**Inclusion London’s response to the Local Government Association future of adult social care survey**

September 2018

Information about the inquiry/consultation is available at:

<https://futureofadultsocialcare.co.uk/the-green-paper/have-your-say/>

## Please indicate the nature of your organisation:

## Charity/community/voluntary sector

Please note we have not answered all the questions

Chapter Two: delivering and improving wellbeing

**1. What role, if any, do you think local government should have in helping to improve health and wellbeing in local areas?**

Currently Local Authorities’ could improve health and wellbeing in local areas by ensuring that social care/personal assistance that fulfils Disabled people’s rights under the Care Act 2014, the Human Rights Act 1998 and rights under Article 19 of the UN Convention on the Rights of Person with Disabilities, (UNCRPD), (see details of the UNCRPD under our answer to question 10).

Health and wellbeing can also be improved by ensuring that there is enough accessible social housing for Deaf and Disabled people in their local housing.

The shortage of housing is well recognised but for Disabled people the crisis is more acute because many Disabled people are living on low incomes or in poverty[[1]](#footnote-1) in unsuitable accommodation and have an urgent need for low cost, accessible accommodation with security of tenure, which is in short supply in both the social housing and private sectors so many Deaf and Disabled people continue to live in inaccessible and unsuitable housing.[[2]](#footnote-2)

300,000 Disabled people across UK are on housing waiting lists, as a result many disabled people continue to live in inaccessible and inappropriate housing.[[3]](#footnote-3) Disabled people with mobility impairments unable to access essential areas of their home and being forced to wash at the kitchen sink, sleep in the lounge and experience falls trying to get around which in turned required expensive hospital treatment[[4]](#footnote-4).

Disabled people are experiencing thousands of pounds debt because of the costs of adaptations to their home[[5]](#footnote-5). Disabled Facilities Grants (DFGs) are not sufficient and they are discretionary payments so applications can be refused. Over a third of Local Authorities have awarded no discretionary payments for DFGs, and many had a policy not to offer discretionary payments at all.’[[6]](#footnote-6) Disabled people who are unable to pay for the adaptations are living without access to a bath or shower.[[7]](#footnote-7)

Also, we have concerns regarding the use of the Care and Support Specialised Housing Fund by some Local Authorities. Councils are investing in large, specialist housing units or care homes as an alternative to funding support to live independently in the community,[[8]](#footnote-8) which represents a return to segregation.[[9]](#footnote-9)

Chapter three: setting the scene – the case for change

**Why does social care matter?**

**2. In what ways, if any, is adult social care and support important?**

Social care/personal assistance is vital to Disabled people because, when adequately funded and delivered it can enable Disabled people’s rights to independent living and being included in the community as stated under Article 19 of the UN Convention on the Rights of Persons with disabilities to be implemented.

In practical terms the rights contained in Article 19 enable Disabled people who require social care and support the same level of opportunity[[10]](#footnote-10) and choice as non-disabled people to pursue a career, have an active social life, find a partner and have a family, be involved in cultural activities, politics, sport/physical activities and be active in the community. Also to exercise their control over their day-to-day life[[11]](#footnote-11) such as having control over the time to get up/go to bed, when and what to eat, where to meet friends and family, where to go on a night out etc.

Non-disabled people often do not give a second thought to these decisions or choices. Disabled people believe that social care/personal assistance should be provided to give the same level of autonomy as non-disabled people i.e. we should have the same level of choice and control over our daily lives.

**Article 19 – Living independently and being included in the community**

Below we have given the full wording of Article 19:

‘States Parties to the present Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;

b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;

c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive.[[12]](#footnote-12)

**UNCRPD Committee’s Comments on Article 19**

The UNCRPD Committee’s General Comments on Article 19[[13]](#footnote-13) provide detailed clarification on these rights. Below is a brief summary of some of the key rights contained in the Committee’s Comments:

* Disabled people are able to make all the decisions regarding our day to day life.[[14]](#footnote-14) The Committee spells out why this is important:

‘..where we live, with whom, what we eat, whether we like to sleep

in or go to bed late at night, be inside or outdoors, have a

tablecloth and candles on the table, have pets or listen to music.

