

Equalities Analysis Assessment

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1. The activity or decision that this assessment is being undertaken for

The Lewisham Learning Disabilities Implementation Plan 2024-2029 (LDIP) presents a vision for how to improve the lives of young people and adults with a learning disability in Lewisham.

The LDIP acknowledges that there have been some excellent strategies and policy documents written about how to improve the lives of people with learning disability. It also recognises that people with a learning disability and their family carers have told us before, what is important to them.

The LDIP focuses on the changes people with a learning disability and their families have told us they need to improve their lives. It sets out a vision for the future. To make this vision a reality The LDIP focuses on seven key areas where change is needed. These seven key priorities are:

Priority 1: A Good Place To Live -

People with a learning disability want to choose where they live and who they live with.

Priority 2: Health & Wellbeing -

People with a learning disability want to be able to get the healthcare they need to live longer, healthier lives.

Priority 3: A Life With Opportunities -

People with a learning disability want to take part in their communities, try new things and get a job.

Priority 4: Support For Family Carers-

We need to listen to families and unpaid carers and learn more about the support they need to feel valued in their caring role.

Priority 5: Managing Risks & Staying Safe -

People with a learning disability need support to understand risks and to stay safe when they are living their lives.

Priority 6: A Sustainable Workforce -

People with a learning disability need the people who support them to have the right attitudes, skills and training. We need to help more people become good support workers.

Priority 7: Developing the Local Market -

We need to get better at co-production. We need to talk to people with a learning disability and their families more about how services need to change and what support they will need in the future.

The LDIP details the commitments and key actions that will be achieved over the next five years to achieve these changes.

The LDIP proposes to deliver these actions via a re-established Learning Disabilities Partnership Board and task-focused delivery groups. These groups will include people with lived experience,

their families, and key local partners. They will have co-production and co-delivery principles at their core. The groups will co-produce focused action plans that make clear which partners will work together to achieve each action and will set out agreed timescales for completing them.

The purpose of the Equalities Analysis Assessment is to review and analyse the impact that the LDIP will potentially have on people with a learning disability and their families who live in Lewisham or receive support from Lewisham health and social care services. It aims to assess the likely (or actual) effects of the LDIP on people in respect of the nine protected equality characteristics. It also seeks to identify the impact on Lewisham’s diverse communities and consider any consequences be they positive or negative, that may result from the LDIP. Where negative impacts are identified mitigating measures will be proposed. The assessment will also identify where opportunities to proactively advance equality, diversity and inclusion in Lewisham have (or will be) been taken.

The EAA will consider the nine protected characteristics and identify if:

- Any particular groups or communities are over or underrepresented.
- The impact is greater because people have more than one protected characteristic or belong to more than one marginalised group.
- Any unconscious bias may have resulted in decisions and actions being made based on assumptions.
- Proposals in the LDIP are based a good understanding of all local need.
- Any groups of people with lived experience have been marginalised or excluded.

2. The protected characteristics or other equalities factors potentially impacted by this decision

<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Ethnicity/Race	<input checked="" type="checkbox"/> Religion or belief	<input checked="" type="checkbox"/> Language spoken	<input type="checkbox"/> Other, please define:
<input checked="" type="checkbox"/> Gender/Sex	<input checked="" type="checkbox"/> Gender identity	<input checked="" type="checkbox"/> Disability	<input type="checkbox"/> Household type	
<input type="checkbox"/> Income	<input type="checkbox"/> Carer status	<input checked="" type="checkbox"/> Sexual orientation	<input checked="" type="checkbox"/> Socio Economic	
<input type="checkbox"/> Marriage and Civil Partnership	<input type="checkbox"/> Pregnancy and Maternity	<input type="checkbox"/> Refugee/Migrant/Asylum seeker	<input checked="" type="checkbox"/> Health & Social Care	
<input type="checkbox"/> Nationality	<input checked="" type="checkbox"/> Employment	<input type="checkbox"/> Veterans or reservists		

Age: A learning disability is a lifelong disability and people with a learning disability belong to all age groups. Population statistics show that the number of younger adults with a learning disability is increasing. With improvements in health interventions people are living longer and therefore the number of people with a learning disability aged 65+, is also predicted to grow. Age is a significant factor as people require different types of support and service models during different stages of their lives.

Ethnicity Race: People with a learning disability belong to all racial and ethnic groups in Lewisham and population data predictions suggest that there will be an increase in the number of people of learning disabilities who belong to Black, Asian and Minority ethnic communities. It is important to ensure that the LDIP recognises the needs of these communities and reflects any change in needs.

For the purposes of this EAA the term “*diverse and minority ethnic communities*” is also used in recognition of advice from the UK Government around how to write about ethnicity.

Religion or Belief: Religion or belief can be an important component of an individual's sense of belonging to a community and to their personal wellbeing. It is important to ensure that the LDIP recognises and supports individuals to play an active part in the community and religious groups that best support their sense of belonging and wellbeing.

Language Spoken: Given the diverse communities that live in Lewisham it is important to ensure that first languages are recognised and supported through the LDIP. This is particularly important for people who may have additional communication challenges due to their learning disability. Offering support and information in their first language and ensuring that this information is in a format that is as accessible as possible, will help ensure people are actively included and can make a meaningful contribution to any service developments.

Gender: More people with a learning disability are male than female. Given the gender imbalances and disadvantages experienced by women in the wider population, it is important to consider whether women with a learning disability are also impacted by additional disadvantages due to their gender.

Gender Identity: The LDIP is underpinned by an inclusive and person centred approach to developing and improving outcomes for people with a learning disability. Recognising and providing appropriate support around gender identity can play an important role in improving an individual's wellbeing.

Disability: People with a learning often experience more than one disability, in addition to their learning disability. It important to consider intersectionality and how an additional disability might impact on their access to support and services and influence their health and wellbeing outcomes.

Carer Status: An aim of the LDIP is to improve the pathways designed to support the wellbeing of family carers. It is therefore important to consider how all carers are enabled to access the support they need. This includes recognising the importance of carers in Lewisham's diverse and minority ethnic communities and identifying what additional barriers they may face.

Sexual Orientation: The LDIP is underpinned by an inclusive and person centred approach to developing and improving outcomes for people with a learning disability. Recognising and providing appropriate support around sexual orientation can play an important role in helping build relationships and improve an individual's wellbeing.

Socio Economic: Exposure to the social determinants of poor health such as poverty, poor housing, unemployment, discrimination, and isolation are more likely to result in a reduced quality of life. It is important to understand how these factors impact on people with a learning disability and where other equality dimensions negatively (or positively) increase this impact.

Health & Social Care: Improving health and wellbeing outcomes by improving access to social care and health support is a fundamental component of the LDIP. It is therefore important to recognise any inequalities and barriers that may impact on people's ability to access the support they need. It is also important consider where intersectionality may result in additional barriers and lead to poorer outcomes for the people who share those protected characteristics.

Employment: This equality dimension is an important indicator of improved wellbeing and quality of life. Improved access to education, training, skills and employment is a key focus of the LDIP and understanding the challenges faced by people with a learning disability in the employment market is central to achieving these improvements. Recognising and addressing

how other equality dimensions such as ethnicity, age, gender and disability impact on employability is also a key component of assessing the LDIP's impact.

3. The evidence to support the analysis:

LAS Social Care Data 2018/19 to 22/23 – This data is based on information gathered from completed assessments which have been entered on the LAS social care record system. Accuracy of this data is related to the accuracy of completed assessments and of those entering the data.

Lewisham Spring School Census 2022-23 AY (by LBL, Strategy & Improvement Families, Quality and Commissioning) – Data collected from the Spring School census for Lewisham estimates the number of children and young adults currently attending Lewisham schools who present with needs associated with an SLD (Severe Learning Difficulty), MLD (Moderate Learning Difficulties) or PMLD (Profound and Multiple Learning Difficulties). Children's services do not separate learning disability in the same way as adult services. For the purpose of the estimates in this EAA, children and young adults defined a SPLD (Specific Learning Difficulty) have been excluded from the figures. A SPLD is defined as *“including dyslexia, dyspraxia, ADHD, which do not have a significant general impairment of intelligence and learning disability”*.

<https://www.acamh.org/app/uploads/2018/10/Definitions-of-learning-disability.pdf>

Learning from Lives and Deaths of People with a Learning Disability and autistic people (LeDeR) – LeDeR looks at key episodes of health and social care a person with a learning disability received that may have been relevant to their overall health outcomes. Reviews look for areas that need improvement and areas of good practice. Examples of good practice are shared to help reduce inequalities in care for people with a learning disability and autistic people. LeDeR aims to reduce the number of people dying sooner than they should. Data and percentages from LeDeR used in this EAA are based on information collected from reviews of the deaths of people with a learning disability either nationally or locally.

Population Health Management – Data from The Population Health Management Team is gathered using a data platform called HealthIntent®, developed by Oracle Health (a global health technology company). It brings together data feeds from health partners across Lewisham including:

- Acute Trust data
- Community data
- Mental health data
- Primary care data
- And in the future, social care data.

All the data is gathered with consent from patients. The platform sorts and organises data from across all platforms to make it consistent and usable. It then connects this data with information from individuals who have consented to their data being used. This unique dataset covers the whole population of Lewisham and includes data from approximately 320,000 people.

POPPI & PANSI – This view-only system is developed by the Institute of Public Care (IPC). It is for use by local authority planners and commissioners of social care provision in England, together with providers. It is a programme designed to help explore the possible impact that demography and certain conditions may have on populations. Data is based on figures taken from Office for National Statistics (ONS) subnational population projections by persons, males and females, by single year of age. The latest subnational population projections available for England, published 24 March 2020, are full 2018-based and project forward the population from 2018 to 2043.

Long-term subnational population projections are an indication of the future trends in population by age and gender over the next 25 years. The assumptions used in the subnational population projections are based on past trends. They show what the population will be if recent trends continue.

These projections do not take into account any policy changes, or economic, or recent global health factors that could impact the population in the future. They do not try to predict any potential demographic consequences of future political or economic changes, including the UK's withdrawal from the European Union, nor of the current pandemic.

Other Data Sources: All other data sources are cited within the EAA. Where available page numbers and links to that source data are provided within the body of the report.

Where professional observations, qualitative data and direct information from those with lived experience has been included, this is noted and is acknowledged as an informal data source.

4. The analysis

Population estimates based on projections from POPPI & PANSI indicate that the learning disability population in Lewisham will continue to grow, particularly in the over 65's and in the 18-24 age.

POPPI & PANSI estimate that there are approximately 5908 people aged 18 plus with a learning disability living in Lewisham. ([Projecting Older People Population Information System \(poppi.org.uk\)](http://poppi.org.uk) & [Projecting Adult Needs and Service Information System \(pansi.org.uk\)](http://pansi.org.uk))

This broadly corresponds with a report by the Learning Disability Observatory that estimated that approximately 2.16% of adults in the UK have a learning disability. ([People with Learning Disabilities in England 2015 - GOV.UK](https://assets.publishing.service.gov.uk/media/5a81e329ed915d74e3400976/PWLDIE_2015_main_report_NB090517.pdf)). (P.14)

https://assets.publishing.service.gov.uk/media/5a81e329ed915d74e3400976/PWLDIE_2015_main_report_NB090517.pdf

However, it is suggested that only 23% of adults with learning disabilities in England are identified on GP registers, the source used for these estimates. The remaining 77%, the 'hidden majority' remain invisible in most data collections.

(https://assets.publishing.service.gov.uk/media/5a81e329ed915d74e3400976/PWLDIE_2015_main_report_NB090517.pdf) (P.15)

There are 2037 people on the learning disability register in Lewisham. This is largest known learning disability population in South East London. ([Learning from the lives and deaths of people with a learning disability and autism \(LeDeR \) 2021/2022 ANNUAL REPORT -South East London Clinical Commissioning Group P.3 & 4](#)) – Appendix 1.

1,674 patients aged 14 years and over with a learning disability are registered with a Lewisham GP practice. ([NHS South East London Integrated Care Board - Learning Disability Patients 14 years and Over Registered with a Lewisham G.P. Practice \(July 2022\)](#))

We also know that there are currently 806 people aged 18 years or over with a learning disability, who currently receive care and support with their daily lives in Lewisham.

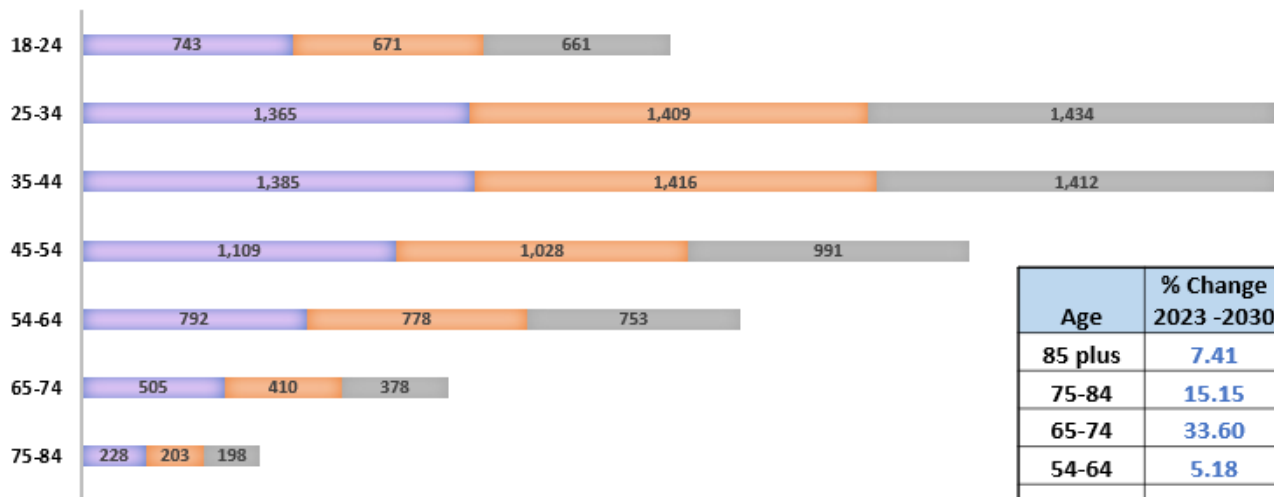
The majority of people with a learning disability in Lewisham don't receive any support from social care. This group will most likely rely on support from their families, or they may be living independently in the community. They are likely to use some health services and general community services funded by the council and the voluntary sector.

Age:

Predictions by PANSI based on population data (below) indicate that the number of people with a learning disability in Lewisham will continue to grow. ([Projecting Adult Needs and Service Information System \(pansi.org.uk\)](https://pansi.org.uk)).

