearing systems, as compared with 20% of doctors surgeries and opticians, and 2% of dentist surgeries.
- Around 50% of pharmacists and doctors surgeries staff had had disability awareness training, and 40% and 30% of dentists and opticians respectively.
- BSL interpreting was available in 20% of doctors surgeries, but less than 10% of other services.
- Half of doctors’ surgeries had adapted toilet facilities, and less than 10% of dentist surgeries.
Figure 7

Percentage of Pharmacies with Disabled Access Facilities

Figure 8

Percentage of Doctors Surgeries with Disabled Access Facilities
Figure 9

Percentage of Opticians with Disabled Access Facilities

Figure 10

Percentage of Dental Surgeries with Disabled Access Facilities
Audit of GP surgeries.

DisabledGo’s findings in GP surgeries are consistent with those found in an assessment of premises requested in 2010 by the PCT. Practices were asked to submit a self-assessment outlining their compliance against a checklist compiled from the minimum standards for GP Premises within the 2004 GP Regulations.

These standards fell broadly into the following categories:

- Disability Discrimination Act compliance
- Facilities e.g. nappy changing/breast feeding
- Environmental issues e.g. heating/lighting/ventilation
- Equipment and instruments
- Compliance with legislation: Fire, Health & Safety etc.
- Security Arrangements
- Suitability of premises to offer Minor Surgery

Practices assessed or self-declared as partly meeting these standards fell into two categories: practices which can do nothing further (generally surrounding DDA compliance) and practices which might be able to make reasonable adjustments to achieve compliance.

The main issues surrounding DDA non-compliance were wheelchair access, disabled toilet provision and provision for visually/hearing impaired patients. In many premises the structure of the buildings limits the possibility of improving disabled access, however it was felt that there could be adjustments made for patients with hearing/visual impairments.

The directorate of primary care reported to the Board:

‘Whilst the majority of practices which have not been able to declare full compliance have undertaken risk assessments from which they will draw up an action plan to share with the PCT, the PCT must report that Bromley Practices are not fully compliant with regards to premises for 2009/10. It is accepted that there are long-standing issues in relation to premises across the PCT for which there is no immediate solution.’

A more recent and detailed audit of 18 practices revealed:

- There is a wide range of provision, with some practices having made extensive adaptations, trained staff and invited patients to inform them about
their needs, while others have taken little or no action to enhance access for disabled people.

- In some practices improvements to premises are hampered by the nature of the buildings.
- The majority of the practices who have responded do not provide facilities for visual/hearing impaired such as induction loops, text relay and alternative information formats.
- Practice staff are not always aware that there are resources available through British Sign Language Interpretation Services or Sign Translate.
- A few practices have identified training needs.

Access at Bromley Primary Care Trust

**Reception, Bassett’s House**

There is a heavy door at the main entrance to Bassett’s House which would be very difficult for an independent wheelchair user to access, and the inner door to the reception desk is not wide enough for a wheelchair. The receptionist there reported that wheelchair users usually had a companion who would come to the reception desk. Similarly, the door into the rest of the building is not accessible without assistance. There is wheelchair access to ground floor offices and meeting rooms, but not to the first floor.

There is a loop for hearing aid users, and it was switched on. The receptionist, however, had never had instruction in its use. There is an adapted toilet next to the entrance.

The two members of staff at reception had not had disability awareness training, although they do deal regularly with people with disabilities and thought it would be useful.

**Staff training**

Disability awareness training is not mandatory for PCT staff (although disability is covered to some extent in diversity training) and there are no plans for it to be so. There are no internally provided courses, but there is a DVD package called ‘Disability Confident’ which is available from the training department. This is a good introduction to disability awareness, though is not a substitute for attending a course. External courses can be attended on request. There is an NHS online module on [www.corelearningunit.nhs.uk](http://www.corelearningunit.nhs.uk); this website is accessible to all NHS staff and can
be accessed at home as well, however the disability module is not available at the
time of writing, as it is being reviewed. A new module is expected to be available
sometime in 2011.

**Health Improvement and screening**

Because these services are not essential to daily living, special care needs to be
taken to meet the accessibility needs of disabled people. The Department of Health
publications department does provide health promotion information in different
formats (audio, Braille, large print, easy read) although not in BSL. On the ordering
website, however, there is no reference to these different formats, so a member of
staff or the public would need to ring the department and specifically ask in order to
access these facilities. Also, not all leaflets are immediately available in the different
formats, but have to be put on special order which can take two weeks to arrange.

On the national screening programme website, however, leaflets are clearly signed
as available in a variety of formats, either by order or download, including Braille,
large print, an audio CD, and a DVD with BSL.