Such actions and decisions constitute who we are.’[[15]](#footnote-15)

* Disabled people are able to access all available services and facilities in the community.[[16]](#footnote-16)
* Support services are not restricted to services inside the home but extend to activities in the community such as employment, cultural and political participation, attending relatives and friends, travel and recreation. [[17]](#footnote-17)
* The individual’s personal development is dependent on the social aspect of being part of a community.[[18]](#footnote-18)
* The Committee strongly emphasises throughout their Comments that the placing of Disabled people in institutions goes against the right to independent living and that all institutions should be closed.[[19]](#footnote-19)

The UK ratified the Convention in 2009[[20]](#footnote-20) and should be taking steps to implement the rights contained in the Convention.

**Strategic principles re social care/personal assistance**

As well as Article 19 UNCRPD the principles guiding the model of social care/personal assistance we recommend would implement the twelve pillars of independent living[[21]](#footnote-21) and the social model of disability, which recognises that barriers are created by society.[[22]](#footnote-22)

**3. How important or not do you think it is that decisions about adult social care and support are made at a local level?**

We recommend that decisions regarding adult social care/personal assistance are not made at a local level. Instead, a new ‘national independent living service’ managed by central government should be put place. This service will be responsible for carrying out assessments, reviews and administering payments to individual Disabled people. See more details under

The current structure where decisions are made by local authorities leads to a post code lottery of care provision, as we evidence in our answer to question 6.

However, we recommend that adult social care/personal assistance is delivered by local Disabled people’s user led organisations, which have an understanding of the principles of Article 19, the 12 pillars of independent living and the social model of disability.

**The need for continuous improvement**

**4. What evidence or examples can you provide, if any, that demonstrate improvement and innovation in adult social care and support in recent years in local areas?**

**No care charges**

The London borough of Hammersmith and Fulham (LBHF) does not charge for social care and support delivered at home, Cllr Stephen Cowan, Leader of Hammersmith & Fulham Council, said:

“We recognise that independent living support is critically important for Disabled people to be able to participate as equal citizens. That’s why we guaranteed to continue our funding after the ILF was cut by the Government. Without this funding, our residents – who are often the most excluded from everyday life – could have been left facing severe and adverse consequences. We have also abolished home care charges and invested an extra £3.4m per year into adult social care.”

The council has given details of how this has been achieved:

“We have paid for this by making major efficiencies elsewhere and taking a ruthless approach to cutting wastefulness. That includes better negotiations and slashing spend on senior management, back-office IT, glossy magazines and lamppost banners[[23]](#footnote-23)

Regarding the responsibilities passed to LAs for the provision of social care /personal assistance for former Independent Living Fund (ILF) users after it was closed in 2015: Islington, who has 69 former ILF recipients living within the borough, Hammersmith & Fulham, who have 35, and Barking and Dagenham, have reported zero decreases in individual social care packages since the closure of the ILF.

**Co-production to be imbedded**

Also LBHF is also beginning to incorporate a co-production approach with Deaf and Disabled people so council services will be co-designed by Deaf and Disabled people,[[24]](#footnote-24) which we recommend is adopted in other areas across the country.

**6. What, if anything, has been the impact of funding challenges on local government’s efforts to improve adult social care?**

The funding crisis in social care is having a very real and detrimental impact on Disabled people’s ability to live and take part in the community and the gap between the life chances of Disabled and non-disabled people is widening.

The most basic choices such as when to get up, go to bed or use the toilet, when and what to eat, and the choice to leave the house are no longer in the hands of Disabled people but subject to Local Authority budget allocations which are becoming ever more restricted.

