

# **Disabled People's Housing Needs Study - Housing Needs of People with Physical Disabilities**

**Nottinghamshire and Derbyshire Strategic Housing Local  
Authorities**

**Overarching Report**

Final Draft, 17 September 2012



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# Executive Summary

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## Introduction

1. This study examines the housing needs of people with physical disabilities in Nottinghamshire and Derbyshire. It was undertaken by Ecorys and ConsultCIH on behalf of fifteen local authorities; Nottingham City, Gedling, Broxtowe, Erewash, Rushcliffe, Ashfield, Derbyshire Dales, High Peak, Chesterfield, North-East Derbyshire, Bolsover, Bassetlaw, Derby City, South Derbyshire and Amber Valley.
2. The aims of the study are:
  - To better understand how to meet the housing needs of people with physical disabilities.
  - To better understand the means by which appropriate housing for disabled people can be delivered.
  - To obtain a robust evidence base for the development of housing for disabled people.
3. The focus of this research is the physical structure and facilities of a home (rather than care and support issues). Background information is contained in a series of Appendices. In addition, there is an individual report for each separate local authority area.

## Methodology

4. The methodology for the project comprised the following elements:
  - A literature review of national, regional, local research, academic papers, data and statistics and best practice models.
  - Collation and interrogation of existing data from each local authority, including from; adult care; occupational therapists; disability organisations; housing registers; stock data and stock condition surveys; children's Special Educational Needs (SEN) data; council tax data and other housing needs assessments.
  - Collation and interrogation of data from; Office of National Statistics, Department for Communities and Local Government; Department of Work and Pensions; Department of Health, and; other government agencies including the Homes and Communities Agency.
  - Collation and interrogation of specialist datasets including; POPPI (Projecting Older People Population Information system); PANSI (Projecting Adult Needs and Services Information) EAC (Elderly Accommodation Council) and; Children in Need Census.
  - Focus groups with organisations specialising in disabled persons care, housing developers
  - Focus groups with residents and service users (including a BAME focus group).
  - Structured telephone interviews and On-line surveys with households with disabled members
  - Stakeholder interviews with senior providers and experts

## **The population and profile of disabled people in the study area**

5. There are an increasing number of people with physical disabilities in the study area, who need homes and facilities to meet their needs.
6. The over-65 population will increase in the short, medium and long term and the over-85 population will increase dramatically in the long term, with some variations between the 15 local authorities, significantly increasing the need for housing for disabled people.
7. There are projected increases in households with indoor and outdoor wheelchair requirements to 2030 as well as those with registerable visual conditions and other medical conditions.
8. 16% of disabled residents surveyed felt their current housing situation was not suitable, with a higher proportion (22%) of wheelchair users. There are knowledge gaps, in particular for families with disabled children, giving potential limits to the understanding of needs due to lack of reporting and dialogue.
9. National evidence highlights issues around definitions, limited choice of tenure, poor standards and conditions, access and barriers to effective solutions, such as access to information and advice.
10. There are equalities issues for BAME groups, families with disabilities, children and people with sensory disabilities and local authorities will need to implement provision in the Equalities Act 2010.
11. Demand will be affected by changing demographics and policy context increasingly focused on local needs and personalised services. There will be increased need for adaptations amongst an ageing population, in particular in rural areas. The population will increasingly live in single person households, increasing demand for interventions that support continued independence.
12. By 2015 it is estimated that between 9,902 and 18,510 households with a disabled member will be in unsuitable accommodation, and will require measures to be able to remain in their home or move to a suitable property. The high estimates of these indicate that by 2030, these will have increased to 23,680.

## **How the current housing provision and services meet needs**

13. The capacity of existing provision to meet these needs is limited by constraints on public spending, the suitability of existing homes, the affordability of suitable properties, and the increasing demand from increasing numbers of disabled people for the resources available.
14. There is no current central source of data for Disabled Facilities Grants, but a review of available information shows that authorities are spending additional resources to meet demand.