NUMBER OF PEOPLE PREDICTED TO HAVE A LEARNING DISABILITY IN LEWISHAM BY AGE

■ 2030 ■ 2025 ■ 2023

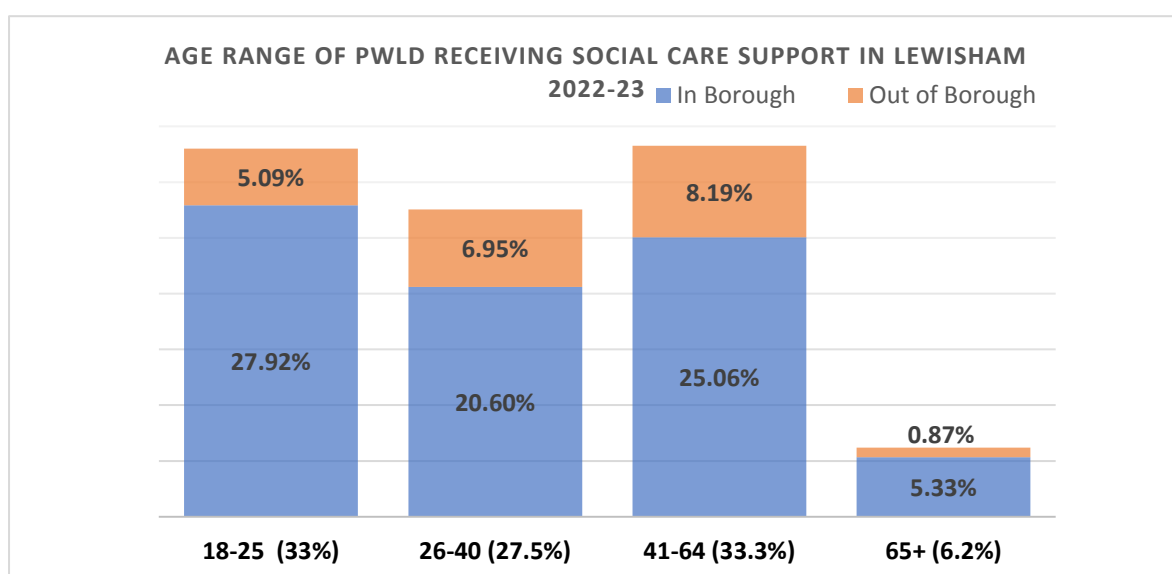


Age	% Change 2023 -2030
85 plus	7.41
75-84	15.15
65-74	33.60
54-64	5.18
45-54	11.91
35-44	-1.91
25-34	-4.81
18-24	12.41

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The percentage growth in age groups between 2023 and 2030 is indicated above, right. The biggest growth can be seen in those aged 65+ with those aged 18 to 24 the second largest.

Data collected about people with a learning disability who currently receive Social Care only partially supports this prediction as indicated in the table below.



Lewisham Adult Social Care Data 2023

Data collected and analysed about people aged 18+ accessing support between 2018 and 2023 (below) indicates that there has so far been no significant growth in the number of people with a

learning disability aged 26-64 and aged 65 and over. The largest increase has been in the number of people aged 18 to 25, who require support.

Average Number of PWLD Using Adult Social Care Services 2018/19 -2022/23					
Age	Location	Total	New People	People Leaving	Difference
18-25	In borough	189.8	30	11	19
	Out borough	34.2	3.25	1.75	1.5
26-40	In borough	166.6	5.5	6.75	-1.25
	Out borough	56.8	0.5	0.5	0
41-64	In borough	215.8	5.5	10	-4.5
	Out borough	61.4	0.25	2	-1.75
65+	In borough	47.6	1	5	-4
	Out borough	10.4	0	1.25	-1.25
Total		782.6	46	38.25	7.75

Lewisham Adult Social Care Data 2023

In 2018, 67,765 children in England had an Education, Health and Care plan (EHC) and were identified as having a primary Special Educational Need (SEN) associated with learning disabilities.

Of these:

- 28,241 had moderate learning difficulties. (41.7%)
- 29,492 had severe learning difficulties. (43.5%)
- 10,032 had profound multiple learning difficulties. (14.8%)
- The majority of children with moderate, severe, and profound multiple learning difficulties were boys.
- 26% were being educated in a mainstream school.

[\(Prevalence | Background information | Learning disabilities | CKS | NICE\)](#)

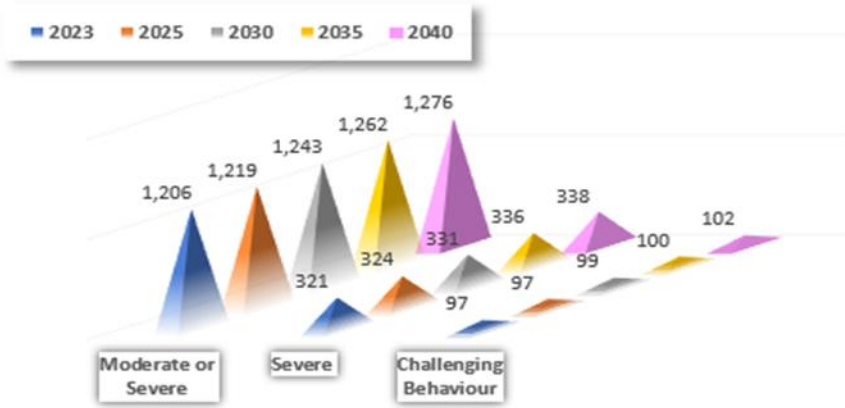
Data also indicated that between 2010 and 2018 that there was a:

- A 17% increase in the number of children identified as having Severe Learning Difficulties (SLD)
- A 16% increase in the number of children identified as having Profound Multiple Learning Difficulties (PMLD).
-

[Chapter 1: education and children's social care - GOV.UK \(www.gov.uk\)](#)

PANSI (Projecting Adult Needs and Service Information) suggests that people who have a profound, severe, or moderate learning disability are a likely predictor of the people who will be using services in the future.

Their predictions for Lewisham (below) indicate a 5.8% rise in people with a moderate or severe learning disability, a 2.2% increase in people with a severe learning disability and a 5.2% increase in people with behaviour that challenges by 2040.



PREDICTED NUMBER OF PEOPLE AGED 18-64 IN LEWISHAM WITH A MODERATE OR SEVERE LEARNING DISABILITY OR BEHAVIOUR THAT CHALLENGES.

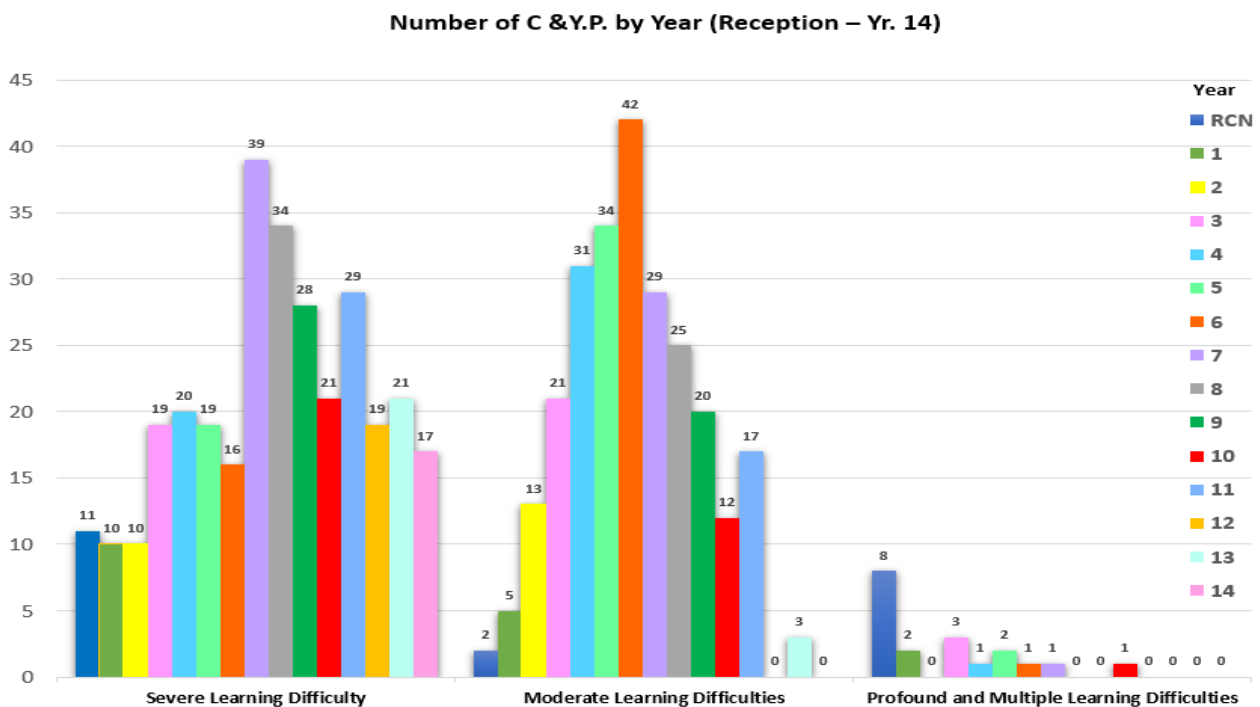
Projecting Adult Needs and Service Information System (pansi.org.uk)

Data gathered from the Lewisham Spring School Census (by LBL, Strategy & Improvement Families, Quality and Commissioning) (below) indicated 586 children and young people are

SEN Need	EHCP	SEN Support	Overall SEN (EHCP & SEN Support)
SLD (Severe Learning Difficulty)	294	19	313
MLD (Moderate Learning Difficulties)	47	207	254
PMLD (Profound and Multiple Learning Difficulties)	19		19
Total	360	226	586

Lewisham Spring School Census 2022-23 AY (by LBL, Strategy & Improvement Families, Quality and Commissioning)

currently attending Lewisham schools who present with needs associated with an SLD (Severe Learning Difficulty), MLD (Moderate Learning Difficulties) or PMLD (Profound and Multiple Learning Difficulties). If this is disaggregated by school year and level of need (below),



Lewisham Spring School Census 2022-23 AY (by LBL, Strategy & Improvement Families, Quality and Commissioning)

we have an estimate of the potential number of younger adults likely to transition into adult services.

What this Tells Us and Does Not Tell Us.

All data and indicators predict a continuous growth in the number of people with a learning disability who will need access to support when they become 18. Whilst data collected about Lewisham's children and young people aged 18 and under does not identify people with a learning disability in the same way as adult services, the available data and the continued growth in the number of people accessing adult social care aged 18-25, indicates a significant proportion will require support from learning disability services.

This has and will continue to have a direct impact on the types of support and service provisions that people need. Younger adults will require more support with developing and maintaining life skills, developing community connections, staying safe, accessing education, job training and employment opportunities. Younger people will also require specialist housing support options that provide a pathway which can help them transition from living in the family home to living as independently as possible.

PANSI have also predicted a continued rise in the number of adults with a learning disability including younger adults with behaviours that challenge and those with a severe learning disability. Data provided by LBL, Strategy & Improvement Families, Quality and Commissioning also indicates an increase in the number of young people with these needs. Specialist provision will need to be developed that can effectively support this group of young people, that is also flexible enough to meet the needs of their family carers.

Whilst generally population data suggests a significant increase in older adults with learning disability in Lewisham, this impact has not been identified in the current data collected about those using services. Currently 6.2% of those people using services are aged 65+.

Social care data also indicated that the largest group of people currently using services is the 41-64 age group (33.3%). Given improvements in health care such as targeted campaigns to increase the number of health checks for people with a learning disability, programmes to increase health screenings to support early detection and programmes to address health inequalities for this group, it is reasonable to assume that over the next 5 years the numbers of people aged 65+ plus will increase.

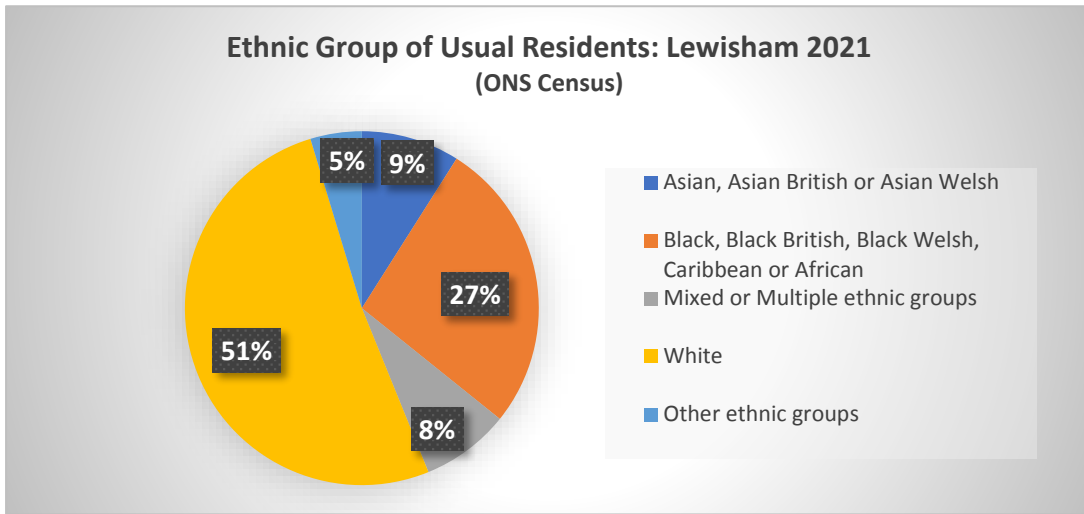
Among this age group there may also be a number of people who live in the family home. As their family carers become older, they may have to relinquish their caring role. The person with a learning disability will then need support to transition to their own living arrangements.

Particular challenges are also likely to be experienced those aged 41-64 who are currently living in independent and supported residential settings. They may no longer be able to remain in their current homes due to mobility and access restrictions. Some will also experience ill health associated with ageing and will require specialist supported environments such as nursing and dementia care. This group are also more likely to experience social isolation and mental ill health, if due to the effects of ageing, they are no longer able to maintain their personal, community and social connections.

The data clearly highlights a need for a support pathway for people with a learning disability in Lewisham, that recognises and helps people plan for all the life stages and which enables them to develop the skills and confidence they need, to navigate each life stage with the right type of support.

