

6. Learning disability, physical disability and sensory impairment

Background

Improving the life chances of people with disabilities is an important social inclusion issue. Increasing the proportions of vulnerable achieving independent living and of people with long term conditions supported to be independent are key priorities in Croydon's Local Area Agreement (LAA) 2008-11. The national cross-government Independent Living Strategy seeks to achieve significant improvements by 2013. It defines Independent Living as having:

- choice and control over the assistance and/or equipment needed to go about your daily life
- equal access to housing, transport and mobility, health, employment and education and training opportunities

This needs assessment aims to identify how Croydon Council and Croydon PCT can better support people with physical disabilities to live independently. The services discussed here refer primarily to services for those aged 18-64, although there will be some overlap with services provided to older people, particularly in relation to sensory impairments.

The main areas examined here are:

- current service performance
- personalised care
- wheelchair accessible housing
- safeguarding
- learning disabilities

Prevalence

It is difficult to obtain accurate figures for the numbers of disabled people in Croydon (and nationally) and estimates from various sources do not always agree. This is partly because of the widely varying definitions of disability.

The number of people with a self-reported limiting long term illness or disability is probably the best guide to the size of the population of people who may need help and support to maximise their independence and their life chances in Croydon. At the last national Census, over 48,660 Croydon residents described themselves as having a "limiting long term illness, health problem or disability which limits their daily activity or the work that they can do". Given that the population of Croydon has increased and become older since the national Census, it is likely that this figure now exceeds 50,000.

Local data indicates that, as at October 2007, there were 1,690 people in Croydon registered as blind or visually impaired and 2,400 registered as hearing impaired.

Data provided as part of the Referrals, Assessments and Packages of Care (RAP) government reporting show that 92% of all physical disability clients

aged 18-64 are receiving services in the community compared to 93% in London and 96% in England. These figures refer only to clients receiving a service as part of a care plan following a community care assessment. Therefore for example, clients who receive a basic service (e.g. blue badge) or who are added to a register are excluded as are clients who pay the full direct costs of their services (i.e. purchase of equipment). This means that these figures do not include those seen by the occupational therapy service and can therefore be misleading.

Table 6.1 Physical disability, frailty and sensory impairment clients receiving services in the community

	Age band	Croydon	London	England
Total clients	18-64	885	29,000	212,000
	65+	5,098	112,000	1,065,000
Clients receiving services in the community	18-64	812	27,000	203,000
	65+	4,207	96,000	910,000

Source: RAP returns 2007/8

Latest data indicate that 41% of Croydon's overall population is from Black and Minority Ethnic (BME) groups. In 2007/08, 37% of Croydon's care management clients aged 18-64 with physical disabilities were from BME groups (322/885). This falls to 15% amongst those aged over 65 (754/5,098).

Projection of future need

Table 6.2 indicates the rise in the number of Croydon residents with a self-reported long-term health condition or disability that restricts their daily life which will occur if the proportion of the population reporting this remains constant at 14%.

Table 6.2 Croydon long term limiting illness projection figures

Year	Total no. of People with limiting long term illness	Children with long term limiting illness aged 0-15	People with limiting long term illness aged 16-64 (a)	People with limiting long term illness aged 65+
2001	48660	2932	25452	20276
2007	49461	2850	26064	20547
2011	50503	2845	26220	21438
2013	51423	2865	26266	22292
2018	53315	2938	26520	23857

*The 2001 figure is based on Census data for 2001. To calculate numbers with limiting long term illness in years after 2001, it has been assumed that the prevalence remains a constant percentage of the population

Current service provision

The Department of Adult Services and Housing (DASH) commissions a range of services for people with physical disabilities and sensory impairments.

The Croydon **Community Equipment service**, based at the Access Ability Centre provides a wide range of assistive technology and medical loans equipment for people in the community, following an assessment of need by a health or social care professional.

The award-winning **Croydon Assistive Technology (Aztec)** Project is co-located with the Community Equipment Service, and offers clients, carers and families the ability to view and test the full range of advanced technologies and telecare equipment available to help people remain safe and independent at home. The centre operates a store which is open to the public two days a week with voluntary sector trained assessors selling as well as demonstrating equipment. Following self assessment people have the option to purchase equipment, either directly from the store or online, should they wish. The Aztec centre was assessed in 2008 as meeting Assist UK criteria for membership as an Independent Living Centre. Plans are in place to expand this service further with the development of an Independent Living Centre in the form of a POP (Partnership for Older People) village. The Department of Adult Services & Housing has recently been successful in a bid for funding from the Social Enterprise: Innovation for Life Challenge fund from the Department of Health and the funding will be used to support the development of the village.