Breast screening invitations for Bromley residents go out from Kings. The lead
person at the service says that ‘if we become aware of needs’ they will normally
invite the woman to the static unit at King’s, where longer appointments can be given,
and additional staff are available to assist. In order to gather information about
specific needs a letter is sent to Bromley GPs asking them to fill in a form for any
woman in this category. However, these forms are rarely returned. A standard letter
goes out to all women, inviting them for screening, and on that letter there is a
number they can contact if they have any queries. However, there is currently no
specific request to telephone if the woman has specific needs, and there is no
indication on the letter that information is available in different formats.

Information about needs used to be gathered via a ‘Prior notification list’ which was
sent out to GPs, but this was stopped as GPs were not returning it. In Lambeth,
Southwark and Lewisham, the call-recall team sends a list of women they are
intending to invite for screening to local GPs, and asks for them to highlight women
with specific needs. This tends to result in a better, though far from comprehensive,
response as it requires less time than completing a separate form for each woman
with a special need.
Bromley’s screening programmes provide transport for patients who need it, and all sites have been visited to check that they can accommodate patients with mobility problems.

**Disabled access at Bassett’s Centre (for Learning Disabilities)**

There are automatic doors leading into the building, a hearing loop sign and a poster indicating that a textphone was available for use by deaf patients. Some staff are currently being trained in BSL. The receptionist had been trained in disability awareness some nine years ago, when she had been working in a clinic, but is not required to have that training for her current post, and has not therefore had any updates.

There is an adapted toilet, and there are signs for wheelchair users to emergency exits. There were easy read materials available, but nothing in Braille, large print or audio.

**Disabled access at the Princess Royal Hospital.**

The hospital was not included in the survey conducted by DisabledGo so a separate audit was conducted. The audit tool used was modified and adapted from that designed by EquiP Cymru to monitor and promote understanding of the Social Model of Disability throughout primary health care services in Wales. It is available via the website of the Royal College of General Practitioners. The audit is comprehensive and covers organisational policy and practice, staff training and awareness, and all aspects of access.

Using the audit tool as a basis of a consultation with the lead for Patient Experience Lead, and a tour of the hospital, revealed the following findings:

Areas of good practice:

- Good wheelchair access both into and around the building
- Clear signing in large letters
- Colour coded maps of the hospital at regular points
- Colour coded signage
- Good ‘tagging’ system in patient notes in the radiology department, to identify those with special needs.
- An induction loop in one of the audiology clinic rooms, and also in one of the ENT rooms.
- Excellent large print and pictorial information in the Eye Clinic.
• Information provided on cassette for visually impaired patients in the Eye Clinic.

Areas for improvement:
• Although the staff spoken to all had experience of dealing with people with disabilities, none had had disability awareness training, and there was little evidence of awareness of the needs of deaf and blind people
• There was a widespread assumption among reception staff and nurses that disabled people would bring a carer with them
• Induction loops were not available in any of the reception areas, including the audiology department
• Sign Translate was not in use, and BSL interpreters are rarely used - even in the audiology department. BSL interpreters need to be booked in advance - there is no provision for a deaf person who just turns up.
• No special arrangements, eg visual displays, pagers, numbering systems for calling deaf patients for their appointments, other than in the blood service.
• Inconsistent recording of patient needs
• Large print and audio information only found in Eye Clinic
• No evidence of Braille materials, though these may be available in the Eye clinic on request

Disabled access at the London Borough of Bromley’s Civic Centre

Main Reception
Areas of good practice:
• Automatic double doors to main entrance
• Signs at the entrance to main reception indicating that assistance dogs are welcome.
• The two reception staff had had disability awareness training and had a good understanding of the needs of disabled people.
• There was a counter that could be dropped for wheelchair users, but staff said they usually came around the counter to talk with them.
• Staff knew how to help lip-readers and there was a pad and pen ready for deaf visitors.
• A BSL interpreter is available on request, although not usually without advance booking.
• Reception staff are willing and able to guide people with visual impairment to wherever they wish to go.
There is reserved disabled parking within the civic centre.
A wheelchair is available on request.
There is an adapted toilet next to reception.

Areas for improvement

Recently appointed reception staff have not attended a disability awareness training programme as the last time training was provided was in 2008.
There is a sign indicating the presence of an induction loop, but the loop had been removed two years previously and never replaced.
Literature was not available in large font or Braille. However, members of staff were happy to photocopy in a larger format when necessary.
There is occasionally a problem with visitors accessing the building if they have visited the disabled toilet situated by main reception, as the adjacent exit door does not automatically open and therefore wheelchair users have to return to main reception and go round the building.
Visitors comment that there is no tactile paving in the car park area.

