

# Age Well

## Disabilities

### Introduction

Disability refers to a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities<sup>1</sup>. Disability increases with age, for example 8% of children, 18% of adults of working age and 44% of pensionable age reported having a disability in a UK national survey<sup>2</sup>. People living with a physical disability, learning disability or mental health condition can face additional barriers, discrimination, and challenges in their lives from people and wider society.

We know that disabled people face inequalities around the wider determinants of health. For example, lower rates of employment, higher levels of unemployment and earning less than non-disabled workers<sup>3</sup>. We also know that disabled people face barriers around 'preventative' activities that promote health and wellbeing, for example people with a disability may face barriers to participation in sport and physical activity and are less physically active than those without a disability<sup>4</sup>.

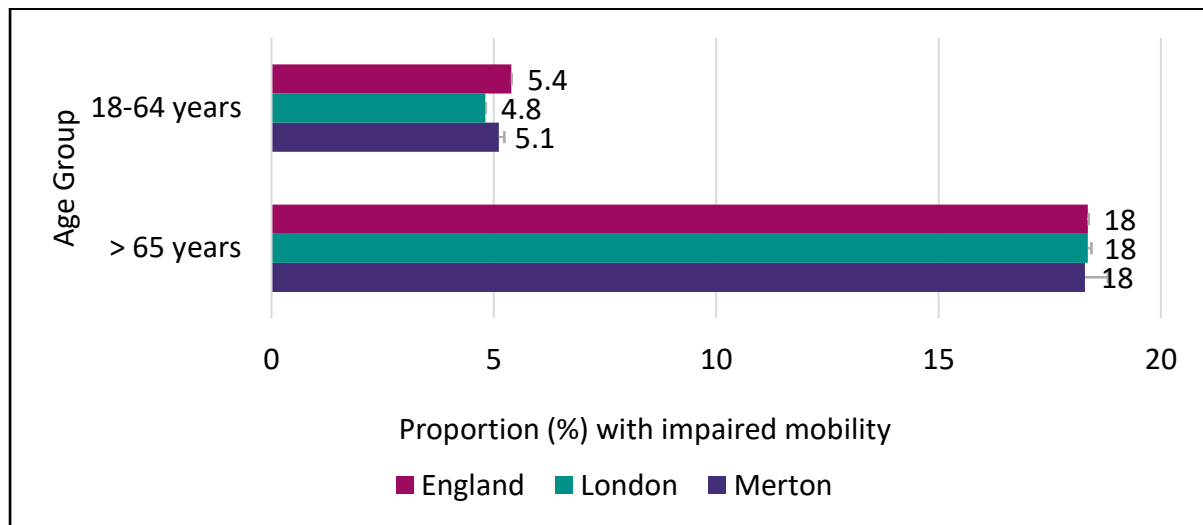
Topics included in this subchapter include Health inequalities and Physical Health, Dementia and Learning disability, Learning disability, mental health, and Loneliness & isolation. Topics excluded include housing, employment, impact of Covid-19; please see [Merton Story 2021](#).

### Physical Disability

#### Proportion with impaired mobility

In Merton, 18% of residents aged 65 and over live with impaired mobility<sup>5</sup>. However, among those aged 18 to 64, the proportion of individuals with impaired mobility in Merton (5.1%) is higher than London's proportion (4.8%) but lower than England's (5.4%) (Figure 1)<sup>6</sup>. 5.1% of Merton's population aged 18-64 have impaired mobility, this increases to 18% of those aged 65+<sup>7,8</sup>. There were an estimated 2,337 Merton residents aged 65 and over with a moderate or severe visual impairment in 2020 and an estimated 16,132 with some hearing loss<sup>8</sup>.

Figure 1: Proportion (%) of people with impaired mobility in Merton, London, and England, 2020. Source: Projecting Adult Needs and Service Information System (PANSI), Projecting Older People Population Information (POPPI)<sup>5,6</sup>.



### Sensory Impairment

A total of 86 people aged 18–64 was estimated to have serious visual impairment in 2020 and 755 people in the same age group were predicted to have severe hearing impairment<sup>9</sup>. For those aged 65 and over an estimated 2,337 people had a moderate or severe visual impairment in Merton in 2020. For hearing loss an estimated 16,133 people in Merton over 65 had some hearing loss in 2020<sup>10</sup>.

### Loneliness and Disability

In England (2021), people with disabilities reported higher rates of being lonely<sup>11</sup> ‘often or always’ (15.1%) in comparison to the non-disabled (3.6%). The percentage of respondents reporting feeling lonely has increased since 2014 for those with a disability (from 10.5%) while rates of loneliness for the non-disabled have remained similar (from 3.5%).