Also the concept of personal assistance has been severely damaged by years of budget savings and policies that have “degraded” the support mechanisms designed to enable independent living

On an individual level this is devastating for Disabled people, locked away whether in their own homes, supported living or residential care. On a societal level this is a regression of the right to independent living and a return to a segregated society where Disabled people are separated from their communities and invisible to the wider public behind closed doors.

**Care and support after the closure of the ILF**

Figures obtained through Freedom of Information requests show that over 250 Disabled Londoners with high support needs have lost support since the closure of the Independent Living Fund (ILF) in 2015 and a post code lottery operating across London boroughs.

There are similar patterns in how London Councils respond to their responsibilities in meeting the support needs of former ILF recipients. In May 2016 central government announced a further four years of funding for local authorities and devolved administrations intended “to enable local authorities to continue to support service users previously in receipt of the ILF” called the “Former ILF Recipient Grant” (2). However, these monies are not ring-fenced and it is down to the discretion of each council as to whether they even keep them within adult social care. This has resulted in a wide disparity of approach between councils that have committed to protecting the support packages of former recipients and those that appear to have made systematic cuts.[[25]](#footnote-25)

**7. What, if anything, are you most concerned about if adult social care and support continues to be underfunded?**

If adult social care/personal assistance continues to be underfunded we are very concerned that we will be forced to live in a care home rather living in own homes in our own local community because residential care is seen as a cheaper option to providing home care. As are result Disabled people will lose their choice and control over our daily lives and will become segregated from the society, unable to participate in the community, which will be a huge retrograde step.

For example Lakhvinder Kaur, who has spinal muscular atrophy, says she has been “fighting non-stop” for seven years to secure a proper care package that will keep her safe, and allow her to live in her own home, manage her own support, and enjoy the typical social life of a young woman in her 20s. Instead, she has had to move from one inappropriate care home and supported living setting to another since she turned 21. Her current care home has raised objections to her organising birthday parties, and occasionally inviting friends over for late-night drinks. [[26]](#footnote-26)

This concern regarding being forced to live in a care home is addition to concerns already mentioned about Disabled people becoming isolated, locked with the four walls of the home unable to participate in the community due to lack of social care/personal assistance.

The Care Act: a legal foundation for care and support

**8. Do you agree or disagree that the Care Act 2014 remains fit for purpose?**

We do not believe the Care Act 2014 is fit for purpose because it not strong enough to prioritise Disabled people’s wellbeing rights under the Act over concerns about a Local authorities’ (LAs) funding and resources. This is demonstrated by court cases such as the McDonald case[[27]](#footnote-27) and the more recent case of VI v London borough of Lewisham, both of which challenged a LAs decision to cut for funding for overnight care and replace it with the use of incontinence pads.[[28]](#footnote-28) In both cases the legal challenge was lost.

**9. What, if any, do you believe are the main barriers to fully implementing the Care Act 2014?**

The lack of funding is a huge barrier to fully implementing wellbeing duties under the Care Act in full.

Also the wording of the Care Act is not strong enough to ensure that the wellbeing of a Disabled person is prioritised over the resources and funding of a LA. Therefore we recommend that Article 19 ‘Independent living and being included in the community’ is put into domestic law.

An appeals system regarding assessments needs to be put in place so Disabled people do not have to go through the stress of going to court or an appeal to the ombudsman to get an assessment decision over turned.

Chapter four: the options for change

**Why is it so hard to change?**

**10. Beyond the issue of funding what, if any, are the other key issues which must be resolved to improve the adult social care and support system?**

We believe the structure of adult social care delivery urgently needs to be changed, below are our recommendations:

**National independent living service**

We recommend that support for Disabled people is administered by new ‘national independent living service’ managed by central government, led by Disabled people, but delivered locally.

The national independent living service would be located in a cross-government body, which can oversee implementation plans in all areas covered by the twelve pillars of independent living, whether it be in transport, education, housing, or social security. This will ensure that independent living is mainstreamed in every area of activity.