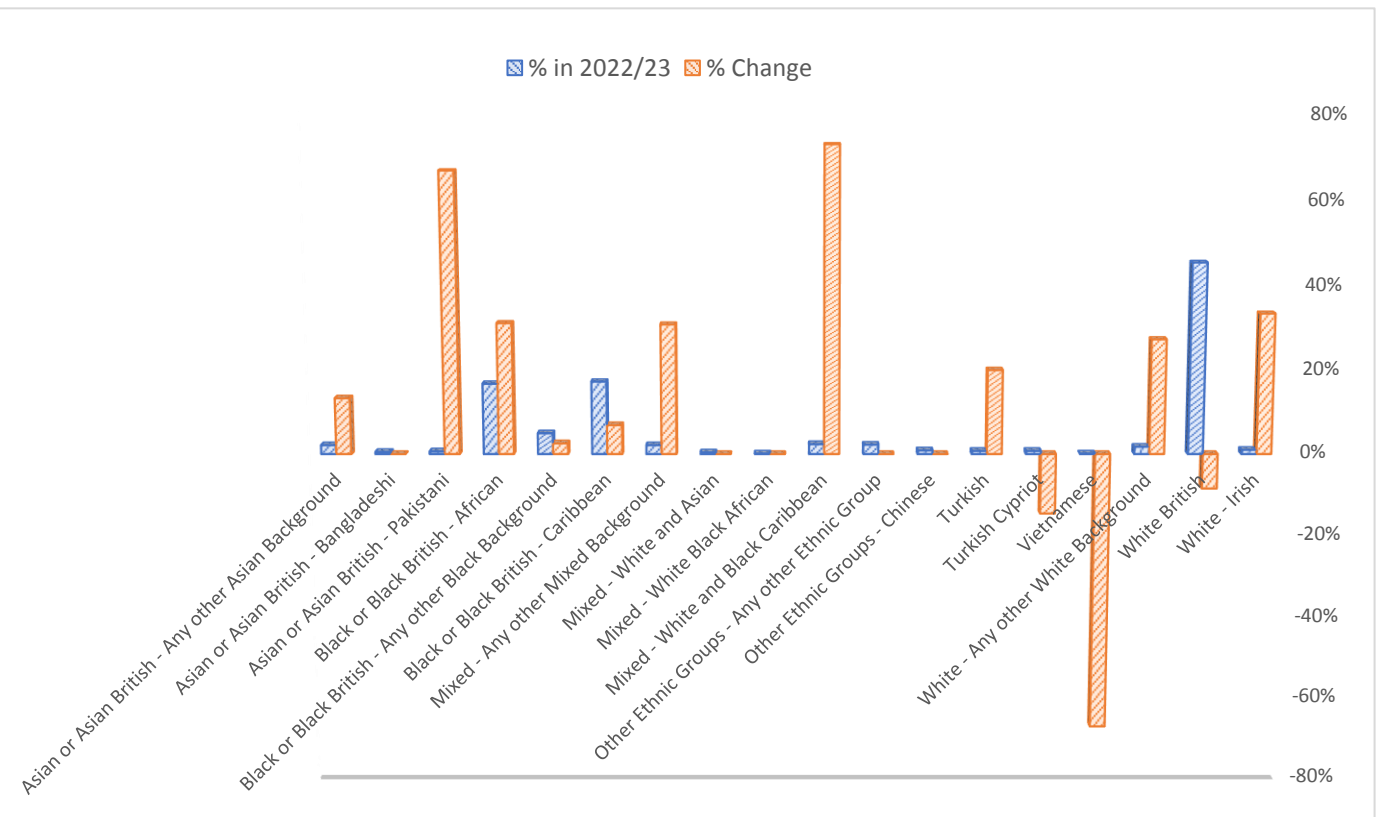
Ethnicity/Race

ONS Census data identifies the current ethnic makeup of Lewisham as below:



[How life has changed in Lewisham: Census 2021 \(ons.gov.uk\)](https://ons.gov.uk)

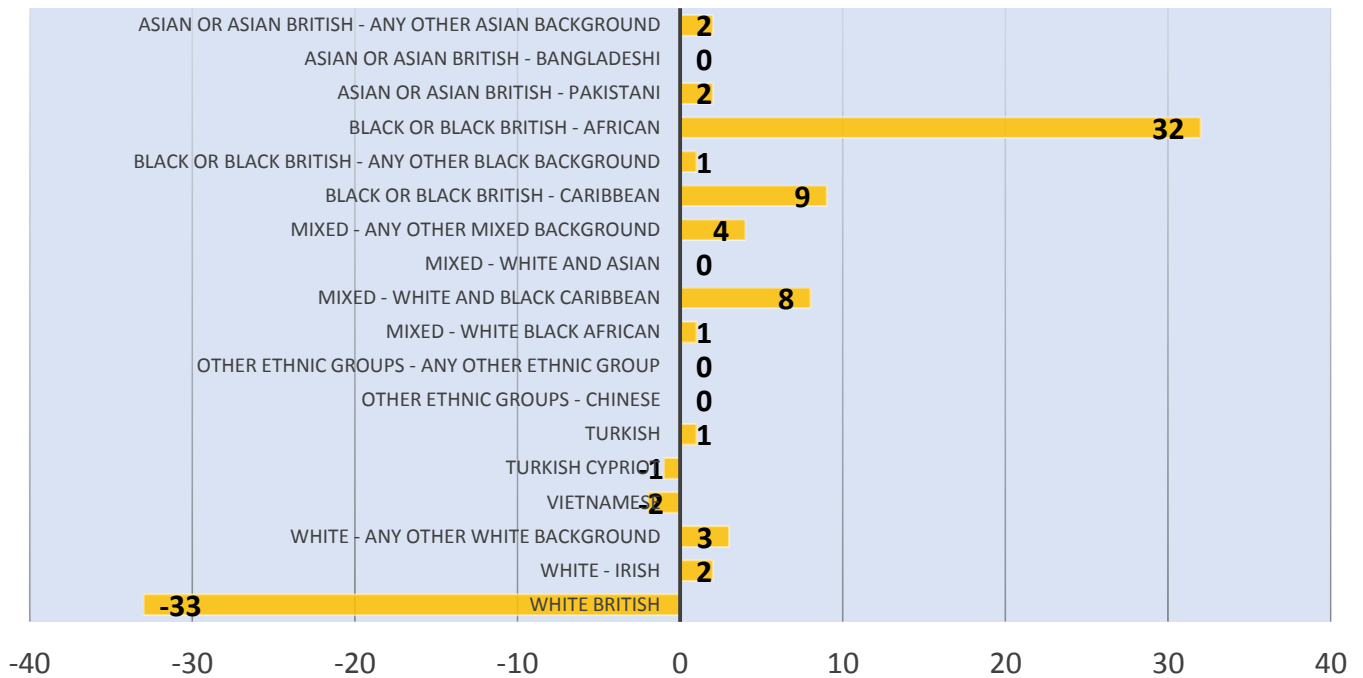
Data collected about people with a learning disability accessing social care support reflects the ethnic diversity of the borough. However, analysis of the people using services in the last five years (Apr 2018- Oct 2023) (below) shows significant growths in key sections of the population.



Lewisham Adult Social Care Data 2023

When looked at in terms of numbers the figures below show significant increases in the number of people with a learning disability accessing social care support from Black or Black British African, Caribbean, and mixed White and Black Caribbean heritage.

Changes in the Ethnicity of PWLD Receiving Support 2018/19 - 2022/23



Lewisham Adult Social Care Data 2023

What This Tells Us and Does Not Tell Us

This data illustrates that as Lewisham and its communities change and grow, so the people using its social care services change to reflect these communities.

The data also shows some key differences between general population estimates and those people who are using services.

Ethnicity	% of PWLD Using Services in Lewisham	% of Population in Lewisham (ONS)
Asian, Asian British or Asian Welsh	3.23%	9%
Black, Black British, Black Welsh, Caribbean or African	38.96%	26.8%
Mixed or Multiple ethnic groups	4.96%	8.1%
White	48.01%	51.5%
Other ethnic groups	3.22%	4.7%

Lewisham Adult Social Care Data 2023 & [How life has changed in Lewisham: Census 2021 \(ons.gov.uk\)](https://ons.gov.uk)

For instance:

- There are less people with learning disabilities from Asian communities accessing social care support. This could indicate an unmet and/or unidentified need or suggest that people are not aware of support available, that there are barriers which prevent them accessing support or that what is offered does not meet their needs.

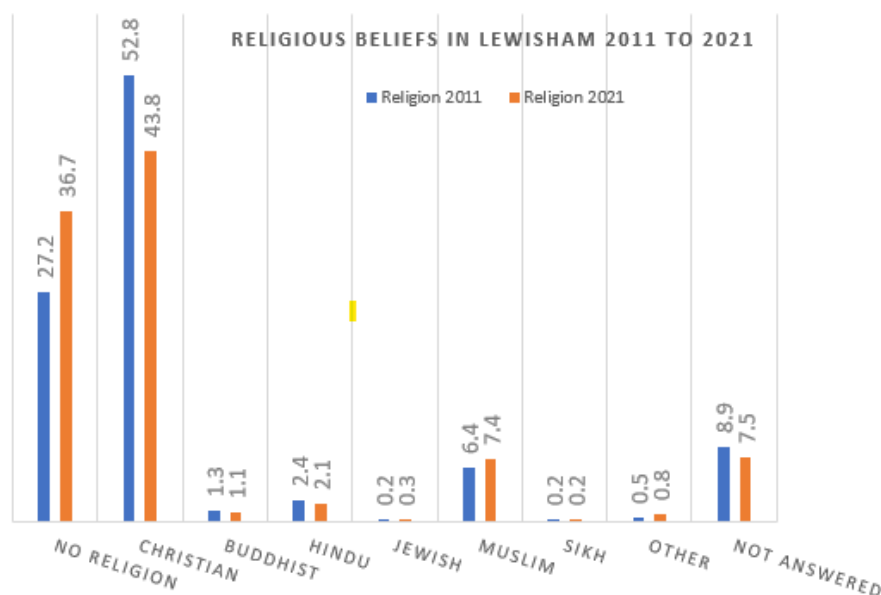
- There are higher number of people with a learning disability from black communities accessing support. This indicates a need to investigate and understand the reason for this variance and to work with this community to better recognise and meet their needs.
- People who belong to mixed and multiple ethnic groups are also underrepresented in those accessing services. This could indicate an unmet and/or unidentified need or suggest that people are not aware of support that is available, that there are barriers which prevent them accessing support or that what is offered does not meet their needs.

All of the data collected highlights the importance of ensuring that we not only routinely record data on the ethnicity of people with a learning disability but also regularly analyse and interpret this data. This enables us to identify any sectors of Lewisham’s diverse communities who may be excluded and indicate where support and service provision may need to change to meet the needs of these communities.

The only way to do this effectively is to ensure that the voice of people from these communities is represented and valued in identifying the types of support people need and how they may prefer to access this support. It also underlines that all services and support that are available need to be shaped by the people using them, to ensure that diversity and cultural needs are central. This can be achieved by prioritising the use of co-production approaches that are designed to include and meaningfully engage with these communities.

Any approach which values the diverse voices of people with lived experience should ensure that access to, and knowledge about, the support that is available is promoted and publicised in ways that will reach these communities. This may require changing or adapting current approaches to make them more inclusive. It also requires regularly involving people who receive support and services, in providing feedback about how effective service provision is and how they would like it improved, to better meet their personal and cultural needs.

Religion or Belief

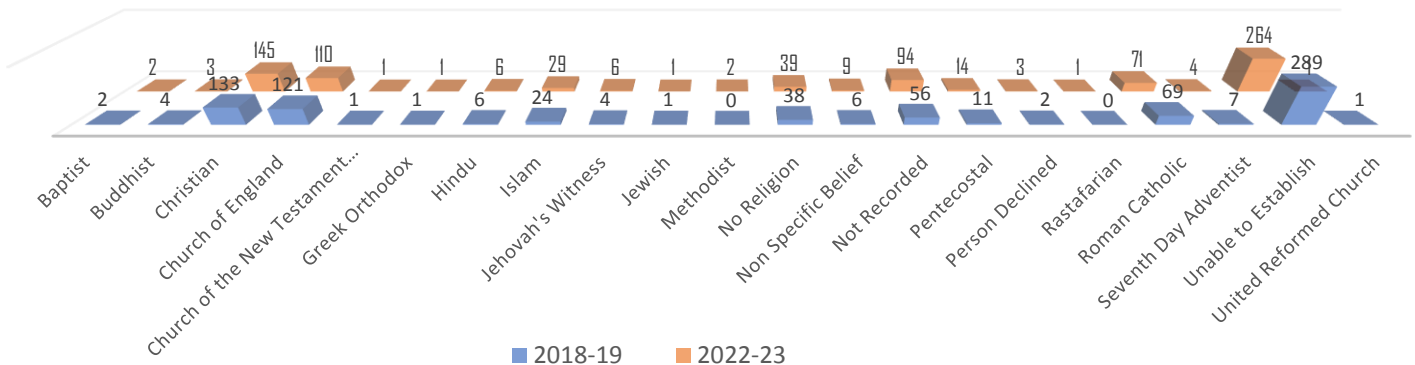


Office for National Statistics – 2011 Census and Census 2021

Comparisons between data collected in the 2021 Census compared with the same data from the 2011 Census about religious beliefs (above), show the biggest growth areas in Lewisham are amongst those people who have no religion (+9.5%) and Muslims (+1%). Whilst Christians remain the largest religious group there has been a 9% decrease in their numbers in Lewisham over the last 10 years.

When this data is compared to data collected from people with learning disabilities using support and services, (below) significant differences can be seen.

Changes in the Religious Beliefs of PWLD Receiving Support 2018/19 -2022/23



Lewisham Adult Social Care Data 2023

Whilst Christian-based religious affiliations remain the largest identified groups (approx. 43%), the Unable to Establish, Declined and Not Recorded categories equally match this number. The No Religion category remains the second largest category (4.8%), with Islam (3.6%) the third largest.

What This Tells Us and Does Not tell Us

Religious affiliations and changes in these affiliations in Lewisham over the last ten years are generally reflected in the people with a learning disability who use support and services. However, a significant gap in our knowledge is represented by those people who belong to the Unable to Establish and Not Recorded categories (45%). This could indicate an unmet need within this group. Further investigation and clarification may be needed to establish why this rate is so high and whether it could be further defined, to provide a more robust picture.

Also not identified in the social care data, is to what degree religion plays a part in an individual's life. It fails to quantify the importance of faith-based practices and faith-based communities and their potential contributions to the wellbeing and support of individuals.

It has been generally acknowledged that there has been very little research into the significance of spirituality for people with learning disabilities.

(<https://www.learningdisabilities.org.uk/learning-disabilities/a-to-z/s/spirituality>).

Some recent studies argue that spiritual and/or religious beliefs and practices and support from a spiritual community can contribute to improving quality of life outcomes for people with a learning disability. One study found that some older people with learning disabilities seek out and receive solace from religious and spiritual practices, especially if they are lonely, in poor health, distressed or bereaved.