Reception for Payments

Areas of good practice:

There is a dropped counter for wheelchair users.

Areas for improvement

There is signage displaying a hearing assistance system, but the hearing loop was not working and staff did not know how to use it.
Staff had not been trained in disability awareness.
Literature was not available in large font or Braille.

Reception for Births, Deaths and Marriages

Areas of good practice:

There is a lift which can accommodate a wheelchair user and a companion. (The reception desk is on the first floor)
There is a sign indicating the presence of a hearing assistance system, which was operational.

Areas for improvement

There is no dropped counter
Not all staff had received disability awareness training.
- Not all staff had been trained to use the hearing system.
- There are interview rooms available, but they need to be booked by appointment.
- There was no literature available in large font or Braille, although staff were happy to photocopy and enlarge items of interest on request.
- Staff has occasionally received complaints about access; wheelchair users found the lift extremely small and said if they entered the lift 'head-on' they then had to back out of the lift, which was a difficult manoeuvre due to limited floor space in front of the lift.

**Reception for Housing - Joseph Lancaster Building**

**Areas of good practice:**
- There was wheelchair accessibility
- Hearing system and assistance dog signs were present.
- There was a dropped counter, although staff said they would normally offer to take a disabled or sensory impaired client to an interview room on site.
- A BSL interpreter was available on request.

**Areas for improvement**
- The two members of staff on duty had not received disability awareness training and they were not sure about other colleagues.
- The fixed loop access hearing system was working but not all staff knew how to use it.
- There was no literature in large font or Braille. Staff informed us that this would be available at the main reception. This is not the case.

Staff reported problems when assisted/guide dogs were on site because other members of the public would often bring their own dogs with them to the department and ignore the signage displaying assistance dogs only.

**Bromley Social Services Direct** tends to deal with telephone callers and email enquiries only. All staff have been trained in type talk and are very much aware of the problems faced by those with disabilities, immobility and old age.

**In summary,** there are examples of excellent practice in certain parts of the Civic Centre, and contrasting examples where there is little staff awareness and few adaptations. The difference in knowledge of the needs of disabled people, and ease with which they were able to meet those needs, was markedly different between
those who had and had not had training in disability awareness. The numbers of staff with this awareness will inevitably fall unless training is reinstituted.

**Internet Access for people with disabilities or sensory impairment**

**Accessibility Requirements**

Section III of the Disability Discrimination Act addresses website accessibility in its requirements for service providers to ensure that its services are accessible. The World Wide Web Consortium (W3C) is an international internet governing body that has produced the ‘[Web Content Accessibility Guidelines (WCAG)](https://www.w3.org/WAI/WCAG21/)' which are used to assess the accessibility of websites. This provides guidance on issues pertinent to those with PDSI, but also those with learning disability and other disorders such as epilepsy. The document makes recommendations on the following points:

- Providing text alternatives for any non-text content so that it can be changed into other forms such as large print, braille, speech, symbols or simpler language.
- Providing alternatives for time-based media (media that changes with respect to time, which must be received and processed within a particular timeframe).
- Creating content that can be presented in different ways (for example simpler layout) without losing information or structure.
- Making it easier for users to see and hear content including separating foreground from background.
- Making all functionality available from a keyboard.
- Providing users enough time to read and use content.
- Avoiding designing content in a way that is known to cause seizures.
- Providing ways to help users navigate, find content, and determine where they are.
- Making text content readable and understandable.
- Helping users avoid and correct mistakes.
- Maximising compatibility with current and future user agents, including assistive technologies.

**Problems that people with PDSI may encounter in using the internet** include:

**Visual impairment**

- Images or videos without text or audio alternative, and poorly-described complex images.
• Browsers and authoring tools that can only be operated with a mouse
• Non-standard document formats that may be difficult for a screen reader to interpret.
• Un-adjustable font sizes.
• Web pages that are difficult to navigate when enlarged due to loss of surrounding context.
• Web pages or images that have poor contrast, and whose contrast cannot be easily changed.

Hearing impairment
• Lack of captions or transcripts of audio, including web casts
• Lack of content-related images in pages full of text (difficult for people whose first language may be a sign language rather than a written/spoken language).
• Use of complex, large vocabulary language, again for signers.
• Requirements for voice input on websites

Motor disabilities
• Time-limited response options on web pages
• Browsers and authoring tools that do not support keyboard alternatives for mouse commands
• Forms that cannot be tabbed through in a logical order

Aids for People with PDSI using the Internet
People with PDSI may use adaptive strategies for using the internet, for example tab keys may be used by people who are visually impaired or who cannot use a mouse. There is also a range of assistive technologies, for example:

**Alternative keyboards/switches:** devices that offer an alternate way of creating keystrokes e.g. keyboards with extra-small or extra-large key spacing, keyguards that only allow pressing one key at a time, on-screen keyboards.