The national independent living service will be responsible for carrying out assessments, reviews and administering payments to individual Disabled people. Individuals will not be obliged to manage their support payments themselves if they choose not to.

It will be led by need, not profit and will not be means tested. It will be independent of, but sit alongside, the NHS and will be funded from direct taxation so social and support will be free at the point of delivery.

**Lessons from the ILF and other services**

The national independent living service will build on lessons learnt from the Independent Living Fund (the ILF), which was established in 1988 but was closed by the government in 2015.[[29]](#footnote-29) The ILF provided support to people who were termed as ‘severely disabled’, ‘to achieve positive independent living outcomes and to have greater choice and control over their lives’.[[30]](#footnote-30) Importantly the personal assistance provided enabled Disabled people to live in the community rather than in a residential home. Also the ILF was the first scheme established in the UK to give funds directly to Disabled people to purchase their own support.

The experiences of user-led Deaf and Disabled People’s Organisations (DDPOs), which have innovated and developed exciting models of self-organised and self-directed care through personal budgets and peer support, will also inform the new service as will failures of the local authority care and support system.

**Investment in local provision**

Alongside establishment of the national independent living service will be investment in local service provision so that within each area Disabled people will be able to choose from a range of peer support options delivered by user-led disabled people’s organisations, co-operatives and social enterprises, supporting them to exercise choice and control over the support they receive and to manage their financial, administrative and employment responsibilities.

**Co-created with Disabled people**

The national independent living support service will be co-created with Disabled people through an independent living task force led by Disabled people and representatives of adult social care service users.

Changing the system for the better

**11. Of the above options for changing the system for the better, which, if any, do you think are the most urgent to implement now?**

We recommend that Option 6 in the table in the consultation document is the most urgent i.e. that personal care is free at the point of delivery is put in place.

**12. Of the above options for changing the system for the better, which, if any, do you think are the most important to implement for 2024/25?**

As mentioned previously we recommend that a new ‘national independent living service’ managed by central government, led by Disabled people, but delivered locally is put in place asap.

**13. Thinking longer-term, and about the type of changes to the system that the above options would help deliver, which options do you think are most important for the future?**

All aspects of the system change we have mentioned above are important and are interlinked.

14. Aside from the options given for improving the adult social care and support system in local areas, do you have any other suggestions to add?

**15. What is the role of individuals, families and communities in supporting people’s wellbeing, in your opinion?**

We recommend that Disabled people are given choice regarding who provides their care. Care provided by professional should always be an option.

**How to pay for these changes**

**16. Which, if any, of the options given for raising additional funding would you favour to pay for the proposed changes to the adult social care and support system?**

We recommend that social care and support is free at the point of delivery funded by general taxation.

17. Aside from the options given for raising additional funding for the adult social care and support system in local areas, do you have any other suggestions to add?

18. What, if any, are your views on bringing wider welfare benefits (such as Attendance Allowance) together with other funding to help meet lower levels of need for adult social care and support?

Cross-party political cooperation

20. In your opinion, to achieve a long-term funding solution for adult social care and support, to what extent is cross-party co-operation and/or cross-party consensus needed?

Chapter five: social care and wider wellbeing

The role of public health

21. What role, if any, do you think public health services should have in helping to improve health and wellbeing in local areas?

**The role of other council services and those of local partners**

**22. What evidence or examples, if any, can you provide that demonstrate the impact of other local services (both council services outside of adult social care and support, and those provided by other organisations) on improving health and wellbeing?**

Local community organisations such as Deaf and Disabled People’s Organisations (DDPOs) provide vital information, support and advocacy which improves the health and wellbeing of Deaf and Disabled people. Without the advocacy provided by DDPOs many Deaf and Disabled people cannot access:

* Welfare benefits, particularly Universal Credit, which has an inaccessible online application process. Without welfare benefits many Deaf and Disabled people struggle to pay for food, fuel and rent,[[31]](#footnote-31) which has a huge impact on wellbeing.
* Services such as social care/personal assistance, accessible housing or health care. Lack of any of these services will have an impact on wellbeing.
* Support to ensure that public service providers fulfil their obligations.