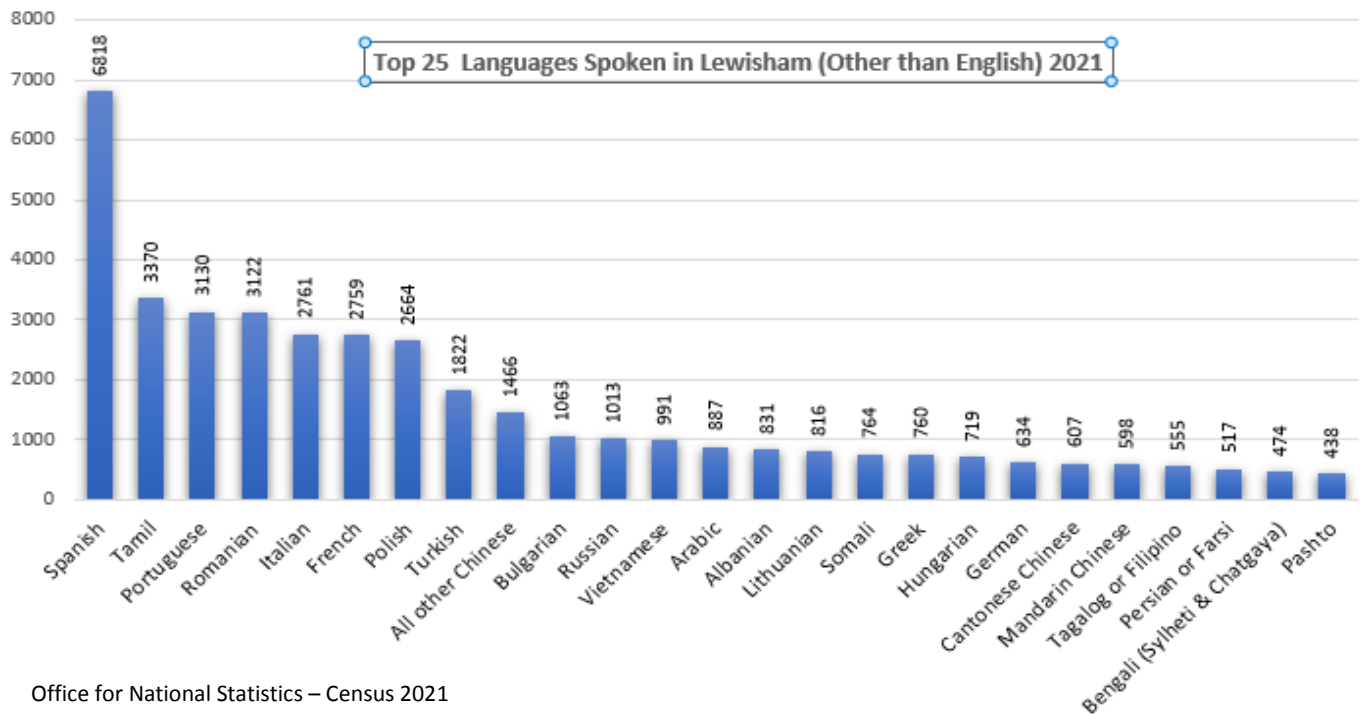
(<https://www.careknowledge.com/media/54152/139-1540-1-pb.pdf>) & (A national cohort study of spiritual and religious practices of older people with intellectual disability - Fiona Timmins, Darren McCausland, Damien Brennan, Fintan Sheerin, Retha Luus, Philip McCallion, Mary McCarron, 2023 (sagepub.com))

Whilst both are small studies, they highlight that improving some people's opportunities to explore and access spiritual and religious activities, could lead to improved wellbeing.

Languages Spoken

83.78% of people aged 3 years and over in Lewisham speak English as their main language. 96.7% of people living in Lewisham can speak English “well or very well”. 3.3% of people do not speak English very well or at all. ([Proficiency in English language - Census Maps, ONS](#))

ONS Census data (2021) indicates there are 87 different languages spoken by Lewisham’s population. The top 25 most spoken languages which are not English, are indicated below.



The Census (2021) also records that 17 people use British Sign Language, 5 people use other sign languages and a further 5 people use alternative sign communication systems.

Local data was not available about first language of people with a learning disability.

What This Tells Us and Does Not Tells Us

Whilst there is no specific “*Language Spoken Other than English*” data that directly relates to people with a learning disability, the impact of language for this group must also be seen within the wider context of communication and understanding.

What this data does not tell us is that communication difficulties are a challenge that people with a learning disability live with their entire lives. As a result, they often face barriers to accessing education, health and social care, community resources, leisure services and social activities. However, even when people access services or support, they can face difficulties understanding any information given to them, they may be misunderstood, and/or can find it difficult to express themselves.

Social and environmental factors, such as the availability of information in accessible formats, appropriate time and support to aid understanding and, the skills of communication partners, also influence the success of communication for people with learning disabilities. ([Clinical information on learning disabilities | RCSLT](#))

Where people with a learning disability have English as a second language the communication barriers and impact on their access to support and services is also likely to be greater. This is likely to lead to even poorer wellbeing outcomes for this group of people.

What the census data also doesn't tell us, and we are not able to quantify locally, is that more than 100,000 children and adults with a learning disability in the UK use Makaton, either as their main way of communicating or along with speech. Makaton is a simple and easy way of communicating using signs, symbols and speech. However, Makaton is not a recognised language and its use by individuals is not routinely recorded. ([Makaton - Sense](#)).

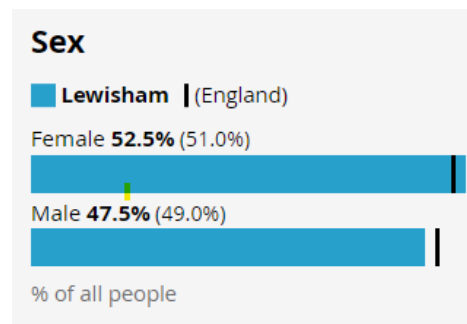
Language and communication with people with a learning is also further enhanced by the use of accessible information. The Accessible Information Standard ([NHS England » Accessible Information Standard Specification](#)) states that people with learning disability should get information in a way they can easily access and understand. This is a disability related reasonable adjustment. This can be achieved through the publication and use of accessible information.

Use of factual simple language, explanation of “jargon” and clear formats can help promote understanding, as can the use of images such as those available in “Photosymbols”. ([Welcome to Photosymbols](#)).

The Accessible Information standard highlights that an outcome of improving the accessibility of information is a “*Reduction in premature death and increased life expectancy (especially for people with a learning disability)*” (P. 49). <https://www.england.nhs.uk/wp-content/uploads/2017/08/accessible-info-specification-v1-1.pdf>

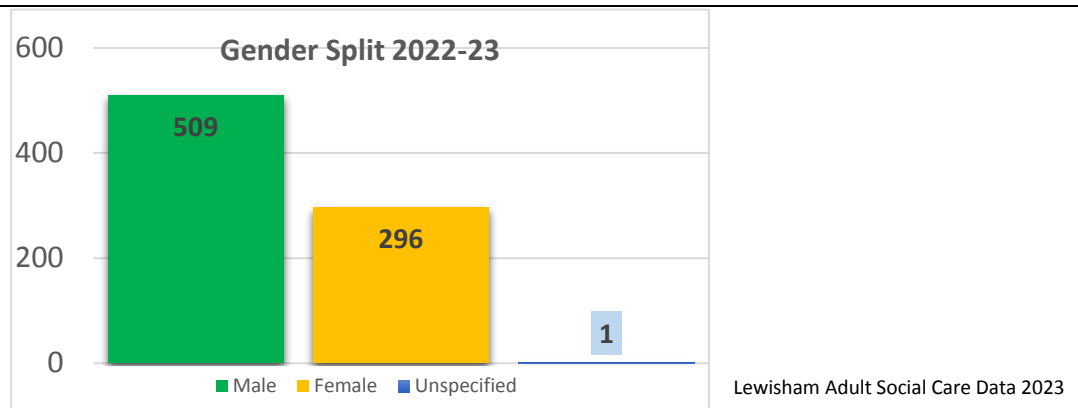
Gender/Sex

In Lewisham 157,490 (52.5%) of the population identifies as female with 142,320 (47%) identifying as male (below).



[Build a custom area profile - Census 2021, ONS](#)

Amongst people with a learning disability using support and services, 509 are male, 296 are female and one person did not specify their gender identity (below).



A higher prevalence of a learning disability in males has been identified as due to specific X chromosome linked conditions (such as fragile X syndrome).

[LEARNING DIFFICULTIES: WHAT THE NEUROLOGIST NEEDS TO KNOW | Journal of Neurology, Neurosurgery & Psychiatry \(bmj.com\)](#)

In 2019/20, 73.1% of all pupils with an EHC plan in England and 64.6% of pupils with SEN support were boys ([Special educational needs in England, Academic year 2022/23 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](#))

The gender proportions of those people with a learning disability using adult support and services in Lewisham, therefore generally align with diagnostic estimates and national averages.

There is one female only supported living service in Lewisham, which is part of the Lewisham Learning Disabilities Framework agreement. Data on the gender breakdown in other types of support and services and the overall spend based on gender, was not available.

However, we do know from the Adult Social Care Outcomes Framework that in Lewisham a proportionately higher number of men with a learning disability are in paid employment (7.8%) compared to women with a learning disability (7%). ([ASCOF 21-22 - Microsoft Power BI](#))

What This Tells Us and Does Not Tell Us

People with a learning disability using support and services in Lewisham reflect the national picture in terms of gender proportions. What we do not know is if these gender proportions are reflected in the total learning disability population in Lewisham, and if there is potentially a group of women with a learning disability who are not accessing or receiving support. Identifying this gap (if it exists) and understanding the reasons could constitute an unmet need.

We do know that there is a gender imbalance towards men, in respect of the number of people with a learning disability in paid employment in Lewisham. What we do not know is if this imbalance is reflected across all service and support areas. Assessing and understanding this information could help us identify if intersectionality plays a part i.e., does the combination of living with a learning disability and being female present additional barriers to accessing and receiving the support they need.

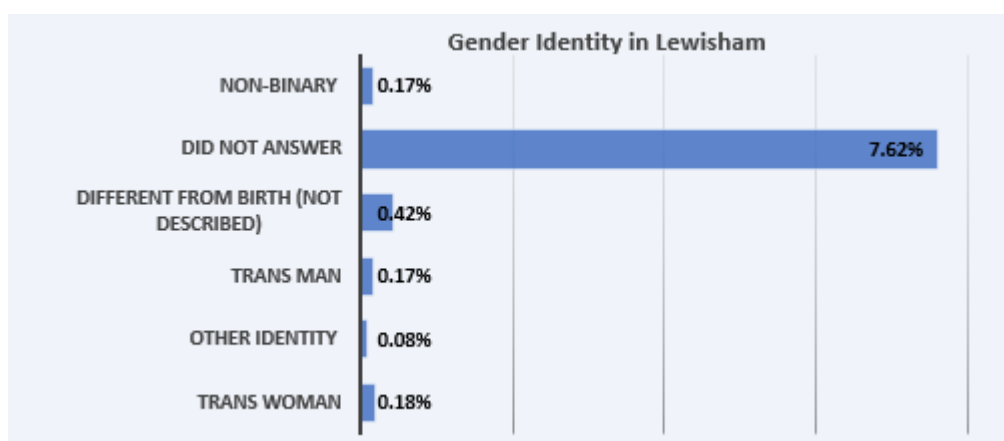
Gender Identity

The national picture around gender identity is presented in the table below;

Area Name	Gender identity the same as sex registered at birth %	Gender identity different from sex registered at birth (no specific identity given) %	Trans woman %	Trans man %	Non-binary %	All other gender identities %	Not answered %
England	93.47	0.25	0.10	0.10	0.06	0.04	5.98
London	91.21	0.46	0.16	0.16	0.08	0.05	7.88

Source: Office for National Statistics - Census 2021

In Lewisham 91.36% of people aged 16 years and over identify as having the same gender as they were assigned at birth (cisgender). The gender identity of the remaining 8.64% of Lewisham's population was as described in the table below.



[Gender identity, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

In Lewisham a higher percentage of people identify as a Trans Man, Trans Woman, Non-Binary and as having an "Other gender identity" than in the UK and in London. A lower percentage of people described themselves as having a gender identity different to the one assigned at birth, where no description as given. A lower percentage of people did not answer this question.

Of the 806 people with a learning disability using support and services only one person did not specify their gender identity as either male or female.

What This Tells Us and Does Not Tell Us

Lewisham as Borough has a higher percentage of people who consider their gender as different to the one assigned at birth, than both the national and London averages.

There is no available data about how gender identity impacts on Lewisham's learning disability population as the Census data is not disaggregated to specific Lewisham populations. Data collected about people using support and services indicate that one person described their gender as unspecified. It is difficult to know if this description is due to an individual questioning their gender identity or due to other issues.

Accurate statistics and prevalence rates of gender dysphoria in people with an intellectual (learning) disability are unknown. Some studies have suggested higher rates in people with an intellectual disability compared with those without, although there may be questions about methodology and small case numbers (Bedard et al, 2010).

(Bedard, C., Zhang, H.L. and Zucker, K.J., 2010. Gender identity and sexual orientation in people with developmental disabilities. *Sexuality and Disability*, 28(3), pp.165-175)

Research looking at intellectual disabilities and gender dysphoria is limited. Reviews of research that have been carried out suggest that when a person with intellectual disabilities chooses to identify with their preferred gender, they may be perceived as going through a phase or lacking capacity to make such decisions. (Tizard Learning Disability Review: 'Lost in the literature'. *People with intellectual disability who identify as trans: A Narrative Review* : N. Keats 2022). https://kar.kent.ac.uk/97497/1/Selfarchiving%20file%20TransID_NR%20TLDR_%20PDF_Proof.PDF

The lack of information about this area and the absence of systematic data collection methods could indicate that there is a potential unmet need for people with a learning disability in this equality dimension.

Disability

The number of people entitled to receive a disability benefit in Great Britain has risen over time, from 3.9 million in May 2002 (6.8% of the population) to 6.3 million in February 2023 (9.6% of the population).

[UK disability statistics: Prevalence and life experiences - House of Commons Library \(parliament.uk\)](https://www.parliament.uk/library/publications/publication/2023-02-28/uk-disability-statistics-prevalence-and-life-experiences)

In February 2019, a total of:

- 296,885 people in the category of 'learning difficulties' (99% of those eligible for DLA) were receiving DLA payments.
- 110,437 adults aged 16 years or over, in the category of 'learning disabilities' were receiving PIP payments, a rapid increase from the introduction of PIP in 2014.

[Chapter 4: disability benefits - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/disability-benefits)

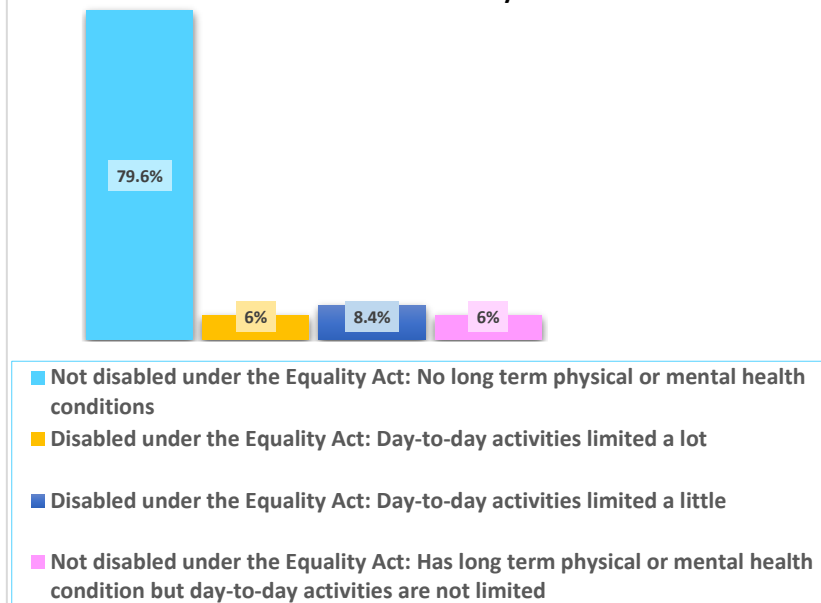
ONS Census data (2021) (below) indicates that Lewisham has a higher number of people disabled as defined under the Equality Act than the London Average.