**Refreshable Braille:** involves a mechanical device where dots (pins) can be raised and lowered to display braille characters.

**Scanning software:** highlights or announces selection choices one at a time. Allows selection by hitting a switch when the choice is highlighted/announced.

**Screen magnifiers:** magnify a portion of the screen.

**Speech recognition:** converts spoken words into text

**Speech synthesis:** Speech can be generated from text by screen readers or voice browsers (e.g. Browsealoud).
**Screen readers:** interpret what is displayed on a screen and direct it either to speech synthesis or to refreshable Braille.

**Text browsers:** Display website as only text without the graphical interface. Can be used with screen readers.

**Visual notification:** visual alerts of a warning or error message that might otherwise be issued audibly.

**Voice browsers:** allow voice-driven navigation of websites

### Accessibility of Local Websites

Accessibility of the websites of the Bromley Local Authority and Primary Care Trust and South London NHS Trust according to conformity to the W3C guidelines and any information available through Accessibility links on the website (or by speaking to the website manager as an alternative) is summarized below:

<table>
<thead>
<tr>
<th>Host</th>
<th>Web address</th>
<th>Date Accessed</th>
<th>Conforms to WCAG2 Accessibility Guidelines</th>
<th>Accessibility link on website</th>
<th>Accessibility features as detailed by website or website manager if no link on website</th>
</tr>
</thead>
</table>
| Bromley PCT           | http://nwww.bromleypt.nhs.uk/ | 17 February 2011 | No Known Problems | ✓ (public website – currently unavailable) ✓ (intranet) | No audiovisual content that would require alternative text/description
|                       |                              |               |                                           |                               | Re-sizeable text
|                       |                              |               |                                           |                               | Text-only version of website available
|                       |                              |               |                                           |                               | Website kept as simple as possible |
|                       |                              |               |                                           |                               | Uses “Siteimprove” to monitor quality and accessibility
|                       |                              |               |                                           |                               | Pages can be viewed through all web browsers
|                       |                              |               |                                           |                               | Re-sizeable text
|                       |                              |               |                                           |                               | Detailed alternative text applied to all images
|                       |                              |               |                                           |                               | Meaningful text hyperlinks throughout the site
|                       |                              |               |                                           |                               | Uses headings, paragraphs lists to create a logical HTML (Hypertext Mark-up Language) page structure
|                       |                              |               |                                           |                               | Plain backgrounds to improve text readability
|                       |                              |               |                                           |                               | Strong contrast for background and foreground colour combinations
|                       |                              |               |                                           |                               | Access keys
|                       |                              |               |                                           |                               | Site accredited by the Plain English Commission
|                       |                              |               |                                           |                               | Working on improving the accessibility of those pages that do not currently conform to the w3c standards, including some external applications. |
|                       |                              |               |                                           |                               | Alternative text for images.
|                       |                              |               |                                           |                               | "Breadcrumb" trail feature for site navigation (shows where you and the page you are currently on in relation to the site structure as a whole). |
• Search box available on every page.
• High contrast, printer-friendly pages.
• Site created using layers and stylesheets (should make the site easier to use in text browsers).
• No embedded audiovisual features
• Compatible with screen readers.

In summary, most websites had accessibility links and therefore had clearly thought about accessibility issues. None of the sites had audiovisual content which required further description and all had re-sizeable text. Provision of a link to an accessibility page is desirable and should be considered by the PCT. Several elements of the South London Health Care Trust were flagged to be outside of the W3C guidelines. Technical details of this are available freely using web accessibility checkers and it is recommended that all organisations check the accessibility of their websites against these standards and make changes as necessary.
Chapter Six: A vision of a Bromley where disabled people can thrive

There are many people with profound disabilities who live, or have lived, active and productive lives, contributing their gifts and talents to the society in which they live. Beethoven, for example, started to lose his hearing when he was 26 years old. He also had a severe form of tinnitus, and eventually became profoundly deaf. Some of his best works were composed after he became deaf. David Blunkett’s blindness did not stop him from becoming a Secretary of State. Four soldiers recently became the first amputees ever to walk to the North Pole unaided. British paralympic athletes are among the best in the world. It is possible, in this country, for people with disabilities to live full and active lives. The question is, why do so many not?