The joint Croydon **Community Occupational Therapy Service** carries out assessments of disabled people in their own homes for a range of specialist equipment, minor adaptations, rehabilitation, and housing needs assessments and assists with assessments for major adaptations.

The **Croydon Access Service** supports individuals to achieve their personal goals. They work in the community and from three resource centres across the borough.

Anyone who is caring for an individual is entitled to a **carers assessment**, which looks at the carers needs and how best to support them in meeting the needs of the individual they are caring for.

The **Community Alarm Service** which provides community alarms for vulnerable people, enabling them to call for assistance should they require help.

The **POP (Partnership for Older People) Service 2008** is aimed at service users aged 55+. This is a purpose built mobile unit operating in the community seven days a week, including evenings. The unit delivers information, services and support to older people and their carers in ordinary everyday settings right on their doorstep. e.g. 500 hearing tests in shopping centre by voluntary sector during Hearing Awareness week.

Current service performance

There are various indicators of service provision and performance in relation to physical disability services. It must be borne in mind that these provide a high level overview for performance management purposes and do not present a complete picture.

Key performance indicators:

- 885 people with physical disabilities (aged 18-64) received services provided or commissioned by Croydon's Adult Services Department (now

the Department of Adult Services and Housing) during 2007/08 as part of a care plan following an assessment. (These figures do not include those seen by the occupational therapy service).

- There were 11,500 Blue Badges for disabled and blind people on issue to individuals at the end of March 2008.
- 15,158 items of equipment or adaptations were issued during 2007/08, with 99% being delivered within seven working days, making Croydon the best performing of comparable London boroughs for speed of delivery.
- 686 people with physical disabilities were supported to live in their own home as part of a care plan following an assessment as at end of March 2008.

The latter statistic has been a local cause for concern. The below table indicates performance for *PAF C29 (Adults aged 18-64 with a physical disability helped to live at home)* over the last few years:

2004/05 Outturn	2005/06 Outturn	2006/07 Outturn	2007/08 Plan	2007/08 Outturn	2008/09 Plan
2.53 ●●○○○	2.4 ●●○○○	2.8 ●●○○○	3.0 ●●○○○	3.2 ●●○○○	3.5 ●●●○○

The indicator's numerator includes clients who receive short-term care; meals on wheels; direct payments; daycare; professional support; homecare; equipment and adaptations.

The outturn is the number per 1,000 population aged 18-64 for 2007/08. This means 686 clients with physical disabilities in Croydon (in a population of 214,660 in the 18-64 age group) were helped to live at home.

This has led to the perception that as a limited number of people are being helped to live at home and Croydon has a large population and high number of people who describe themselves as having a long term limiting illness, there may be large numbers of younger adults with physical disabilities between 18-64 who are not accessing services (for whatever reason). The indicator should, however be considered alongside two others in particular.

C73: proportion of adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care. Croydon is in the top performance band (i.e. has a low number of admissions) for this indicator. It is (or should be) the converse of the measurement of C29 – i.e. if adults are not ending up in residential nursing care, they must be living at home. The only other possibility may be that they are in receipt of intensive homecare.

C28: intensive home care delivered. Croydon has been in the highest performing band for four years.

Another significant indicator is *C51: adults and older people receiving direct payments.* The purpose of direct payments is to give recipients control over their own lives by providing an alternative to social care services, which in turn helps increase the opportunities for independence and social inclusion. Performance in 2007/08 was below average, although slightly better for

physical disability clients. If the take up of direct payments is increased, there would be a positive impact on C29. Croydon is currently embarking on an ambitious Self Directed Support (SDS) programme which should increase the take up of direct payments and other personalised care services.

The **supported housing** service provides accommodation and support services targeted at specific disability client groups. Provision includes:

- Four accommodation-based schemes for people with epilepsy (20 units) although some of these will also be used by people with mental health problems and no epilepsy
- One floating support services for people with sickle cell anaemia or thalassemia (helping 6 people at any one time)
- Two accommodation-based schemes for people with physical disabilities (12 units) and one floating support scheme (2 units)
- One floating support scheme for people with a sensory impairment (13 units)

At present, there is no evidence of a need for additional supported housing for these client groups.

There are a range of other support services and minor interventions which help people remain in their own homes. While these services are targeted at various client groups, principally older people, a large proportion of these will have a physical disability or health impairment.

Staying Put is the council's home improvement agency which works closely with people and their relatives and provides links with building professionals. This work includes carrying out surveys, arranging for the works, and liaising with applicants and their families throughout the process to minimise disruption and ensure that people's needs are met. About 250 households are assisted each year. Staying Put also works to ensure people are getting the full benefits to which they are entitled.