% of Lewisham Residents Disabled/Not Disabled (All Ages)		
	Lewisham	London
Total Population (All Ages)	300600	8799700
Disabled under the Equality Act	14.4%	13.2%
Not disabled under the Equality Act	85.6%	86.8%

Office for National Statistics – Census 2021

Census data (2021) (below) also indicates that day-to-day activities are "limited a lot" for 17,964 (6%) of Lewisham's residents due to disability. A further 25,824 (8.4%) experience some limitations.

% Of Lewisham Population with a Long Term Health Problem or Disability



<https://static.ons.gov.uk/datasets/TS038-2021-3.xlsx>

Data from social care indicates however that of the 806 people with a learning disability receiving support or services, only 30 are registered disabled (3.7%). Data also indicates that there was only a small variation (+2 and -1) in these numbers, between 2018/19 and 2022/23.

We also know from LeDeR that the average number of long-term health conditions per person with a learning disability who died in 2021, was approximately 2.45 per person. This would indicate an increased likelihood of multiple disabilities within the learning disability population.

<https://www.kcl.ac.uk/ioppn/assets/fans-dept/leder-main-report-hyperlinked.pdf> (P.20)

Research into the experience of all disabled people has shown that:

- Disabled people aged 16 to 64 years had poorer ratings than non-disabled people on all four personal well-being measures.
- Average anxiety levels were higher for disabled people at 4.6 out of 10, compared with 3.0 out of 10 for non-disabled people (year ending June 2021).
- The proportion of disabled people (15.1%) aged 16 years and over in England who reported feeling lonely “often or always” was over four times that of non-disabled people (3.6%) (year ending March 2021).

[Outcomes for disabled people in the UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-and-work/disabilities/outcomes-for-disabled-people-in-the-uk)

- Between 25 and 40% of people with learning disabilities also experience mental health problems.

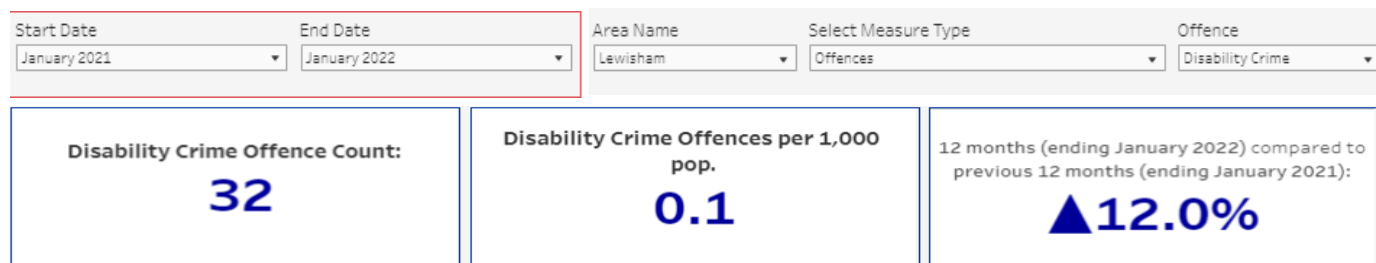
[Learning disability statistics: mental health problems | Foundation for People with Learning Disabilities](https://www.foundationforlearningdisabilities.org.uk/learning-disability-statistics-mental-health-problems)

- Research by Leonard Cheshire and United Response has found that more than 11,000 (11,224) disability hate crimes were reported to police between April 2021 and March 2022. This is a 25% increase on the previous year.
- Just 1% of these cases resulted in a charge or CPS referral.

[Disability hate crimes rise to record levels | Leonard Cheshire](https://www.leonardcheshire.org/news-disability-hate-crimes-rise-to-record-levels)

- Research by Dimensions in 2023 found that 6% of people (equivalent to 3.6 million) people admit to having physically hurt someone because of their learning disability or autism.

In the 12 months (ending January 2022) compared to the 12 months previously (ending January 2021) 32 disability hate crime offences had been committed in Lewisham. This is an increase of 12% on the previous year (see below).



[Monthly Crime Data New Cats | Tableau Public](#)

Work carried out by Lewisham Speaking Up has identified key local risks and their hate crime initiatives such as training sessions delivered by people with lived experience, educate local people and organisations about what hate crime is, how to report it and how to speak up and stop hate crime.

[Training - Lewisham Speaking Up \(Isup.org.uk\)](#)

What This Tells and Does Not Tell Us.

National data on disability reflects the increasing number of people who have a learning disability. Local data from the Census also shows that Lewisham has a higher rate of disabled people (14.4%) (as defined under the Equality Act) than the London average (13.2%), although lower than the national average (17.3%).

A significant proportion of Lewisham's population of people with a learning disability are likely to be included in this total, including the 806 people known to be using care and support services. Of those using services only 30% are registered disabled. This likely reflects the fact that there are no direct benefits from registration.

Local data on the number of people with a learning disability with a freedom pass or a blue badge was not available.

In 2017 The Equality and Human Rights Commission published "Being disabled in Britain A journey less equal"

<https://www.equalityhumanrights.com/sites/default/files/being-disabled-in-britain.pdf>

This highlighted the lack of progress, and in some areas the decline in achieving equality for disabled people. The report identified that some groups of disabled people including those with a learning disability, experience even greater barriers. (P.5). Information and research since the publication of this report has shown that this situation has not improved for disabled people in general and in particular for people with a learning disability.

The work of Lewisham Disabled People's Commission in "If not now, then when?" (2023) reflects this national picture. The report highlights key local gaps around involvement in decision making, access, communication, support for independent living and opportunities to travel and

take part in education, leisure and social activities. <https://lewisham.gov.uk/-/media/0-mayor-and-council/community-support/if-not-now-then-when.ashx>

Locally we also know from social care assessments, qualitative information and from consultations and conversations with people with lived experience and their families, that local people with a learning disability experience these barriers and challenges.

Local crime data and the work of community organisations such as Lewisham Speaking Up has highlighted that people with a learning disability in Lewisham are also directly impacted by hate crime and that this often a barrier to people feeling safe and to being more active both socially and economically, in the local community.

What we do not know is to what extent other equality dimensions affect the level of these impacts. Further detailed data would be needed to understand the interplay of disability and ethnicity on loneliness, or whether gender and disability impacts the levels of anxiety experienced. It is also likely that the level of learning disability i.e., mild, moderate, or severe has an impact on people's wellbeing outcomes.

We do know that number of hate crimes have increased in London and in Lewisham across protected characteristics such as ethnicity, gender, sexual orientation, religion beliefs, gender identity. What we do not know is if belonging to one or more of these equality dimensions increases the likelihood and frequency of those negative experiences.

Carer Status

The last Census (2021) estimated that approximately 5 million people aged 5 or older were providing unpaid care in England and Wales. This represents 9% of the population. Other research indicates that over the course of their lives, two-thirds of people in the UK will at some point become an unpaid carer, with half of all people assuming this role before they turn 50. [Understanding unpaid carers and their access to support - The Health Foundation](#)

Information on carers of people with a learning disability is limited. However, the table below gives a broad profile of who is providing this unpaid care in England and indicates some of the key impacts their caring role has had on their lives.

Aged 18–64	63%	Caring has caused financial difficulties	46%
Female	77%	Developed health conditions because of their caring role	24%
Not in paid employment because of their caring role	40%	Have time to look after themselves	52%
Have caring responsibilities for someone else	64%	Have as much social contact as wanted	35%

Personal Social Services Survey of Adult Carers in England 2018–19, NHS Digital, 2019.

The 2021 census also confirmed that unpaid carers were more likely to be older – 60% were older than 50, compared with 38% of non-carers – and more likely to be women (60% of carers).

[Unpaid care by age, sex and deprivation, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

Census Data (2021) for Lewisham indicates that 7.1% of the population (19,957 people) provide some form of unpaid care.

Provision of unpaid care in Lewisham (2021)	Population	% of Pop.	
Total Population: All usual residents aged 5 and over	281,426	100.0%	
Provides no unpaid care	261,469	92.9%	
Provides 19 hours or less unpaid care a week	10,067	3.6%	7.1%
Provides 20 to 49 hours unpaid care a week	4,757	1.7%	
Provides 50 or more hours unpaid care a week	5,133	1.8%	

[2021 Census Profile for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://www.nomisweb.co.uk)

Data collected about those using services and from Carers Assessments carried out, indicated that there are 452 unpaid carers of people with a learning disability, known to social care services.

What This Tells and Does Not Tell Us.

Census data (2021) is not disaggregated into cared-for groups, so we do not know the how many of the unpaid carers in Lewisham are supporting a person with a learning disability. Although there is some data about the number of unpaid carers of people with a learning disability known to social care, this data is likely to be an underrepresentation of the overall number of these carers in Lewisham.

Local information about the demographics and overall support needs of these carers was not available. We therefore do not have a clear picture of how many carers belong to Lewisham's diverse and minority ethnic communities, or if there is an imbalance in the number of carers known to social care. We also do not know how many older carers there are. This is a key indicator of how many adults with a learning disability currently living at home, may require additional support or services when their family carers become unable to continue in their caring role.

National data does provide a useful indicator of some of the key pressures on unpaid carers. The State of Caring Survey 2022 by Carers UK, had responses from 12,424 unpaid UK carers.

Some of their key findings included:

- 77% said that the rising cost of living is one of their main challenges with 25% cutting back on essentials such as heating and food.
- 67% on an NHS waiting list said it was impacting negatively on their mental and physical health.
- 30% said their mental health was bad or very bad.
- 62% said they needed more support to enable them to look after their own health and wellbeing.
- 75% worry about continuing to juggle work and care.
- 27% carers from Black, Asian or ethnic minority backgrounds said that services not meeting their needs was a barrier to accessing support, compared to 23% of White carers.
- 61% said they were uncertain about what practical support they might be able to access in the next 12 months.

- Only 25% said they had undertaken a Carer's Assessment in England.

https://www.carersuk.org/media/vgrlxkcs/soc22_final_web.pdf

Independent research carried out about learning disability carers identified some additional challenges facing this group of unpaid carers. These include:

- 8 out of 10 family carers have reached, or are close to reaching, breaking point due to a lack of short breaks.
- Carers are worried that the services and support they receive will be reduced further.
- Parents who have a child with a learning disability are more likely to feel lonely, have less time for date nights and identify money worries as a strain on their relationship.
- One in three parents is in a relationship which would be described in the counselling room as 'distressed' (compared to one in four parents in the general population)
- One in four (24 per cent) of parent identified concerns about their mental health as an issue – more than twice as many as other parents.

[\(Hear My Voice Campaign - Social Care | Mencap\)](#) & [\(One in three parents of a child with a learning disability is in a distressed relationship | Mencap\)](#)

These concerns and stresses are also mirrored by qualitative data provided by carers in consultation sessions carried out for the LDIP and in feedback from unpaid carers shared via support providers.

Sexual Orientation

Sexual orientation as described in the 2021 census is presented in the table below, which compares the percentages of people aged 16 and over, reporting their sexual orientation in the UK, London and Lewisham.

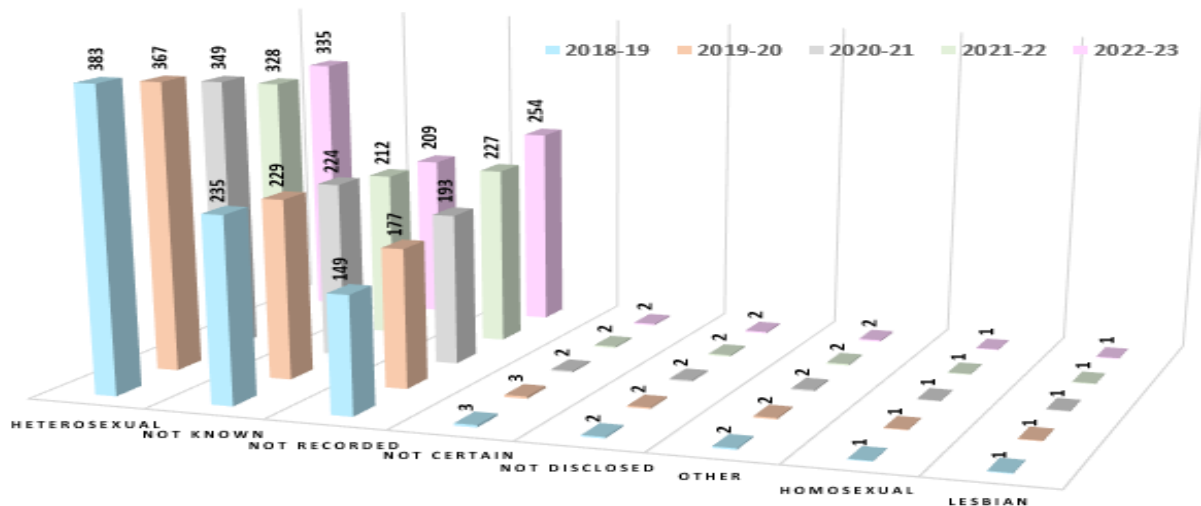
Comparison of Sexual Orientation, England, London & Lewisham (2021)

Area Name	Straight or Heterosexual %	Gay or Lesbian %	Bisexual %	Pansexual %	Asexual %	Queer %	All other sexual orientations %	No Answer %
England	89.37	1.54	1.29	0.10	0.06	0.03	0.16	7.5
London	86.19	2.23	1.52	0.10	0.05	0.06	0.31	
Lewisham	84.12	3.00	2.33	0.08	0.06	0.17	0.37	9.75

Source: Office for National Statistics - Census 2021

The percentage of Lewisham residents who describe themselves as Gay or Lesbian, Bisexual or Queer is higher than both the National and London averages. More people in Lewisham also chose not to answer this question than the national average. A lower percentage of people also described themselves as Straight or Heterosexual and Pansexual than in London or the England.

Again, in the Census these figures are not disaggregated for sub-groups of people such as those living with a learning disability. However, data on those people using social care support or services indicates a different picture. The table below displays recorded data on the sexuality of service users between 2018 and March 23. This data reflects people aged 18 plus, unlike the Census data which relates to people aged 16 plus.



Lewisham Adult Social Care Data 2023

The data shows a decrease in those describing themselves as Heterosexual, (-48), a decrease in those not known (-26) and an increase in the number of people where sexuality was not recorded (+105). All other categories remain largely the same over the five-year period.