Without advocacy from DDPOs some Deaf and Disabled people are not aware of their rights regarding health and social care services, support can be needed to challenge services when they do not fulfil their obligations.

**23. To what extent, if any, are you seeing a reduction in these other local services?**

We are very concerned that DDPOs are closing due to lack of funding. Sometimes this is because large national organisations have undercut a local DDPO’s bid for a contract to provide services such as care and personal assistant services.

**Chapter six: social care and the NHS**

**Social care and health working together**

**24. What principles, if any, do you believe should underpin the way the adult social care and support service and the NHS work together?**

The principle that needs of the service user is put first needs to be implemented i.e. action is always take to ensure a person’s best interested are given priority.

This does not always occur - for instance people with learning difficulties wish to leave hospital units and their families want them back home/in the community but a lack of funding for social care/personal assistance and supported housing provided by the LA can prevent this. NHS funding currently used to maintain a person with learning difficulties stay in hospital needs to be transferred to the local LA.

32% of the 3000 people with learning difficulties that were inpatients in September 2015 in England, even though their care plan did not suggest a need for inpatient care[[32]](#footnote-32)

Following the abuse at Winterbourne View the Government committed to discharge inpatients with learning difficulties from mental health hospital units back to their homes through the Transforming Care Programme.[[33]](#footnote-33) However, the numbers of inpatients has not fallen. As the Public Accounts Committee noted in 2015:

‘Despite the agreed aim that people with learning disabilities should live and receive care in the community, there has been no closure programme for large mental health hospitals.’

People with learning difficulties stay in hospital for a shockingly long time:

* 1,025 people (34%) for up to 5 years
* 500 people (17%) for up to 10 years; and
* 435 people (15%) for more than 10 years.[[34]](#footnote-34)

Hospitals are not happy places for people with learning difficulties:

* 24% of patients self-harmed in 2015.[[35]](#footnote-35)
* 26% of patients experienced at least one bad experience, such as an accident, hurt by another person or self-harm, as well as at least one restrictive measuresuch as restraint or seclusion.[[36]](#footnote-36)

People with learning difficulties urgently need to leave hospital and live in community ongoing funding to enable this must be transferred from the NHS to LAs to facilitate this.

**26. Do you think the role of health and wellbeing boards should be strengthened or not?**

We think the voice of Disabled service users and DDPO’s should be paramount in developing care services – ‘Nothing about us without us’, LAs and the NHS need to ensure our voices are heard.

Disabled people are not always able to participate in local wellbeing boards because of access issues, this includes the accessibility of the building and the accessibility of meeting but also the timing of meetings can prevent access i.e. if a meeting is held at 9.00 am for example, a person with care needs is unlikely to be able to attend because their carer may not arrive until 8.00, likewise with an evening meeting, so the vital voices of Disabled people are not heard on Wellbeing boards.

Wellbeing boards need to be made fully accessible say by holding meetings in the afternoon in a DDPOs accessible premises and funding provided for access needs such as a British Sign Language Interpreters for Deaf people, Easy Read for people with learning difficulties, large print or audio for people with learning difficulties needs to be provided. Also other ways of hearing Deaf and Disabled people’s views and experiences should be explored with local DDPOs.

27. Which, if any, of the options for strengthening the role of health and wellbeing boards do you support?

28. Do you have any suggestions as to how the accountability of the health service locally could be strengthened?

New NHS funding – how it can benefit the system

29. Which, if any, of the options for spending new NHS funding on the adult social care and support system would you favour?