The **Handyperson scheme** helps about 250 people a year by undertaking minor repairs (such as fitting handrails and mending stair treads or uneven floorboards) that make a major difference to people's safety and welfare. Demand for the scheme has more than doubled in the last year.

The **Safe Project** carries out security and safety checks to the homes of older people and implements a range of small scale improvements such as new door and window locks, smoke alarms, measures to prevent accidents and so on. It assisted 268 households in 2007/08.

Personalised Care

In order to provide greater choice, control and flexibility for those needing support with independent living, self-directed support (SDS) aims to:

- Put people firmly in control of their assessment and support planning processes;

- Create a transparent system for the allocation of resources to individual support packages;
- Enable people to decide how their support should be provided and managed.

This marks a radical departure from current care management models and requires fundamental changes to the whole range of adult social care functions, including the commissioning function. It will involve a multi-agency exploration of how best to devolve control to those in need of support and could result in one or more functions currently delivered within DASH being provided by organisations from the non-statutory sector. Self directed support will build on work in Croydon to date on direct payments and 'self-service' options and direct payments will remain a key mechanism under SDS for enabling people to directly manage their individual or personal budgets.

Authorities are expected to have made significant progress towards system wide change by 2011. In Croydon, the first year of the programme will involve intensive development work to produce an SDS operating system ready for testing by April 2009.

There will be some major challenges in the development of SDS including:

- A huge cultural change with more freedom for those needing support, and a less controlling system
- Extensive systemic and functional changes
- Management of financial risks
- Development of new model for exercising a duty of care/a shared responsibility for risk
- Big commissioning challenges – what will people want to buy and how do we achieve a reasonable degree of market stability
- Co –production - all stakeholders (Council, service users, carers, service providers and commissioners) working in close partnership to shape the local community for personalisation, ensuring that people have access to a wide range of resources and support to meet their individual needs.

Consideration will need to be given to how intelligence is collected under SDS on the outcomes people want to achieve and the extent to which their personal outcomes are met. Croydon will also need to consider what people want to buy, what they manage to buy, and what they are unable to buy due to gaps in the market.

The development of the 'POP' Village

The department has recently been successful in a bid for funding from the Social Enterprise: Innovation for Life Challenge fund from the Department of Health and the funding will be used to support the development of the POP village. The intention is to co-locate the Aztec centre with the POP Village to grow in line with the needs of the service. This will support older people and carers and will benefit those with physical disabilities. It has the potential to deliver support to people from neighbouring Boroughs and PCTs in South West London and beyond.

The POP Village will be the hub for delivering the POP model of service delivery supporting the personalization and prevention agenda. The POP service will work from the village continuing to take services to people and communities to ensure access and increased support to communities that traditionally have difficulty accessing information, support and services. The POP village, like the POP service, will be managed by the voluntary sector in partnership with older people (OPeN - Older Peoples Network), the PCT and DASH. As a social enterprise, income generated will be reinvested into the POP village and POP services to ensure sustainability and further development.

Older people of the Borough have identified some key elements for the POP Village:

- Equipment/Assistive Technology shop extended to open five days per week with Thursday late night and/or Saturday opening.
- Advice team extended to further support both self assessment and professional assessment for equipment and assistive technologies.
- Range of equipment displayed expanded to include specialized equipment for people with physical disabilities, sensory impairment, dementia and both children and young people.
- Will provide a co-ordinated access to the wide range of Croydon's Voluntary services for older people and people with physical disabilities and sensory impairment.
- Deliver and extend the telecare and community alarm services.
- Support hospital discharge by ensuring timely interventions to support people back into the community.
- Provide the base for the equipment delivery and installation service.
- Coordinated arrangements with Croydon wheelchair service.
- Provide training for private care home providers.
- Provide training for health and social care providers.
- Support housing and housing adaptations advice
- Deliver hearing services
- Develop borough wide mobility scheme (electric scooters)
- Provide outreach service via co-located POP service.

Supporting disabled people into employment

Reducing worklessness is a key priority in the Local Area Agreement (LAA) 2008-11. A 2005 report by the Prime Ministers Strategy Unit *Improving the Life Chances of Disabled People* concluded that 'disabled people are less likely to be employed and more likely to be economically inactive'. Only one in two disabled people of working age is currently in employment compared with four out of five non-disabled people. This is despite the introduction of the New Deal for Disabled People, extensions to the Disability Discrimination Act 1995, the national minimum wage and Pathways to Work, all of which have improved incentives and assistance for people to move off benefits and into work.

Employment rates are much lower for disabled men aged over 40 than disabled women of similar ages. Employment rates are especially low for

some groups of disabled people, such as those with mental health problems and learning difficulties.

Official labour market statistics indicate that the proportion of the working age population on disability benefit is higher in Croydon (0.8% compared to 0.7% in London overall). But the overriding issue in terms of any analysis is the lack of available data relating to people with disabilities.