The answer is almost certainly a complex combination of the severity and nature of the disability, the amount of natural support a person has in their lives, the individual's psychological make-up, where they live, how much money they have, the services they have access to, the attitudes of people around them, the immediate physical environment and so on. In order for more disabled people to live full lives, these differences in circumstances need to be levelled out. On the basis of what people have told us, a Bromley in which the chances of living a full life would look something like this:

Knowledge and attitudes
People in Bromley, and especially staff in all sectors, have enough knowledge about disability and sensory impairment to be able to identify people with disability, feel at ease in communicating with people with disabilities, and know when and how to offer support.

Transport and environment
Wheelchair users and people with visual impairment are able go to any bus stop in the knowledge that they will get help in boarding and leaving the bus. Roads, pavements and traffic systems are designed to allow wheelchair users and people with visual impairment to get around safely and easily. Increasing numbers of train stations are accessible to independent wheelchair users, and for those who cannot travel alone, there are volunteers who are glad to help.
Employment
People who are able to contribute in any way are able to do so, and to receive fair payment for what they do. As a result, the numbers of people on benefits are greatly reduced, releasing funds to support more people in finding suitable employment.

Emotional well-being
Services are built around the knowledge that people with disabilities are at risk of depression and social withdrawal, and aim to encourage and facilitate peer support, and to provide assertiveness training and other psychological support when a person first becomes disabled, and before they become depressed. The emphasis is not on treating disabled people as dependents who need constant care and support, but on empowering disabled people to ask for what they need, support each other and challenge the barriers they encounter.

Access to services
Because staff are aware of disability, people with disabilities feel welcome and at ease at hospitals, GP surgeries, council services, shops and businesses, and leisure and entertainment facilities. Many more places are accessible to independent wheelchair users, and adapted for physical access. Public service reception areas are all equipped with dropped counters, induction loops, pen and pad, text relay, vibrating alerts, and visual and audio information. They advertise the availability of different formats, such as Braille, large print and easy read, and have fully accessible websites. They also respect the right of privacy for disabled users, readily providing interpreters and translation facilities for signers, adaptations for wheelchair users and guides for people with visual impairment. Ways of identifying and recording patient needs have been developed, so that staff are able to anticipate these in advance.

When a disabled person enters a shop or restaurant or other service,

- Staff quickly notice the disabled person and indicate that they are available to help. They talk directly to the disabled person, and not to their companion. They know when to offer help, and are not offended if it is not wanted.
- There is a sign outside, and at the counter, indicating that an induction loop is installed for hearing aid users. The induction loop is switched on and functioning.
- Staff are happy to communicate with deaf people using appropriate signals, know how to help lip-readers, and know how to use the induction loop. There is a pen and pad at the counter for communicating with profoundly deaf people.
• Any background music is at a low level.
• Staff are happy to guide blind people to what they need.
• Walkways and aisles are clear of obstacles that might pose an obstruction to wheelchairs, and a danger to blind people.
• Floors, walls, obstacles and signs are in contrasting colours, to aid visually impaired people.
• There is a ‘dropped counter’ for people in wheelchairs.
• There is a chair for people who are unable to stand for long periods.
• If there is a website, this complies with guidance on accessibility, and is usable by screen readers and non-keyboard users.

Information on the numbers of people with disability and service use.
People with sensory impairment are aware of the benefits of registering on the appropriate register, so registers are a much more accurate reflection of the real numbers. Services collect good quality data on the number of people using their service, and the disabilities that their users have. The records of users and patients who have disabilities and special needs are flagged and easily identifiable.

Social inclusion
With many more people aware of disability, services are welcoming and accessible to disabled people. Public transport is accessible and many more disabled people are in employment. Because transport is easier to use, disabled people are able to go to social gatherings and events and to meet other disabled people and gain support from them. As a result of all this, disabled people are psychologically healthy and proactive, and problems around social exclusion are rare.

In addition, services who care for people with disabilities – GPs, hospitals, social services and voluntary organisations - are all primed to identify people at risk, and share this information between agencies. People who are identified this way are given information about local services, social networks and sources of support, are encouraged to register on appropriate registers, and are routinely asked about social engagement and their sources of psychological support.


6 Data Source: GLA 2008 Round Demographic Projections - PLP Low


11 Personal communication. Source: Kent Association for the Blind.

12 Personal communication. Source: Deaf Access.


42 Achecker. Web accessibility checker. Available at: http://achecker.ca/checker/index.php

43 Achecker. Web accessibility checker. Available at: http://achecker.ca/checker/index.php