30. Do you have any other comments or stories from your own experience to add?

Our details

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**For those responding on behalf of an organisation:** Yes, I consent to my organisation's name being published with my response

1. Approximately 19% of the population are Disabled people, yet families with a Disabled member, now make up half of all people in poverty: <http://www.npi.org.uk/files/3414/7087/2429/Disability_and_poverty_MAIN_REPORT_FINAL.pdf>

   3.6 million Disabled people in poverty lived in rented housing in 2013-14 and 1.5 million lived in owner-occupied housing: <https://www.jrf.org.uk/mpse-2015/disability-and-poverty> [↑](#footnote-ref-1)
2. <https://www.leonardcheshire.org/support-and-information/latest-news/news-and-blogs/no-place-home-scandal-300000-disabled-people> [↑](#footnote-ref-2)
3. This indicates that there is a substantial need for adaptable housing, yet a survey noted that there is a severe national shortage of accessible or adaptable homes. The survey also found that many disabled people ended up living in unsuitable accommodation. 5 million people in the UK have a mobility problem and could benefit from a disability friendly home, while 75% of disabled adults in Britain report that they live in a home without an accessible front door. It also reported a study which suggested 1 in 6 disabled adults and half of all disabled children live in housing that isn’t suitable for their needs, See: Leonard Cheshire (2014) No Place Like Home: Five Million Reasons to Make Housing Accessible: <https://www.leonardcheshire.org/about-us/publications/latest-publications-download/no-place-home-5-million-reasons-make-housing> [↑](#footnote-ref-3)
4. https://www.leonardcheshire.org/sites/default/files/Hidden%20Housing%20

   Crisis%20July%2014.pdf [↑](#footnote-ref-4)
5. <http://www.musculardystrophyuk.org/news/news/breaking-point-the-crisis-in-accessible-housing-and-adaptations/> [↑](#footnote-ref-5)
6. <http://www.musculardystrophyuk.org/app/uploads/2015/09/POL5-C-Housing-briefing-final.pdf> [↑](#footnote-ref-6)
7. <http://www.musculardystrophyuk.org/news/news/breaking-point-the-crisis-in-accessible-housing-and-adaptations/>

   <http://www.musculardystrophyuk.org/app/uploads/2015/09/POL5-C-Housing-briefing-final.pdf> [↑](#footnote-ref-7)
8. Southampton Council consulted on proposals to cap community care support packages at the same time as investing £12 million in a “super care home”, with accommodation for up to 95 disabled people. [↑](#footnote-ref-8)
9. A review by Lambeth Healthwatch of local extra care housing facilities found that many residents seemed lonely and isolated: <http://www.healthwatchlambeth.org.uk/extracarereview/> [↑](#footnote-ref-9)
10. <https://www.equalityhumanrights.com/en/equality-act-2010/what-equality-act> [↑](#footnote-ref-10)
11. <http://www.legislation.gov.uk/ukpga/2014/23/section/1/enacted> [↑](#footnote-ref-11)
12. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-19-living-independently-and-being-included-in-the-community.html> [↑](#footnote-ref-12)
13. ### **DOC**]**[CRPD/C/18/R.1 in English (Word) - OHCHR](http://www.ohchr.org/Documents/HRBodies/CRPD/CRPD.C.18.R.1-ENG.docx)**

    [↑](#footnote-ref-13)
14. ### **‘**Independent Living:…... Personal autonomy and self-determination is fundamental to independent living, including access to transport, information, communication and personal assistance, place of residence, daily routine, habits, decent employment, personal relationships, clothing, nutrition, hygiene and health care, religious, cultural and sexual and reproductive rights.’ (See paragraph 16. (a) Independent Living: DOC][CRPD/C/18/R.1 in English (Word) - OHCHR](http://www.ohchr.org/Documents/HRBodies/CRPD/CRPD.C.18.R.1-ENG.docx))

    [↑](#footnote-ref-14)
15. ### See paragraph 16. (a) Independent Living: DOC][CRPD/C/18/R.1 in English (Word) - OHCHR](http://www.ohchr.org/Documents/HRBodies/CRPD/CRPD.C.18.R.1-ENG.docx)