What This Tells Us and Does Not Tells Us

Research carried out as early as 2016 identified attitudinal barriers that impact on the ability of people with a learning disability to develop a relationship. These included:

- A tendency for people with learning disabilities to be desexualised and de-individualized (Cambridge et al, 2003)
- A tendency towards the infantilisation (treating as a child) of people with learning disabilities (Rogers, 2009)
- Normal sexual behaviour being perceived as problematic for people with learning disabilities (Cambridge et al, 2003; Cambridge, 2012; Parks and Wilson, 2009).
- The learning disability label dominating sexual identity (Abbott, 2015)
- A reluctance to support people with learning disabilities to develop sexual and romantic relationships,
- Issues around attitudes towards non-heterosexual relationships.

NDTi, June 2016 (p 6&7):

https://www.ndti.org.uk/assets/files/Supporting_people_to_develop_relationships_Report.pdf

This may account for the large number of people who are ascribed to the “Do Not Know” and “Not Recorded” categories (57%) in the social care data. It may also account for why only approximately 43% of those using services identify as heterosexual compared to 84% of the general Lewisham population.

There is currently no statistical data regarding how many of the 950,000 adults aged 18 or over with a learning disability in England identify as LGBTQ+. (Public Health England (2016) & Office for National Statistics (ONS))

However, there is no evidence to suggest that people with a learning disability would not present with a sexual orientation in the same or similar proportions to the wider population. The table below projects the approximate number of people with a learning disability and their range of sexualities, you would expect to find using services in Lewisham based on the percentages identified in the 2021 Census.

SEXUAL ORIENTATION	NUMBER OF PEOPLE
HETEROSEXUAL	678
GAY	24
BI	19
PANSEXUAL	1
ASEXUAL	0
QUEER	1
OTHER	3
NO ANSWER	79

Lewisham Adult Social Care Data 2023 & Census Data ONS 2021

As we have no information on the sexual orientation of the wider Lewisham learning disability population not using services, it is possible that a much higher proportion of different sexual orientations belong to this group. However, this seems unlikely.

Research has found that LGBTQ ((lesbian, gay, bisexual, transgender, queer) people with a learning disability face ‘double *discrimination*’ because of their sexuality or gender (Snell, 2018). It has also identified that some LGBTQ people with a learning disability experience bullying and harassment due to their sexual orientation. In addition, evidence shows that for some, family members, support staff and professionals did not acknowledge their identities or relationships (Dinwoodie et al., 2016; Toft et al., 2019). As a result, some LGBTQIA+ people with a learning disability conceal their sexuality to avoid the expected negativity and possible rejection (Miller et al., 2019; Bates 2020).

Generally, if they are given sufficient social support and accessible sex and relationships education, many people with a learning disability are able to engage in safe, healthy and happy personal and sexual relationships (Darragh et al., 2017; Black & Kammes, 2019).

[\(Learning Disability Sex and Relationships Research | Mencap\)](#)

There is a lack of clear evidence for why the sexuality of those using services would differ to such a degree from the Lewisham population. Absence of this data also acts as a disincentive to health and wellbeing planners. The “invisibility” of this population means it is less likely that the resources needed to support those with a learning disability around their sexual identity and sexual health and wellbeing, are developed.

Considering this potential impact and the lack of information about the sexual orientation of the wider learning disability population of Lewisham, this could indicate an unmet need. Further local information gathering, and a refinement of the data collected about those who use services is needed, with a view to developing approaches which improve support to local people around their sexuality, sexual orientation and developing relationships.

Socio-Economic

In Lewisham, 16.4% of the population was income-deprived in 2019.

- Of the 316 local authorities in England (excluding the Isles of Scilly), Lewisham is ranked 51st most income-deprived.
- Of the 169 neighbourhoods in Lewisham 55 were amongst the most income deprived in England.
- 4 neighbourhoods were in the 20 least income deprived areas in England
- In the most deprived neighbourhood, 33.4% of people are estimated to be income deprived.

[Exploring local income deprivation \(ons.gov.uk\)](#)

The Government in “Learning Disability - Applying All Our Health”(Updated 2023) recognises that people with a learning disability are more likely to live in poverty (31% compared with 18% of the general population). [Learning disability - applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/learning-disability-applying-all-our-health)

National data (2019) also indicates that people who live in the most deprived areas are also 65% more likely to have a learning disability. [Health inequalities: Income deprivation and north/south divides \(parliament.uk\)](https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2019/health-inequalities-income-deprivation-and-north-south-divides).

Children from poorer households or who are living in more deprived neighbourhoods are also more likely to be identified as having SEN associated with learning disabilities.

In Jan 15, 15.2% of pupils of state funded schools were eligible for and claiming free school meals. However, 31.4% of children with SEN associated with learning disabilities and 35.6% of children with statements/EHC plans with SEN associated with learning disabilities were eligible for and claiming free school meals.

https://assets.publishing.service.gov.uk/media/5a81e329ed915d74e3400976/PWLDIE_2015_main_report_NB090517.pdf (P.40)

Public Health England carried out an analysis of data gathered from 40,000 UK households to analyse the impact of socio-economic factors on people with a learning disability. The report identified that pervasive socio-economic inequalities are experienced by people with learning disabilities, and they were less likely to be:

- ‘Doing alright’ financially.
- ‘Living comfortably’.
- Employed for 16 hours or more per week.
- Live in a high quality neighbourhood.
- Feel safe outside in the dark.
- To have two or more close friends or go out socially.

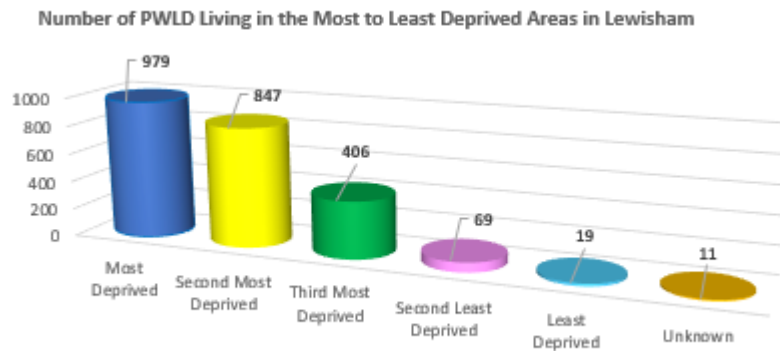
and more likely to have experienced threatened or actual violence and or be a victim of hate crime. It concluded that the poorer health of people with a learning disability was attributable to these socio-economic determinants and that once these factors were accounted for,

“ the increased odds of most health problems and risk factors amongst people with learning disabilities dropped dramatically”.

Public Health England (2017) Health inequalities and the ‘hidden majority’ of adults with learning disabilities.

[Health inequalities and the ‘hidden majority’ of adults with learning disabilities - UK Health Security Agency \(blog.gov.uk\)](https://www.blog.gov.uk/2017/05/11/health-inequalities-and-the-hidden-majority-of-adults-with-learning-disabilities/)

Local data (below) broadly correlates with these national observations. Data from LGT Pop Health for Lewisham based on people registered with a Lewisham GP, indicates that the number of people with a learning disability (of all ages) in the most deprived quintile, is disproportionately high. 42% of people with a learning disability live in most deprived areas compared to 23.9% of non-learning disabled.



LGT Population Health Management 2023

In addition the Lewisham Disabled People's Commission reported that in March 2022:

- Almost two out of three deaf and disabled residents were “often worried about not having enough money”.
- One out of three residents did not have enough money each month to afford all their rent and bills.
- Two out of five did not have enough money each month to afford all of their regular expenses.

<https://lewisham.gov.uk/-/media/0-mayor-and-council/community-support/if-not-now-then-when.ashx> (P.15)

What this Tells Us and Does Not Tell Us

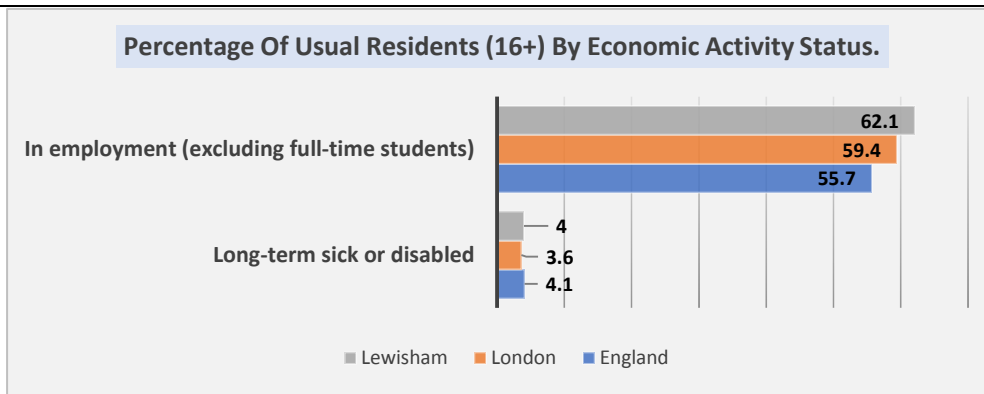
National and local data indicates that there is correlation between poorer life outcomes for people with a learning disability and socio-economic status. However, definitive research which links the causes with these impacts is not readily available.

If the local socio-economic data available is considered in tandem with other data presented within this EAA in relation to areas such as employment and health, it is clear that this may be an area where there are potential unmet needs.

What the data does not tell us about is areas of additional intersectionality. There is an understanding of how socio-economic disadvantages impact on other equality areas. These have been shown to have direct consequences for people belonging to diverse and minority ethnic communities, women and disabled people. However, local information which analyses how these equality dimensions are impacted for people with a learning disability, was not available.

Employment

2021 census data (below) shows that in terms of economic activity Lewisham has a higher proportion of people who are in employment than both the national average and London averages. The data also indicates that Lewisham has a higher number (+2.7) than the London average of people economically inactive due to long-term sickness or a disability.



Office for National Statistics – Census 2021

The Government has generally accepted that employment data related to people with a learning disability in England is inconsistent or incomplete. (UK Government (2020), [People with learning disabilities: chapter 2 employment.](#))

Research that is available has shown that even amongst disabled people, people with a learning disability have poorer employment outcomes. Those who live with a severe or specific learning difficulty have an employment rate of 26.2%. For those disabled without a learning disability the employment rate was 53.5%. (2021 ONS Annual Population Survey).

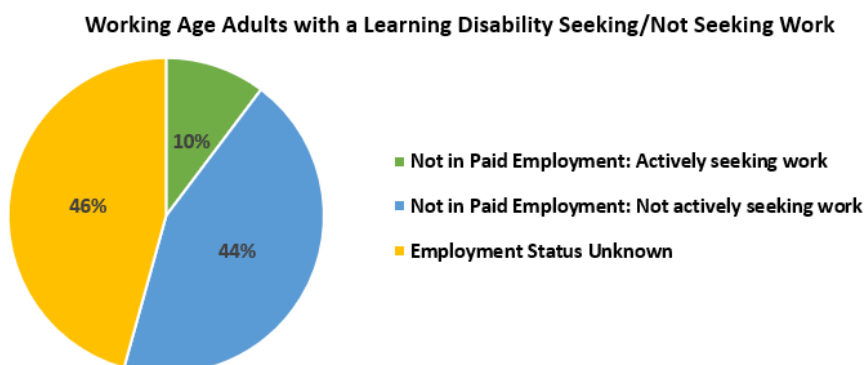
Nationally the proportion of adults with a learning disability in employment is estimated to be 4.8%. (ASCOF 21-22 - [Microsoft Power BI](#)).

Data collected about those in employment in Lewisham indicated that more people with a learning disability than the both the London and national averages had a job.



[Outcomes for disabled people in the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

Whilst this is positive, it still means that only 7.5% of people with a learning disability living locally are employed. Research in 2014/15 identified that of those people with a learning disability (aged 18-64) not in work, 46% were actively seeking a job.



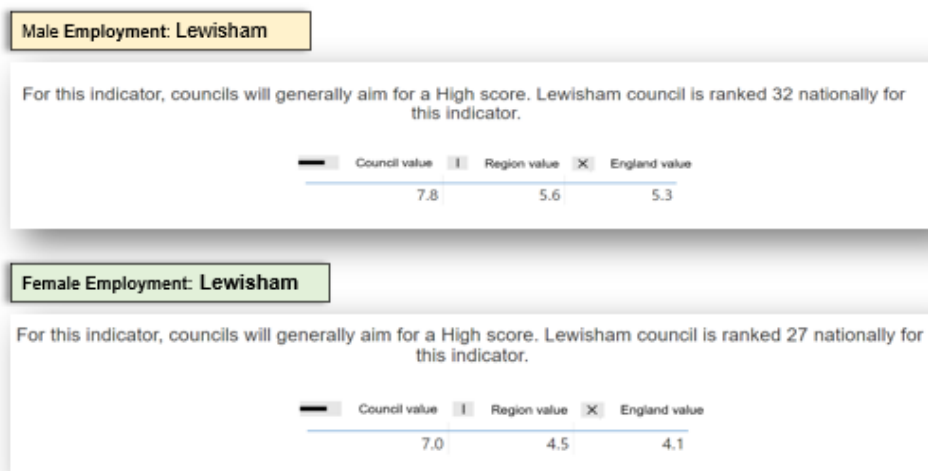
Learning Disabilities Observatory 2015

Of those who did have a job, the majority were found to be working part time hours of less than 30 hours a week.

https://assets.publishing.service.gov.uk/media/5a81e329ed915d74e3400976/PWLDIE_2015_main_report_NB090517.pdf

A further disadvantage is experienced by women with a learning disability. In England, a higher proportion of men with a learning disability known to their local authority (6.2%) are in paid employment than women with a learning disability known to their local authority (4.8%) (NHS Digital 2020). In all research carried out, men with learning disabilities were consistently reported as having employment rates that were 1.1% - 1.8% higher than women with a learning disability.

In Lewisham data indicates that whilst women have both higher employment rates than the national and regional averages, there is still an 0.8% disparity between women in employment when compared to men.



ASCOF 21-22 - [Microsoft Power BI](#)

An additional disparity identified is that nationally, 1.3% of men with a learning disability were more likely to be working 30+ hours per week compared to 0.4% of women.

<https://www.glh.org.uk/pdfs/PWLDAR2011.pdf>

In Lewisham apart from the headline figures indicated above, there is limited detailed information about people with a learning disability in employment and those who are seeking jobs. What information is available fails to capture the key demographics. This information is needed to accurately inform where unrecognised and unmet needs may exist, for both those people using services and support and for the wider learning disability community in Lewisham, not in contact with services.

What this Tells Us and Does Not Tell Us

The data that is available nationally indicates an unmet need for people with a learning disability around access to employment. It further indicates that those that are employed are often under-employed in terms of hours and that women with a learning disability experience additional challenges in getting and keeping a job. There are also some indicators that those with more complex disabilities are less likely to find a job.