Table 6.3 Working- age client group – key benefit claimants (Feb 2007)

	Croydon no.	Croydon %	London %
Disabled	1,770	0.8	0.7
Incapacity benefits	11,830	5.5	6.1

Nomis – official labour market statistics

The following organisations offer services to help support people with disabilities (including those with physical disabilities) into employment:

Croydon Employment and Support Service (CESS) was established to provide support to disabled people seeking work in Croydon. The service, which includes Mencap and Status Employment, was set up as a three-year pilot programme to work with 79 ex-Crosfield supported employees. It provides training, job search assistance, welfare benefits advice and care management. It was envisaged that during the early stages of the programme the core client group would be the former employees of Crosfield Industries, and that the services would assist other people with disabilities seeking work as demand from former supported employees decreased. But demand for support has been higher than anticipated and over the last two years the service has been developed for people with disabilities within the borough.

82 clients used the services of the CESS in 2007/08, the majority of whom had a learning disability.

Table 6.4 Numbers of people using the Croydon Employment & Support Service, 2007/08

Client figures for CESS in 2007/08	Numbers
Learning disability	67
Physical disability	6
Mental Health	3
Other	6
Total	82

Scope is a national organisation whose focus is people with cerebral palsy, but whose broader aim is for all disabled people to achieve equality. Scope carries out research into issues affecting disabled people and organises national and local campaigns, and focuses on areas that face the greatest inequality: early years; education; employment and Independent living.

Working Links was set up in April 2000 to deliver a range of government contracts to help Britain's most disadvantaged communities. It operates nationally bidding for and managing regional contracts from the Department

for Work and Pensions (DWP) and other government departments and agencies to work with long-term unemployed and disadvantaged people, with the aim of enabling them to obtain and sustain employment.

Status Employment offers a unique service through supported employment which helps people with disabilities find and hold down jobs.

Disability Employment Advisers, based at the local Job Centre, can arrange for an assessment of the individual needs of a disabled person. They offer advice and support, training, fares to work and access to equipment through the Access to work Scheme.

Key issues identified locally include:

- A lack of coordination and fragmented approach to the delivery of Employment Services to People with Physical Disabilities / Sensory Impairment.
- A lack of knowledge of the demand for, and take-up of, Employment Services for People with Physical Disabilities / Sensory Impairment
- Duplication in the provision of Employment Services to People with Physical Disabilities / Sensory Impairment within Croydon
- Provision of Employment Services to People with Physical Disabilities / Sensory Impairment within Croydon by untrained / unskilled staff
- There are currently no performance indicators in relation to employing people with physical disabilities (although there are indicators in relation to learning disability services) to set appropriate targets

Evidence of effectiveness suggests that the most appropriate solutions would be to:

Commission or provide a Team of People who are skilled in the delivery of employment services to people with physical disabilities/sensory impairments and have been trained on the needs of people with physical disabilities/sensory impairments.

Market and promote the Employment Service to the Clients, self help groups, organisations with a vested interest, Carers (Informal and Formal) and potential referral sources.

Future demand for adaptations, specifically wheelchair accessible housing

As well as helping people to live independently, adaptations have a preventative effect and can prevent trips falls and other disabilities or hospital admissions arising from safety hazards.

A 2002 housing need survey of private residents and housing association tenants found that 7,000 households needed some form of adaptation, with 1,200 explicitly stating that wheelchair access was required. Adaptations were feasible in 83% of homes but, in 17% of cases, people would have to move to get their needs met. The total cost was in the region of £67m (2002 prices). People with special needs were far more likely to be in social housing (council and registered social landlord) than non-special needs housing, indicating a greater reliance on affordable housing.

Demand for adaptations has doubled over the past few years, with the number of requests for adaptations following an occupational therapy assessment increasing from 264 in 2004/05 to 533 in 2007/08.

A backlog of applications has developed and there have been concerns about waiting times. This is particularly true for council tenants where the budget for disabled facilities grants is committed many months ahead. In 2007/08, average waiting times fell. The average time to assess applications fell from nine to four months and to start works from 48 to 43.5 weeks. The target for March 2009 is to reduce this further to 35 weeks. As at September 2008, adaptations for council tenants are taking 35.8 weeks from assessment to work starting, and 47.7 for private residents. There are currently 47 households on the waiting list for adaptations.

The housing service regularly monitors applications and outcomes in respect of disabled households registered for rehousing. During 2006/07, 80 households containing someone recorded as having a disability were permanently rehoused, representing 5% of all rehousing.

Overall, households containing someone with a disability were rehoused more quickly than average. However, those requiring wheelchair accessible properties were more likely to experience longer than average rehousing times.