    [↑](#footnote-ref-15)
16. Ibid [↑](#footnote-ref-16)
17. 29. Subparagraph (b) specifies various individualised services, which fall within this category of support services. They are not restricted to services inside the home, but must also be able to extend to the spheres of employment, education or political and cultural participation, support services empowering parenthood and the ability to attend family relatives and others, participation in political and cultural life, once leisure interests and activities, and travel as well as recreation.’ (See section D. Article 19 (b) 29: DOC][CRPD/C/18/R.1 in English (Word) - OHCHR](http://www.ohchr.org/Documents/HRBodies/CRPD/CRPD.C.18.R.1-ENG.docx)) [↑](#footnote-ref-17)
18. ### **See Introduction paragraph 9: DOC**][**CRPD/C/18/R.1 in English (Word) - OHCHR**](http://www.ohchr.org/Documents/HRBodies/CRPD/CRPD.C.18.R.1-ENG.docx)

    [↑](#footnote-ref-18)
19. For example: ‘The systematic realization of the right to independent living in the community requires structural changes. In particular, this applies to de-institutionalization in all its forms’. [↑](#footnote-ref-19)
20. <https://www.equalityhumanrights.com/en/our-human-rights-work/monitoring-and-promoting-un-treaties/un-convention-rights-persons-disabilities> [↑](#footnote-ref-20)
21. "12 Pillars of Independent Living" are:

    Appropriate and accessible information, An adequate income, Appropriate and accessible health and social care provision, A fully accessible transport system, Full access to the environment, Adequate provision of technical aids and equipment, Availability of accessible and adapted housing, Adequate provision of personal assistance, Availability of inclusive education and training, Equal opportunities for employment, Availability of independent advocacy and self-advocacy, Availability of peer counselling. [↑](#footnote-ref-21)
22. <https://www.gov.uk/government/publications/2010-to-2015-government-policy-equality/2010-to-2015-government-policy-equality#appendix-9-the-social-model-of-disability>

    <https://www.inclusionlondon.org.uk/disability-in-london/social-model/the-social-model-of-disability-and-the-cultural-model-of-deafness/> [↑](#footnote-ref-22)
23. <https://www.lbhf.gov.uk/articles/news/2017/01/council-agrees-34m-extra-adult-social-care> [↑](#footnote-ref-23)
24. <https://www.lbhf.gov.uk/councillors-and-democracy/resident-led-commissions/disabled-people-s-commission/nothing-about-disabled-people-without-disabled-people> [↑](#footnote-ref-24)
25. <https://www.inclusionlondon.org.uk/campaigns-and-policy/comment-and-media/three-years-after-closure-of-the-independent-living-fund-new-figures-show-continuing-postcode-lottery-in-treatment-of-former-recipients/> [↑](#footnote-ref-25)
26. <https://www.disabilitynewsservice.com/shocking-case-of-disabled-woman-trapped-in-care-home-that-wants-to-evict-her/> [↑](#footnote-ref-26)
27. #### MCDONALD V. THE UNITED KINGDOM – 4241/12 – CHAMBER JUDGMENT [2014] ECHR 492 (20 MAY 2014)

    [See the judgment](http://www.bailii.org/eu/cases/ECHR/2014/492.html) [↑](#footnote-ref-27)
28. #### [R (on the application of) VI v London Borough of Lewisham [2018] EWHC 2180 (Admin), Andrew Henshaw QC (sitting as a Judge of the High Court), 15 August 2018](https://www.bailii.org/ew/cases/EWHC/Admin/2018/2180.html)

    [↑](#footnote-ref-28)
29. <https://www.gov.uk/government/organisations/independent-living-fund> [↑](#footnote-ref-29)
30. <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493440/53543_HC_591_Print.pdf> [↑](#footnote-ref-30)
31. <https://www.trusselltrust.org/wp-content/uploads/sites/2/2017/07/OU_Report_final_01_08_online2.pdf> <https://www.nao.org.uk/wp-content/uploads/2018/06/Rolling-out-Universal-Credit.pdf>

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