### Learning Disabilities

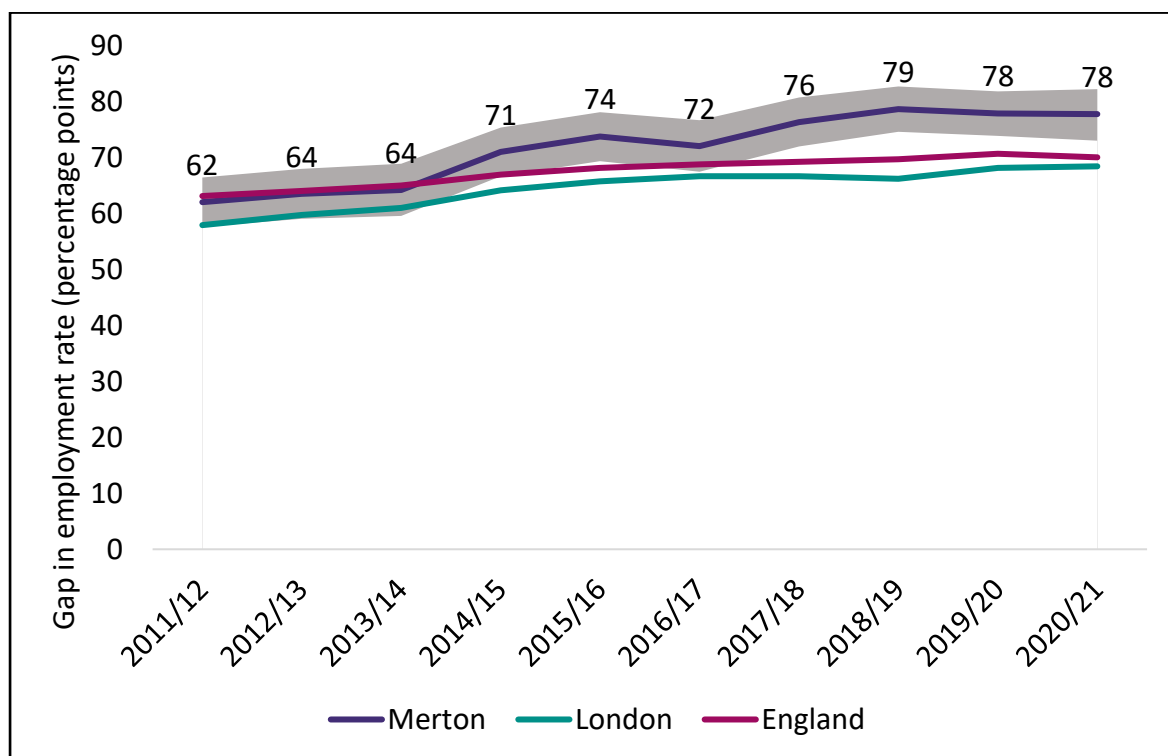
People with a learning disability may face difficulties with everyday activities (such as household tasks, socialising or managing money), may take longer to learn and may need support to develop new skills or interact with new people<sup>12</sup>. A Learning disability is lifelong and can range from mild to moderate to profound and severe with some people requiring greater levels of support. All people with a learning disability should be supported to live fulfilling lives, that are as independent as possible.

People with a learning disability may live independently, in supported housing, residential care or at home with their family. Nationally 50% of people with a learning disability live with their family<sup>13</sup>. Key housing issues include future accommodation and support planning

for those living with ageing parents and out of borough placements, especially for those with more complex needs.

People with a learning disability are more likely to experience factors (related to the wider determinants of health) that have a negative impact on their health such as living in poverty, low income, limited access to employment, discrimination and bullying, poor housing, and social isolation<sup>14</sup>. In 2020/21, (Figure 2) the employment gap for those receiving long term support for a learning disability aged 18 to 64 years old in Merton (77.7%) was significantly higher than London’s (68.4%) and England’s (70.0%), and it is increasing over time<sup>15</sup>. Work to address this includes additional funding for staff and a young person’s employment pilot scheme.

Figure 2: Gap in the employment rate (percentage points) between those with a learning disability (18-64) and the overall employment rate, between 2011/12 and 2020/21 in Merton, England, and London. Source: Public Health Profiles, OHID<sup>16</sup>.



The focus for the Merton Story on Learning Disabilities for 2022 focuses on 3 key topics affecting people with a learning disability: health inequalities, dementia and mental health / loneliness and isolation.

### Learning Disabilities and Health Inequalities

People with a learning disability have worse health than people without a learning disability and face significant health inequalities. People with learning disabilities are likely to have eating, drinking and swallowing difficulties, are more likely to have a sensory impairment

and be underweight or face challenges around obesity. Their prevalence of diabetes is estimated to be around 10%, higher than rates in the general population<sup>17</sup>. People with learning disabilities are less likely to receive cancer screening than the general population<sup>18</sup>. These factors highlight the importance of annual health checks and schemes such as ‘health passports’ for people living with a learning disability.

### Prevalence of Learning Disabilities in Merton

Learning disability affect people throughout life and in the UK, 2.2% of adults are thought to have a Learning Disability (LD). In 2020, there were an estimated 3,789 people with a LD in Merton aged over 18, predicted to increase by 6% by 2040. In 2020, an estimated 818 residents in Merton had a moderate or severe LD and there were an estimated 83 Merton residents living with Down’s Syndrome<sup>19</sup>.