Wheelchair accessible properties

As at 31 August 2008, there were 12,410 households registered on the list for social housing (council and housing association housing), of which 573 included a person with a disability.

Applicants on the register are placed into bands according to broad measures of need. Those in bands one and two have the highest level of need and greatest priority for re-housing. Given that demand exceeds supply, those in bands four and five have almost no chance of re-housing while those in band three have only a very small chance. Currently, 78 band one and two

applicants require wheelchair-accessible housing (compared with 70 in 2006 and 80 in 2007) and 71 require some other form of disability-accessible housing (compared with 75 in 2006 and 77 in 2007).

Table 6.5: Current breakdown of all disabled people registered for re-housing with Croydon Council as at 31 August 2008

Type of property	Number	No. band 1 & 2
Requiring adapted property	106	77
<i>Requiring wheelchair-accessible property.</i>	105	78
Property suitable for people with visual impairment	72	
Property suitable for people with a mental health problem	278	
Property suitable for people with a learning difficulty	111	
TOTAL: disabled people	573*	

* Some people fall into more than once group, hence total number of disabled people (573) is less than the column total of 672.

The numbers of people needing wheelchair housing rehoused through the housing register were thirteen and twelve in 2005/06 and 2006/07 respectively. The majority of those re-housed in wheelchair properties were in band one (i.e. greatest need) and were allocated two bedroom properties; half of these experienced longer than average waits for rehousing. Those re-housed in adapted properties were all from bands one and two and evenly split between one, two and three bed roomed properties. Those moving into three bed roomed properties experienced longer than average waits. Difficulty finding suitable properties, along with the wait for work to carry out adaptations, is probably the main cause of the longer than average waiting times experienced by some of these households.

The main issue was the insufficient supply of wheelchair accessible homes to meet an increasing demand for these types of property, which applies across all property sizes and causes delays in re-housing. This supply issue needs to be addressed through the construction of more wheelchair units in the 2008/10 development programme. The current make-up of applicants suggests the need to develop additional wheelchair accessible units in the following proportions:

- One bed 25%
- Two beds 45%
- Three beds 20%
- Four or more beds 10%

The council's planning policy requires that ten percent of new homes are wheelchair accessible or easily adaptable for wheelchair use. The policy was introduced in July 2006 and cannot be applied retrospectively, so the target does not apply to properties receiving planning permission before July 2006 even if the building started later. All of the new homes funded through the 2006/08 national affordable housing programme, and many funded through the 2008/11 programme received planning before this date. Over time, the accessibility requirement will apply to an increasing proportion – eventually 100% - of new homes. It is not a blanket target and planning officers have the discretion to waive the target in certain circumstances. Developments of fewer than five homes are unlikely to be required to provide wheelchair accessible homes and developments of fewer than ten will not often be required to comply. As a large proportion of developments in Croydon are fewer than ten

units, the final proportion of homes built to wheelchair standard will be lower than ten percent.

The target applies equally to all types of housing, but the focus is on social rented housing as a) its use can best be controlled to ensure it goes to those who specifically need wheelchair housing and b) due to economic deprivation among disabled people, there is an above average reliance on social housing and it is thus the best or only option for the most vulnerable.

There have, to date, been issues in maximising the number of wheelchair homes. In particular, the council does not control Housing Corporation allocations of social housing grant to housing associations for building new homes. In order to ensure the social housing grant budget is fully utilised and the maximum number of new homes is built, the Corporation will fund developments regardless of targets seen as secondary, such as those relating to accessibility.

In the 2006/08 social rented housing development programme, housing associations in Croydon received funding to build 727 social rented homes, 39 (5%) of which were wheelchair accessible. One round of approvals has so far taken place for the 2008/11 social rented housing development programme, and of the 295 homes funded, 21 (7%) will be wheelchair accessible. None of the shared-ownership homes for which funding has been approved within the 2008/11 programme will be wheelchair accessible.

Croydon Council is working to a target of 60 social rented wheelchair homes approved within a three year development programme. It should be noted that existing council and housing association homes which become vacant and available for re-letting make up the majority of the annual supply of homes for housing register applicants. In 2006/07, for example, eleven of the twelve people re-housed by the council were given existing homes.

Over the past two years, the Housing sub-group of the partnership group for people with physical disabilities and sensory impairments has been working to establish how allocation of properties and adaptations to existing properties might be improved in the future and made equitable with the housing opportunities available to the wider population. The group has identified a need for the modelling of supply and demand forecasts for the requirements for wheelchair accessible housing, to be used in informing housing associations and ensuring that local needs are met.

There is local concern that, even if the target were met, it would not necessarily provide adequate numbers for the backlog of applicants and is not yet being monitored or enforced.