What the data does not tell us about is areas of additional intersectionality. How for example, does ethnicity and age impact on people's employment opportunities? It would also be useful to

have a clearer idea of the types of employment people currently have and the kinds of jobs people want in the future.

Sufficiently detailed information that reflects demographics and the experiences of people with a learning disability in Lewisham around employment, is also not available. This is a clear gap. Moving forward key actions around improving the collection and recording of employment information are needed. This will support effective local analysis, inform strategic planning, and support the development of clear actions designed to meet current and future employment needs.

Health

Self-reported health of usual residents: Lewisham - London - England (ONS 2021)

Classification	2021 Lewisham %	2021 London %	2021 England %
Very good health	47.7	49	47.5
Good health	32.9	32.9	34.2
Fair health	13.5	12.6	13
Bad health	4.5	4.1	4.1
Very bad health	1.4	1.3	1.2

Data from the 2021 census shows that Lewisham residents generally self-report similar (with small + & - variations) when compared to other London boroughs and with national averages but higher levels of bad or very bad health.

We also know from research carried out as part of the Learning Disability Mortality Reviews (LeDeR) that nationally people with learning disability are also more likely experience long term health problems. The five most frequently reported long-term health conditions for people with a learning disability who died in 2021 were:

- Epilepsy (33%)
- Cardiovascular conditions (33%)
- Mental health conditions (32%)
- Sensory impairment (25%)
- Dysphagia (23%)

Information about multimorbidity (the presence of more than one long-term health condition) indicated that the average number of long-term health conditions in persons with a learning disability who had died was 2.45 (standard deviation = 1.56).

Nationally, COVID-19 was the leading cause of death for people with a learning disability in 2021, with those who were unvaccinated 9 times more likely to die of COVID-19 than those who were vaccinated.

<https://www.kcl.ac.uk/ioppn/assets/fans-dept/leder-main-report-hyperlinked.pdf>
(p.20 & 74)

Based on the findings of LeDer (2021 p.13):

- 6 out of 10 people living with a learning disability died before they were 65.
- On average, males with a learning disability die 22 years younger than males from the general population.
- Females with a learning disability die 26 years younger than females from the general population.

<https://www.kcl.ac.uk/ioppn/assets/fans-dept/latest-leder-take-home-facts-infographic-format.pdf>

For those people with severe or profound or multiple learning disabilities the median age is even lower.

Median age of death for different levels of impairment



[Learning Disability - Health Inequalities Research | Mencap](#)

In Lewisham, findings from the “*Learning from the lives and deaths of people with a learning disability and autism (LeDeR) Annual Report 21/22 South East London*” (P.15) projected that the average age of death for people with a learning disability in Lewisham is 53 years.

<https://www.kcl.ac.uk/ioppn/assets/fans-dept/leder-main-report-hyperlinked.pdf>

This contrasts with the national median age which is 61 years.

<https://www.kcl.ac.uk/ioppn/assets/fans-dept/leder-main-report-hyperlinked.pdf> (P.15)

People with a learning disability from Black, South Asian (Indian, Pakistani or Bangladeshi heritage) and minority ethnic backgrounds face even shorter life expectancy. This is attributed to poorer healthcare access, negative health care experiences and generally poorer treatment outcomes.

Level of learning disabilities	Ethnic group	Median age at death 1 st April 2017 – 31 st Dec 2019	Number
Mild / moderate	White British	64	1,915
Mild / moderate	BAME	54	139
Severe / profound & multiple	White British	57	1,044
Severe / profound & multiple	BAME	31	163

https://leder.nhs.uk/images/annual_reports/LeDeR-bristol-annual-report-2020.pdf

Ethnicity was also described as a significant predictor of death at a younger age. People of Black, Black British, Caribbean or African ethnicity were associated with the highest risk of dying. People from Asian or Asian British, mixed ethnic and other ethnic groups were also at risk of an earlier death, when compared to the White population. These findings are also broadly consistent with the findings reported in previous years by LeDeR.

<https://www.kcl.ac.uk/ioppn/assets/fans-dept/leder-main-report-hyperlinked.pdf> (P.58)

A review of the health care of children and adults with learning disabilities from diverse and minority ethnic communities in the UK suggested people with learning disabilities from diverse and minority ethnic groups are more likely than others to:

- Face barriers in accessing services.
- Less likely to receive specialist services.
- More likely to have poor knowledge about the services available to them.

In Lewisham we know from the findings of the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) that Lewisham residents from Black African and Black Caribbean populations disproportionately experience health inequalities.

https://lewisham.gov.uk/-/media/archive/blachir_report_2022_af_ashx

In South East London the evidence gathered by LeDeR so far, similarly indicates that the health inequalities experienced by people with a learning disability from diverse and minority ethnic communities are significant. Coupled with a recognised under reporting of deaths from these communities, a picture emerges of the disproportionate impact on people's health.

<https://selondonccg.nhs.uk/wp-content/uploads/2021/07/Learning-Disability-Mortality-Review-2020-2021.pdf> (P.21)

Annual health checks for people with a learning disability have also been evidenced to have identified:

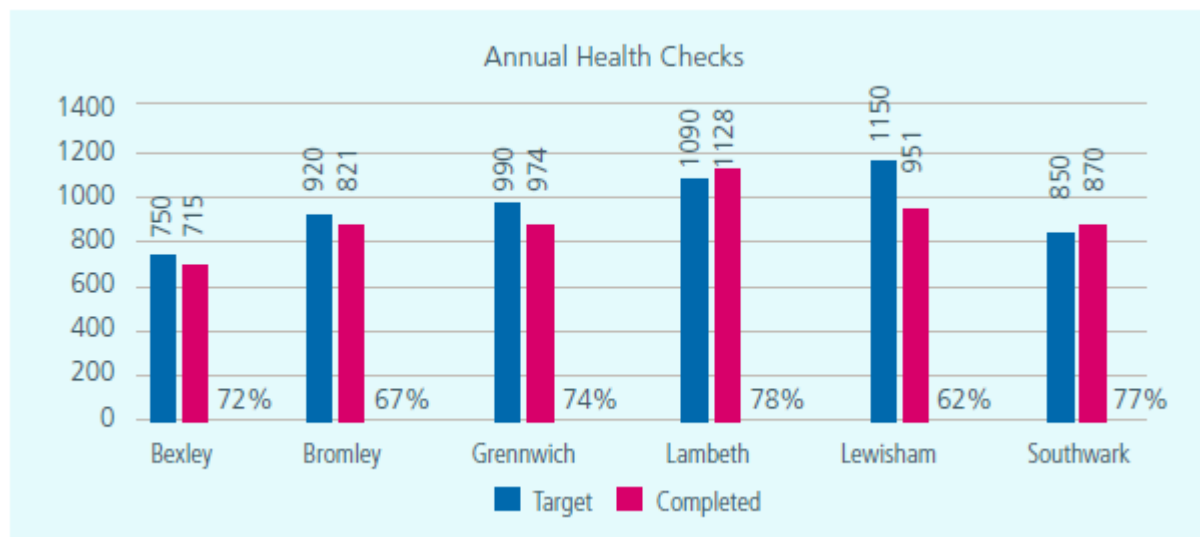
- Previously undetected health conditions in 51% to 94% of patients.
- Serious and life-threatening conditions such as cancer, heart disease and dementia, and minor health conditions, such as impacted ear wax.
- Actions leading to preventive interventions such as vaccinations, blood tests, breast and testicular screening, dental review and vision and hearing assessment.
- Early indicators that for some people who display challenging behaviours that behaviours can be reduced with proactive health interventions.

[Annual health checks and people with learning disabilities - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

In the 71.8% of patients with a learning disability (73.8% female and 70.6% male) had a Learning Disability Health Check in 2021-22, a statistically significant decrease from 75.2% (76.9% female and 74.1% male) in 2020-21. ([Health Checks - NHS Digital](#))

In Lewisham 951 checks were carried out in 2021/22. This represents 46.7% of those people on the learning disability register (2037).

[Learning from the lives and deaths of people with a learning disability and autism \(LeDeR\) 2021/2022 ANNUAL REPORT – South East London CCG \(Appendix 1 P3 & P13\)](#)



Annual health checks by borough from April 2021/March 2022 - Learning from the lives and deaths of people with a learning disability and autism. South East London CCG.

We also know that the wider determinants of health and wellbeing can have an impact of quality of life and life expectancy. Nationally we know that people with a learning disability are:

- Less likely to be working.
- More likely to live in poverty (31% compared to 18% non-learning disabled).
- Likely to experience chronic loneliness (50% compared to around 15 to 30% non-learning disabled).
- More likely to be bullied and discriminated against.

[Learning disability - applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/learning-disability-applying-all-our-health)

We know from evidence in assessments, qualitative observations, local knowledge and direct feedback from people with lived experience and their families that many of these factors have direct impact on those we support in health and social care. It is also likely that they have a similar impact on the lives of those people with a learning disability not accessing support.

Social Care

The table below represents an overview of the number of people with a learning disability accessing social care in England.

Number of younger adults and older people with a learning disability receiving support from their local authority in England, at any point in 2018/19

Primary support reason	Number of younger adults receiving long-term support	% of younger adults	Number of older people receiving long-term support	% of older people	Total receiving support
Learning disability support	134,000	46%	17,000	3%	151,000

https://www.health.org.uk/sites/default/files/upload/publications/2020/Social%20care%20for%20adults%20aged%2018-64_Analysis.pdf
(P. 9)

In 2017 to 2018 the total gross social care expenditure on adults with learning disabilities:

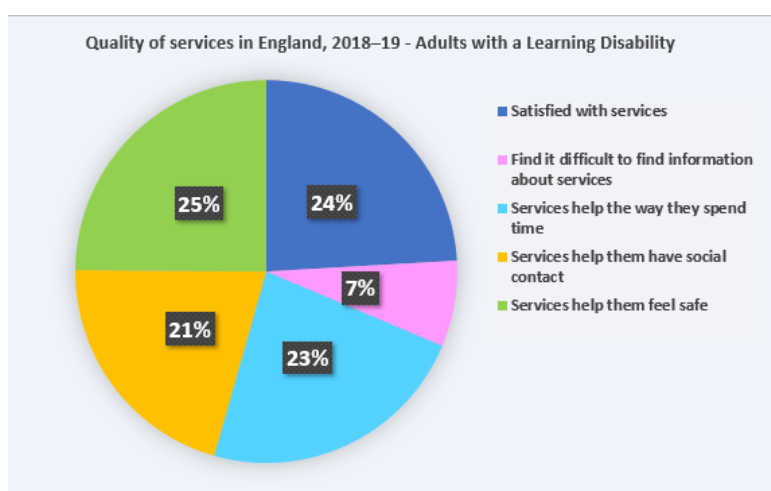
- £5.5 billion,
- 89.3% of this spent on adults aged 18 to 64.
- 98.5% spent on long-term rather than short-term social care.

[Chapter 5: adult social care - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. However, some key measures around quality of life, information and access to social care services and satisfaction were not available for Lewisham.

[Microsoft Power BI](#)

However, analysis of national returns indicate that people with a learning disability aged 18-64 were the most satisfied with their social care.



Personal Social Services Adult Social Care Survey, England – 2018-19, NHS Digital, 2019.

<https://www.health.org.uk/sites/default/files/upload/publications/2020/Social%20care%20for%20adults%20aged%2018-64%20Analysis.pdf> (P. 25)

Current estimates indicate that Lewisham Council invests £32 million a year on social care support and services for adults with a learning disability over the age of 18.

- Approximately £30 million is spent on providing 24-hour residential and supported living services.
- Approximately £2 million is spent on care and support for people living with their families.

These resources support the 806 people known to adults, 509 men and 296 women, (and 1 unidentified person) to live their lives.

Details of other protected characteristics and how they relate to social care are discussed in their related sections of this report.

What this Tells Us and Does Not Tell Us

Health

All of the national and local evidence available highlights that people with a learning disability experience poorer health and wellbeing outcomes than those without a learning disability.

Evidence also shows that people from diverse and minority ethnic communities, those with more severe learning disabilities and women are further disadvantaged with a predicted shorter life expectancy for those people who also belong to these equality dimensions.

What we do not have is access to is local detailed analysis of how the interplay of these equality dimensions directly impacts on health outcomes. Work is ongoing to build a more accurate picture, but it is recognised that the national inequalities identified are also likely to be present in Lewisham. This is reflected in targeted local campaigns around improving the number, quality and frequency of Annual Health Checks, improving access to support and services, improving accessibility of information about these services, health screening campaigns, vaccination campaigns and health promotion initiatives such as The Big Health Week.

Social Care

National data and local data indicate the significant resources that local authorities invest in supporting people with learning disabilities to live their lives and get the support they need.

Data is also available on the equality characteristics such as gender, ethnicity, religious beliefs and sexual orientation of those adults (18+) using social care. This data and its limitations are discussed in their corresponding sections of the EAA.

National data indicates high levels of satisfaction with this support, although corresponding local data was not available for Lewisham. This data does not give details of the collection process or describe how potential communication challenges experienced by people with learning disability may influence the results of this feedback. These conclusions contrast for instance with reports from Mencap and other learning disability focused organisations which highlight concerns about reductions service and support.

1. Impact Summary

Age: Impact = Positive

The aim of the LDIP is to develop a pathway that is designed to support people with a learning disability from transition through to adulthood and into older age. The plan will build recognition of the needs of people with a learning disability at each life stage. It seeks to develop through co-production approaches, the types of support people need to navigate the challenges of each of these stages successfully. The LDIP is based on a recognition of the demographic changes in the learning disability population, in particular the predicted growth in the number of younger adults.

The LDIP focuses on creating more opportunities for young people by developing support designed to meet the identified needs of young people in transition, including bespoke accommodation options, skills development and access to training and employment.

The Plan also is also informed by local knowledge of the changing needs of the current learning disability population as they grow older. This includes ensuring that the right types of accommodation and support are available, and that people have opportunities to learn, develop skills, build relationships, and find employment at any age.

It is recognised that meeting the identified needs of the younger adult population and those in transition will place demands on resources, including on capital for redevelopment. By ring-fencing capital and investing resources to design and plan for a range of new services for younger adults, there is a risk that the needs of the older adult population will not be met as effectively.

To mitigate against this risk the LDIP will champion work with in-borough providers to develop new services and refurbish existing in-borough provision via an invest to save approach.

The LDIP and the Partnership Board and relevant subgroups will also explore collaborative approaches with other South East London partners, including the ICB and neighbouring boroughs, to agree ways to combine resources and to identify and access all available funding streams.

Ethnicity: Impact = Positive

The LDIP is focused on improving wellbeing and a key theme emphasised in the plan is understanding the importance of cultural needs and cultural differences and how they impact on people's needs. The plan also supports and promotes recognising how people's cultural and community assets can play a key part in supporting their wellbeing. It recognises key areas such as Health and Wellbeing where there are clear inequalities related to ethnicity and proposes actions to address these, which will be supported via the LD Partnership Board and its sub-groups via their action plans.