*Table 1: Total Merton population aged 18+ predicted to have a learning disability including, 2020 including 2040 projections. Source: Projecting Adult Needs and Service Information System<sup>6</sup>.*

Indicators	Year 2020 (count)	Year 2040 (count)
Population aged 18+ estimated to have a moderate or severe learning disability	818	841
People aged 18+ estimated with learning disability	3,789	4,016
Population aged 65+ estimated to have a moderate or severe learning disability	75	108
People aged 65+ estimated to have a learning disability	558	822

Data is also available by GP registers. The prevalence of learning disabilities on GP registers in South West London is 0.44%, or an estimated 930 people in Merton, probably an underestimate<sup>20</sup>.

In 2019/20, the rate of Merton residents aged 18 and older with learning disabilities receiving long-term local authority support (2.95 per 1,000) was significantly lower than England (3.5 per 1,000) but similar to London’s (3.0 per 1,000)<sup>21</sup>.

### Autism Spectrum Disorder (ASD)

People with both a learning disability and autism also face additional health inequalities. For example, breast cancer screening rates were 38.1% amongst women with a learning

disability and autism (aged 50-59, 2020-21) compared to 54.4% for women of a similar age with autism only<sup>22</sup>. Research also shows GPs may face challenges when supporting patients with autism and a learning disability such as communication issues and supporting anxious patients. The research found GPs and clinicians needed more training on supporting patients with a learning disability and autism, on making reasonable adjustments and on delivering health checks<sup>23</sup>.

### Learning Disability and Mortality

The Learning Disability Mortality Review (LeDeR) report (2020)<sup>24</sup> found that nationally the median age of death for people with a learning disability was 61 with the disparity between median age of death for people with a learning disability and the general population for 2018-2019 being 23 years for males and 27 years for females.

Disparity is further linked to gender, ethnicity, and severity of learning disability with the median age of death for someone with a mild/moderate learning disability who is female and from an ethnic minority group being 55 (2018-2020). For someone with a severe/profound and multiple learning disability who was male and from an ethnic minority group the median age of death was 33 (2018-2020).

The LeDeR Review (2020) also found 46% of people with learning disabilities who died had 7 to 10 long term conditions with the most common being mobility impairment, incontinence, long term respiratory conditions, skin conditions, epilepsy, constipation, and sensory impairment. The LeDeR Review (2020) estimates that nationally 54% of deaths were avoidable in 2018, 52% were in 2019 and 50% of deaths were avoidable in 2020<sup>25</sup>.

### Learning Disability and Dementia

As people with a learning disability age, they are at an increased risk of dementia and at an earlier age than the general population. Estimates of prevalence vary and may be partly due to lack of recognition, assessment, and diagnosis nationally on this issue. Data suggests about 13% of those aged 60 to 65 with a learning disability have dementia compared with 1% in the general population<sup>26</sup>. National GP diagnosis data found 5.1 times the number of people with a learning disability diagnosed compared to that estimated in the general population<sup>27</sup>.

People with Down's Syndrome have high rates of dementia with one study estimating 23% of those aged 50 had dementia increasing to 45% at age 55<sup>28</sup>. Another recent study found 55% of those aged 40-49 and 77% of those aged 60-69 with Down's Syndrome had dementia<sup>29</sup>. It is estimated that over a third of the current incidence of dementia in the general population is preventable through addressing life-style risk factors<sup>30</sup>. People with learning disabilities are at greater risk of some of these risk factors including obesity and diabetes.

## Learning Disability, mental wellbeing, and loneliness & isolation

Rates of mental health conditions are much higher in people with learning disabilities compared to the general population with estimates of 28% to 40% of people with a learning disability having a mental health condition at any one time<sup>31</sup>. Psychosis, Bi-polar, behaviour that challenges and neurodevelopmental conditions such as autism are all more common compared to the general population. Another study estimated 20% of those with a learning disability have depression in any one year<sup>32</sup> again higher than the general population.

There are also challenges for people with learning disabilities to communicate their mental health difficulties and those interacting with the person may wrongly assume symptoms are due to the learning disability.

People with learning disabilities report high rates of loneliness, with one study estimating up to 50% of people with learning disabilities faced loneliness<sup>33</sup>. They are more likely to have smaller social networks and limited access to work can further limit opportunities for social connection. One survey found that over half of respondents wanted to spend more time outside the family home whilst another found 1 in 3 spent Saturday's indoors and unable to take part in leisure activity<sup>34</sup>.

## Service User and Resident Views

Research carried out by Mencap Merton on the impact of Covid 19 on people with learning disabilities found that 2 in 3 people no longer went out alone because of Covid 19 and loneliness and social isolation were important issues. Carers also reported low mood, loneliness, stress, and poor sleep<sup>35</sup>.

Further work on dementia and learning disability, estimating numbers of residents and service users likely to be affected by dementia by age is needed including the considerations for service planning.

## Further Information:

- Dementia
- Social Connectedness, Loneliness, and isolation amongst older people.

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