Croydon's wheelchair service currently has 6,500 users across all age groups. Demand is increasing, with the service seeing more babies direct from special care baby units and more obese clients in particular. The obese, or bariatric, clients present a particular problem, as the increased seat widths mean that even wheelchair accessible housing (with 30" doors) may not be accessible for these users. Croydon is attractive to people with disabilities due to its

continued commitment to special schools, employment opportunities (particularly the Home Office), and its accessibility through rail networks.

These 6,500 wheelchair users do not all live in properties specifically designed for the wheelchair and a disabled person's requirements. Many will not be registered on the council's housing register. There will also be disabled people who prefer to buy rather than rent from the council or a housing association.

It is possible to use health data to estimate numbers of people in Croydon who might require wheelchairs in future years. These figures are based on assumptions regarding prevalence increase and proportions of those diagnosed likely to require a wheelchair or major adaptation. Not all of these individuals will have housing requirements that need to be met through the building of new houses.

The conditions most likely to result in wheelchair usage in Croydon are amputation (commonly as a consequence of peripheral vascular disease), spinal injury, brain injury, spina bifida and multiple sclerosis. Obesity is a growing problem, and while wheelchair use in itself can be a risk factor for obesity, Croydon's wheelchair service is seeing increasing numbers of clients for whom obesity is the cause of disability.

Projecting future prevalence is problematic and assumption-laden due to multiple risk factors, medical advances, and uncertainties regarding demographic change and the longer-term impacts of public health interventions such as efforts to reduce the prevalence of obesity. Neural tube defects such as spina bifida have decreased substantially in recent years, while an ageing and increasingly obese population are likely to result in increased prevalence of vascular disease and associated amputation. Given the relative incidence of these conditions, it is appropriate to assume that the prevalence of wheelchair use will increase over the coming years.

The PCT is reviewing intelligence from its wheelchair service alongside projections for health problems that have the potential to lead to wheelchair use, and will report on these projections in future reports. The evidence obtained to date suggests that the current target of 20 wheelchair accessible units might have to be increased.

Anecdotal evidence from the wheelchair service suggest that the majority of spinal injury patients will remain in their own homes or leave Croydon shortly after injury to rejoin family support networks, while almost all wheelchair users with learning disabilities and almost all of those with spina bifida require social housing. The picture is more mixed among stroke and amputation clients, many of whom may have made previous adaptations to homes due to diseases of ageing or previous amputations.

Safeguarding vulnerable adults

There are significant numbers of adults for whom abuse and disability compromise their safety and access to victim support services, housing, health and social care services, and the protective networks of family, friends

and community.

Local authorities are responsible for establishing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse in line with Department of Health's 'No Secrets' guidance.

Croydon's safeguarding vulnerable adults (SVA) service reviewed and re-launched a Multi-Agency Safeguarding Vulnerable Adults policy and procedure document in 2007, which set out the multi-agency strategy and process in Croydon for investigating allegations of abuse and safeguarding vulnerable adults who are at risk of abuse. As part of this multi-agency working, the SVA service works with the Croydon Police through the Croydon Police Community Safety Unit to ensure the proper investigation and reporting of allegations of abuse.

Croydon Disability Forum (CDF) also works closely with Croydon Police as members of the Croydon Community Police Consultative Group (CCPCG). As part of this collaborative working, a report by CDF to the Police Diversity Forum has highlighted the following:

- Disabled people have traditionally 'suffered in silence' and there has been a perception that there is a lack of interest by the police in their crimes, with the result that hate crime against disabled people is under reported.
- Young people and children are most likely to commit low-level harassment of disabled people.
- All attacks on disabled people tend to have a lasting impact. Many disabled people are not confident that the police are able to stop such incidents.
- There are often communication difficulties between deaf people and the Police and many deaf people do not report crimes because of being misunderstood.

Croydon's SVA service has reported that there are less safeguarding investigations than would be expected in relation to people with physical disabilities, based on the numbers of referrals made (24 in 2007/08 out of a total of 329 clients) when compared with other client groups. There is also evidence from the Croydon police on significant numbers of hate crimes against people with disabilities which are then not reflected in safeguarding investigations. In 2007/08 there were 883 crimes reported to the police in Croydon that had been committed against people categorised as having a disability. This constituted 2.9% of all crime reported in the borough in that year. This does not mean that the crimes were committed against each individual because the victim of the crime was disabled, as there is no evidence to suggest this. It is also difficult to ascertain how many of these individuals had a physical disability as the categories used by the policies differ from those used by the council. There were two referrals from the police to the Safeguarding service in that year.

The following issues have been identified locally:

- There are a low number of referrals from the public at large and from the

local police in relation to the safeguarding of adults with physical disabilities, and in relation to adults with disabilities in general.