In developing the LDIP, local data has highlighted changes in the ethnicity of people using support and services. Whilst these broadly align with wider changes in Lewisham's population there are some key differences which could indicate potential unmet needs and under-use of services by specific ethnic groups.

A key follow-up from the LDIP development and consultation process is for the Integrated Commissioning Team to investigate these imbalances further by targeting greater engagement from people who are a part of those communities. Actively supporting and encouraging representation from all of Lewisham's ethnic communities is also vital to developing a co-

production strategy that is underpinned by diversity and which utilises all of Lewisham community assets in successfully implementing the LDIP.

In addition, the development of the LDIP has highlighted the need for cultural needs and community supports to be more clearly identified in assessments and support plans. It has also highlighted that demographic information including information on ethnicity, should be provided to the LD Partnership Board on an annual basis. Analysis of this information will then help inform overall priority setting and enable the Board to refocus its planned actions and update action plans, to reflect any key priority areas identified. A key consideration for the LD Partnership Board in 2024/25 will be to review the improved data around ethnicity and decide if an Equalities sub-group is needed to lead on and develop this area of work.

Religious Beliefs: Impact = Neutral to Slight Positive

Whilst the LDIP does not have any direct predicted impact on people's religious beliefs, it does suggest and support in its approach, a focus on person centred outcomes designed improve wellbeing. The plan impacts this equality dimension by recognising not only religious beliefs but also the significance of those beliefs to individuals in their support pathways. A key aspect of Priority 3 "A Life With Opportunities" is also recognising how religious and cultural supports could enable people to increase their sense of participation and involvement in their local and chosen communities.

Information collected that informed the development of the LDIP also indicated that there are significant number of people where religious belief or non-belief was not established. It is recognised that this area is under researched area for people with a learning disability, but evidence suggests there are potential benefits. Assessment and support planning could therefore be enhanced in this area. Information gathered from the improved assessments would then form part of an overall demographic change report presented the LD Partnership Board. This would ensure that any unmet or unidentified support needs could then be factored into future action planning.

Languages Spoken: Impact = Neutral

The LDIP will have no direct negative or positive impacts on language spoken. Data on first languages spoken by people with a learning disability was not available for the purposes of this report. It is proposed that the collection and analysis of this data will form part of future reports to the LD Partnership Board on demographic needs and changes.

Where the LDIP will provide potential positive impacts is in the area of improving communication and understanding. The LDIP aims to champion the accessibility of information and promote improved communication standards for people with a learning disability. One of the first actions once the plan is agreed, will be the production of an accessible version of the LDIP by people with lived experience.

A key commitment of the LD Partnership Board will be to adopt and promote accessible information approaches in all the work it produces. This will be supported by purchasing a communication tool that can be used to make all documents produced, more accessible. This will also enhance co-production by supporting people with lived experienced who participate, to make informed contributions. The LD Partnership Board will also advocate that all partners including other Council departments adopt more accessible communication approaches.

In this way although no direct benefits will be achieved in terms of the impact on Language Spoken in the borough, communication and understanding will be potentially enhanced, reducing exclusion for people with a learning disability.

Gender/Sex: Impact = Slight Positive

Overall, the gender of the known learning disability population in Lewisham reflects the national picture, with a higher number of men identified as having a learning disability. Whilst the gender of those using support and services is recorded, there has been no analysis to identify if certain types of support are accessed more or less by females, or to identify any unmet needs around general access to support, specific to gender.

In terms of health, we do know that the median age of death for women with learning disability (based on SE London LeDer Reviews) is 57. This is 28 years lower than the general population and 4 years younger than men with a learning disability.

Understanding why the intersectionality of gender and a learning disability result in further health inequalities continues to be a focus of The Learning Disability Health Stakeholder Group. As this group becomes a sub-group of the LD Partnership Board, it will report on these and other inequalities to the Board.

In terms of employment, we also know that Lewisham mirrors a national imbalance. Proportionately more men than women with a learning disability have a job. As part of the LDIP approach to supporting Priority 3 “A Life With Opportunities”, specific targets around improving access to skills, training and employment have been proposed. Whilst there are no gender specific targets, initial work will focus on the barriers to employment and addressing any imbalances identified, including gender.

A key role of the LD Partnership Board will be to analyse and identify any imbalances highlighted in the annual demographic report. This report will include more data about the gender of those using services and support the identification of any potential unmet needs. Members of the LD Partnership Board and its sub-groups will then have an opportunity to set targets designed to address these imbalances.

Gender Identity: Impact = Neutral

Just over 1% of Lewisham’s population identified themselves as having a gender identify different from the one assigned at birth. Despite this being higher than both the London and national averages, this is not reflected in the learning disability population. This mirrors the conclusions of research into this equality dimension, which has identified gender identity as an unrecognised need for people with a learning disability.

There is currently no analysis of gender identity in the assessment and support planning data collected and the LDIP has no specific actions which address gender identity. However, the LDIP at its core supports person centred planning and improving wellbeing by identifying individual strengths and support needs, including where these relate to gender identity. An improvement in the data collected and further investigation and analysis is required, to clarify where action may be needed to address this area.

The LDIP does however, promote the development of a set of shared values via Priority 6 “A Sustainable Workforce”. These values would include recognising and supporting those who experience different gender identities and ensuring staff receive training that enables them to provide effective support.

Disability: Impact = Positive

The LDIP is designed to recognise local good practice and the progress made by key partners to advance disability equality for local people. Whilst the LDIP does not contain specific actions

around disability it does include numerous actions designed to improve access to services that are designed to improve outcomes for all people with a learning disability.

Key goals such as those in Priority 1 “A Good Place to Live” related to improving access to housing for those with behaviour that challenges and people with complex physical needs, are designed to increase the number of people with more complex needs living locally. This not only improves the visibility of people with multiple disabilities but is a further step towards integrating people with more complex needs into Lewisham’s communities.

Similarly, actions within Priority 3 “A Life With Opportunities”, such as improving knowledge about and access to, disabled toilets and Changing Places facilities are designed to enhance opportunities for people with a learning disability including those with more complex disabilities, to have increased access to social and community resources.

The LDIP as part of Priority 5 “Managing Risks & Staying Safe”, contains specific actions designed to promote an understanding and awareness of disability hate crime and to enable people with a learning disability to get support with managing the risks and challenges associated with living more independently in the community.

The LDIP also recognises that other protected characteristics also have an impact on these areas. Lewisham’s diverse and minority ethnic communities for example, are likely to face additional barriers in terms of access to support and additional discrimination due to the intersection of their learning disability and their ethnicity. People with other (and multiple) protected characteristics are also likely to experience similar and potentially additional levels of discrimination. By introducing annual reports on demographic data and by ensuring that in the delivery of the LDIP Actions, consideration is given to intersectionality when measuring outcomes, the plan aims to improve local knowledge around this area and identify any unmet needs.

Carer Status: Impacts = Positive

Priority 4 “Support for Family Carers” is one of the seven key priorities of the LDIP. When developing the LDIP it was clear that communication and engagement between The Council and family carers had reduced, with COVID-19 a contributory factor. The LDIP prioritises a number of key actions designed re-establish communication, find out more about carers and about the types of support they need now, and in the future. It also takes a first step towards formalising co-production with the carers of adults with a learning disability, by establishing a Carers Focus group and by developing ways in which carers can use their expertise to quality assure and improve support and services.

The LDIP also recognises that carers from Lewisham’s diverse and minority ethnic communities may be further marginalised, and that action is needed. The LDIP proposes that by engaging with carers in these communities, their access to support will improve and any gaps in the type of support they need, can be identified.

To achieve this the LDIP proposes that links are established between the LD Partnership Board and the new carers support organisation in Lewisham, IMAGO. This collaborative approach will ensure that the key aims of the Carers Implementation Plan (2023) are achieved for the carers of people with a learning disability. It will also support the development of shared initiatives that identify marginalised carers and link them into support systems.

Sexual Orientation: Impact = Slight Positive

The LDIP recognises the importance of building relationships in enabling people with a learning disability to live “ordinary” lives. It also acknowledges research and data which highlights the

barriers many people face in being to express and explore their sexuality. This can mean people often do not get the right information and support they need to explore their sexuality safely, which could put them at risk of exploitation.

To address this the LDIP as part of Priority 2 “Health & Wellbeing” highlights the need to work in partnership with Public Health to review the local support available for young people and adults with a learning disability around their reproductive and sexual health needs.

Just over 6% of Lewisham’s population identifies as having a sexual orientation other than heterosexual. This is higher than national or London averages, but this is not reflected in those using support or services. Whilst data is collected on sexuality, for 57% (the largest group overall) sexual orientation is either not recorded or not known. Further interrogation of this data is required to identify why these categories are so large and to address any imbalances and unmet needs.

The LDIP does not address sexual orientation directly however as with other characteristics it does support person centred planning and improving wellbeing by identifying individual strengths and support needs, including where these relate to sexual orientation. The LDIP also promotes the development of a set of shared values via Priority 6 “A Sustainable Workforce”. These values would include recognising and supporting adults with a learning disability to safely express their sexual orientation.

Priority 6 “A Sustainable Workforce” also sets an action around Equality and Diversity training. This training will also be assessed to ensure it is designed to recognise the challenges faced by people with a learning disability who do not identify a heterosexual.

Socio Economic: Slight Positive

Whilst the LDIP does not have any direct actions which address socio economic disadvantages, the first five (5) of the seven (7) key priorities focus on areas that could lead to improved outcomes in the longer term. These areas include actions designed to:

- Improve the availability of accessible and housing.
- Support skills development and employment opportunities.
- Increase community presence and social engagement.
- Improve access to preventative health care and improved health outcomes.
- Raise awareness and knowledge of hate crime and improve community safety for individuals.

These areas also have some specific actions designed to improve outcomes for people with protected characteristics e.g., improving health awareness and access to support for people from Lewisham’s diverse and minority ethnic communities.

The LDIP as an approach is also aspirational. It is underpinned by a vision designed to improve the lives of all people with a learning disability living in Lewisham and aims to have a positive impact on all of the wider wellbeing outcomes.

Employment: Impact = Positive

The LDIP recognises as a key commitment that levels of employment for people with a learning disability need to be improved. Despite Lewisham, recording a higher number of people in employment than the national and London averages, more needs to be done to support people to access skills development, training, and paid employment. The LDIP as part of Priority 3 “A Life

With Opportunities” sets an improvement target which aims to ensure Lewisham is amongst the best performing inner London local authorities within the next 5 years.

The LDIP also recognises the importance of providing development opportunities such as apprenticeships and the benefits of supporting smaller community-based employers and creative start-ups. It recognises, based on other successful projects in the borough that employment opportunities developed with and for people with a learning disability, can provide jobs for people often not recognised as employable, in the wider job market.

Work has also begun with partners within Lewisham Council to look at opportunities to develop an employment pathway for young people in transition, that will enable them to access the training and opportunities they need to develop a career. This work will continue, and form part of key performance indicators reviewed by the LD Partnership Board.

To support this work however, further data collection and analysis is needed to identify and understand the types of employment people currently have. This data then needs to be refined to identify where intersectionality may have an impact. We already know that women with a learning disability are under-represented in the number of people employed. The barriers they face to gaining employment and the barriers other groups of people may face related to ethnicity, level of disability, age etc. need to be better understood. Addressing these inequalities will then form an integral part of the targets and action plans designed to improve the number of people in employment.

Health: Positive

In Lewisham a well-established Learning Disability Health Stakeholder Group (LDHSG) has worked with local partners and people with lived experience to improve health outcomes. Specific local interventions have also been developed to improve, the number of health checks, the quality of health checks, access to screening programmes, medication reviews and by providing training in preventative tools and assessments.

A key role of the LDIP is to recognise the progress made with these initiatives and to support their further development. By embracing the work and successes of the LDHSG and by incorporating this group into the LD Partnership Board structure, the expertise of this group and its members can be utilised to deliver the Improving Health and Wellbeing Action Plan.

The LDIP also recognises the evidence that people with a learning disability belonging to Lewisham’s diverse and minority ethnic communities experience additional and multiple barriers which lead to poorer health outcomes. In particular those people from Black, Black British, Caribbean or African ethnicity, Asian or Asian British, mixed ethnic and other ethnic groups were likely to die earlier than people from the White population.

The LDIP as part of Priority 2 “Health & Wellbeing” proposes further outreach and targeted health campaigns designed to enhance awareness within these marginalised communities and proposes actions designed to develop and promote early intervention initiatives. The LDIP also commits to look at evidence-based ethnic differences in health measures and to support care and support services with introducing alternatives.

Similarly, where people face additional health inequalities due to other protected characteristics for instance gender, disability, or sexuality, the LDIP is focused on identifying and developing local solutions. This includes actions to improve people’s access to sexual and reproductive health support and a focus on improving the availability and accessibility of information about general health support.

The LDIP understands that improving health outcomes for people with a learning disability has been a longstanding challenge. To meet this challenge, it is focused on bringing key partners, people with lived experience and their families together to reinvigorate approaches to health improvements and to identify where there are still gaps that need to be addressed.

Social Care: Positive

The LDIP sets out a vision designed to improve the care, support and services provided by social care and its partners. Each of the seven (7) key priorities in the LDIP sets out the aims of the plan, a series of commitments that will help achieve these aims and a set of actions and an action plan, that is focused on making real changes. These changes are designed to improve the care, support, and services available and ultimately people's wellbeing and their quality of life.

The LDIP proposes to achieve these changes by introducing and supporting co-production approaches that place people with lived experience and their families at the centre of the decision-making processes. The LD Partnership Board will co-ordinate and help deliver these changes and people with a learning disability will lead and play an equal part in ensuring that the agreed actions are achieved, helping the Board to identify any new priorities for action.

To achieve the LDIP, and deliver the Action Plans effectively, the Board and its subgroups will retain a focus on equalities. A key aspect will be to identify where people with those protected characteristics are marginalised and where intersectionality may lead to additional barriers or poorer outcomes and to create new actions to address these.

The LDIP and the Partnership Board are therefore mechanisms designed to foster collaboration and innovation by using the knowledge and expertise of all local partners and people with a learning disability and their families, to help improve the effectiveness of social care and enable people with a learning disability to live the lives they want.

1. Mitigation

No negative impacts have been identified as a result of the Learning Disabilities Implementation Plan, therefore no mitigation is needed.

2. Service user journey that this decision or project impacts

The LDIP is a system-wide plan which aims to address the care support needs of young people and adults with a learning disability throughout their lives. In its ambitions the LDIP sets out actions for local health partners including primary and acute care and social care. However, it also has actions which impact on areas such as Housing including providers of social housing, Regeneration, and on the local care and support provider market.

Signature of Director	
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1. Contacts

If you have any queries or require assistance with this guidance, please contact your directorate equality lead officer as follows.

Directorate	Name	Email
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Appendices:

[Appendix 1](#)



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