- Data in relation to crime against disabled people and safeguarding statistics are kept separately by the police and Croydon council. Therefore it is not possible to identify those who are on the police records who are receiving safeguarding services.
- There are various service user and community groups, voluntary and statutory organisations that are concerned with and have a remit for safeguarding issues, but some of these groups are working in isolation.
- There are various points of contact within the police service in relation to safeguarding issues, which may lead to less joined up information being provided and received between the police and Croydon council.

Disability crime statistics were analysed to identify changes since 2007 and identified that crimes against people with the following disabilities had increased among people with disabilities related to speech (+18%), learning and understanding (+11%), hearing (+12%), eyesight (+8%) and decreased among those with disabilities relating to mobility (-9%).

The Safeguarding manager has been working closely with the police and recent decisions have been made to develop a referral process format from the police to the safeguarding service. It has also been agreed that an audit will take place which will see if crimes reported to police against vulnerable people (since April 2008) have been reported to safeguarding.

Seventy eight clients referred to the safeguarding service in 2007/8 were from the BME community (24% of the total referrals). The figures suggest that there is a particularly low incidence of reporting from the Asian community. A significant amount of work has been undertaken locally related to safeguarding within BME communities, particularly with regard to provision of learning and training opportunities for third sector organisations and establishing local fora. These have identified the following issues:

- Under-reporting - The BME community have expressed that they often do not report crimes to the police due to a mistrust of authority.
- Some BME groups are new arrivals who have not developed a rapport with the authorities and do not know how and where to report incidences.
- Faith leaders have commented that practitioners do not afford the respect to the community that they would expect and this in turn leads to a lack of information sharing which would otherwise benefit all concerned.
- A lack of awareness to differentiate by practitioners as to what constitutes 'cultural practice' and abuse.

A conference took place in November 2008 in partnership with faith and community groups to consolidate this work and to address the themes that have been identified during these processes.

Croydon Adult Services and Housing (DASH), Croydon Primary Care Trust (PCT) and South London & Maudsley (SLaM) Trust have made a strong commitment to continue the positive work of the Safeguarding Adults Service, by supporting the development of a preventative initiative; this will be

available, initially for care homes. The '**Care Home Support Team**' is being developed as a multi agency team offering expertise, skills and support to care homes in Croydon regarding safeguarding issues. The work of the team is multi agency and includes a nursing care assessor from the PCT, Care Coordinator (psychiatric care) from SLaM and a social worker from DASH.

The aim of the team is to enable service providers to improve and maintain the quality of care which they provide to our residents, within a safe and stimulating environment. The team will have a dual role:

- They will be available as a resource to enable care homes to raise the quality of their care for our residents.
- The team will provide a service to those care homes where there has been serious issues of concern, working closely with the home's manager to address and resolve these issues.

The team was established in February 2008, with the first care home being offered support soon after. The team is initially available for homes for older people and people with a dementia type illness; but will be increased to include support for care homes providing a service for people with learning disabilities.

Learning disability services

Based on the definition in the national strategy "*Valuing People*", about 2% of the population has a learning disability. Many of these people manage without needing to use specialist health or social services, but they are at risk of unequal access to services and require appropriate forms of communication. An estimated five people in every thousand has a learning disability that requires specialist services and ongoing support. In Croydon, this equates to 5,200 people with a learning disability, of which 1,300 require specialist support. In March 2008, 930 Croydon patients had a learning disability diagnosis recorded in their GP notes (13), while the number of Croydon adults with a learning disability served by Croydon's Joint Community Learning Disability Team numbered 1,188. Local GPs are being asked to identify patients on their lists who have a learning disability, to assist equal access.

The ethnicity of clients is well recorded and indicates a close correlation between the ethnic distribution in the population as a whole and the ethnic distribution of clients with learning disabilities. However, despite many special initiatives, there remains slight under-representation of African and Asian ethnic groups amongst our learning disability clients.

Growing Numbers

The number of clients who are care managed by the Croydon Joint Community Learning Disability Team (JCLDT) on behalf of Croydon Council has increased steadily over the last ten years. This is mainly attributable to the increasing number of young people who at 18 years old need support from adult services, which exceeds the number of deaths. Detailed data is maintained by the Joint Community Learning Disability Team and the Joint Commissioner. Data captured by the Transitions Team, indicates an ongoing

increase in demand for services, as more young people with severe learning disabilities require adult services on leaving school.

Transitions

Through close management of the transition from Children's services for young people with learning disabilities and other disabilities, information about individual needs can be captured to plan adult services for adults. Over the next three years, an anticipated 38 young people with learning disabilities will leave school each year and, of these, about 32 eighteen to twenty five year olds will need support from adult services for the first time every year.

Need for Supported Employment

The numbers of people known to have some paid employment is currently less than 100 of the 1,188 adults with learning disabilities known to the Learning Disability Team. There are currently weaknesses in data capture, which are being tackled. While it is unrealistic to expect everyone with a learning disability to be able to undertake paid employment, with the right support many more people could have a paid job. This need is being addressed by increasing opportunities for supported work opportunities and services to help people access work.

High Levels of Dependency

People with autistic spectrum disorder (ASD) have a wide range of needs, some do not need special learning disability services but others can have potentially very challenging behaviours linked with autism and mental health problems, sometimes needing high levels of skilled and structured support. The Joint Community Learning Disability Team ensures that the individual needs of learning disability clients with ASD are identified and met through the provision of appropriate support.

Clients with profound learning disabilities and severe communication difficulties need constant supervision and skilled support to help them to manage everyday living. Additional special needs resulting from severe physical disabilities, chronic health conditions, sensory impairment, mobility problems, diabetes, epilepsy, substance misuse, dementia, harmful and forensic behaviours, etc, are routinely identified through holistic individual assessments and services are sought out or developed to meet these additional needs. Where there are unmet needs, details are collated in the Joint Community Learning Disability Team and steps taken by the Joint Commissioner to address them.

Social Care Changes

In the past, many people with learning disabilities lived in long stay hospitals. Until 2008, Surrey and Borders NHS Trust still managed 20 residential care homes in Croydon which were set up to replace the long stay hospital. A Social Care Change Programme is being implemented to transfer this service provision to independent social care providers, thereby changing the services to deliver person centred, social services. The aim of the programme is to enhance choice and independence for adults with learning disabilities, who are mainly former NHS hospital patients, and promote alternatives such as home ownership and supported living options.

Croydon Council is taking the lead commissioner role for the transfer and re-provision of the twenty residential care homes in Croydon. This involves managing service transfer for three residential care homes in 2008 and five in 2009 and managing a process of re-provision for the others.

The drive towards better social inclusion, choice and person centred services for people with learning disabilities is resulting in the development of more supported housing and domiciliary services to meet the diverse needs of adults with learning disabilities, which require well trained staff who can look after the health and well-being of clients with complex needs through the implement of health action plans, risk management strategies and person centred planning.

At the same time generic health services need to be better able to meet the complex needs of adults with learning disabilities, who may have multiple health needs and severe communication difficulties. Developing the role of GPs and hospital staff in meeting the health needs of people with learning disabilities is a key priority.

Older Carers

Of the 1,188 people known to learning disability services, 676 were helped to live at home in 2007/8 and of these, 88 were identified as living with Older Carers, over 65 years. The Joint Community Learning Disability Team has been reaching out to older carers and people with learning disabilities living at home to plan services with them and make sure they are getting the support they need.

Sexuality and Parenthood

People with learning disabilities have the same rights as everyone else, but they are particularly vulnerable to abuse. Learning disability health professionals and care workers often need to provide help and advice to help people with learning disabilities to make choices, conduct relationships and protect themselves from sexual abuse and unwanted pregnancy. Over recent years there has been much joint working between Children's services and Adult Services to ensure mothers and fathers who have learning disabilities and their children are given the support they need. This remains an ongoing need.

Identifying Needs

Person centred planning results in better identification of individual needs. By establishing a way to collate this information, we can develop a better overview of the individual needs of adults with learning disabilities to complement the overview of assessed needs of clients known to the JCLDT, extensive consultation with service users, carers and service providers, through a range of forums, including the Learning Disability Forum and the work of the Learning Disability Partnership which engages a range of key stakeholders.

Recommendations

Increase the uptake of Direct Payments through the development of the programme of Self Directed Support and ensuring that the SDS operating system is ready for testing by April 2009.

Address safeguarding issues through increased partnership working between all agencies and specific work to improve information sharing between the council and the police.

Work with local disability fora and police in the community, including specific work with BME groups, to encourage individuals to report abuse.

Establish an Advisory Group to advise Croydon Employment Support Service on the delivery of employment services to people with physical disabilities.

Increase supply of wheelchair accessible homes and take steps to ensure that all new high priority applicants requiring wheelchair and adapted properties are approved for offers without delay

Advise Housing Associations of the revised demand and the potential for such accommodation in the borough, with clear indication of the breakdown in types (numbers of bedrooms) required.

Establish robust mechanisms for ensuring compliance with the targets for wheelchair adapted (or adaptable) housing.

Develop an independent living strategy to maximise the number of people with disabilities who can be supported within the community, including those for whom adaptations would be required and make the case for increasing funding for adaptations on the basis that providing more adaptations will reduce the level of need for residential care, hospital treatment and other health services.