15. A proportion (between 7% and 15%) of the households will be able to pay for suitable adaptations themselves, or are able to find and afford an alternative property which meets their needs.
16. Matching demand and supply shows that one in ten achieved an appropriate letting, highlighting significant demand in excess of supply.
17. The private sector also has a role in meeting the housing needs of those with disabilities, 55% of disabled respondents to the survey owning their own home and 37% considered that they could afford to purchase their next home.
18. Planning policies and emerging strategic documents to require the development of new housing to meet the needs of people with physical disabilities have not yet been implemented in all areas. Private sector provision is restrained by market forces, although there is new provision (albeit low numbers) in some areas being made in affordable housing through s106 planning agreements.
19. Services to meet the needs of disabled people at a local and county level include; advice and information; repairs; improvements and safety measures; disabled facilities grants; housing-related support and choice based lettings scheme. Whilst many of these services seem to be valued and effective in most aspects, there are some gaps in provision, and some changes could be considered which would improve the services.

### **The type of housing, facilities and services which disabled people want**

20. Surveys, focus groups and interviews with residents and organisations highlighted that there are a number of factors which many disabled people want from their homes, whether in their existing home, or by moving.
21. Those considering a house-move mainly indicate a demand for bungalows, although consideration may need to be given to whether/how well these demands could be met through suitable, well-designed ground floor flats, or adapted houses such as those meeting lifetime homes standards. Being near to friends and family is a major consideration for many.

### **Meeting needs**

22. There is a public sector equality duty to ensure that people do not suffer discrimination because of disability, together with other statutory duties which are usually accompanied by a requirement to provide advice and information.
23. Better coordination between local authorities, wider partners and registered providers is important for timely delivery of adaptations and there is potential for improvements as part of the Localism agenda. There is potential to draw on the expertise and experience of

Occupational Therapists in design and adaptation and additional issues are caused by delays in making adaptations.

24. There is evidence to suggest that investment in accessibility in new build and specialist provision offers considerable lifetime benefits. Similarly, interventions in existing stock such as adaptations and handypersons, and preventative, community-based health and social care solutions can offer cost effective solutions and improved quality of life.
25. Housing developers role in providing new homes for people with physical disabilities is currently limited.
26. Focus groups revealed some common issues including; a fragmented knowledge base, with particular gaps regarding families with disabled members, the private sector and those able to meet their own needs. Suggested solutions included incorporating OTs into design, planning and decision making processes, developing mechanisms to match needs and stock, a shared partnership approach, a consistent approach to data gathering and sharing and requirements for better space standards and/or Lifetime Homes standards in new homes

#### **Shortfall in properties to meet unmet need**

27. In order to meet demand, a combined approach is required involving most efficient use of existing social and private sector stock, enhanced support services designed to keep people with disabilities in their own homes, better targeting of allocations of social housing stock, and focussed use of Disabled Facilities Grant are all required alongside the development of new homes. However, a shortfall in the provision of suitable properties is still projected, with unmet need which could potentially be met by the provision of new homes.
28. Based on projections for 2015, estimates of the number of people with physical disabilities in unsuitable accommodation with unmet needs range from 6,517 to 12,882. This range rises by 2030: ranging from 6,824 to 17,327.

High or low estimate of unmet housing need	2010	2015	2020	2025	2030
High estimate: based on ONS population change figures	11,672	12,882	14,264	15,681	17,327
Low estimate: based on higher rate DLA claims	6,323	6,517	6,618	6,720	6,824

29. We have made some estimates of the size and type of programme that could be introduced to meet these needs. The figures are based on 2015 projected needs, and if the programme was implemented it would clear the backlog of need. The local authorities would have to balance the actual size and shape of this programme with those responding to other priority housing requirements

30. These figures are broken down by estimated tenure; property type and size; and properties to wheelchair standard.

31. Tenure of new provision:

- 37% would be able to afford to buy a suitable new home and access private sector provision
- 63% would need Affordable housing - Social Rented, and/or other rented tenures such as Affordable Rented – dependent on local affordability issues and funding restrictions.
- Shared Ownership or shared equity properties may fall into the “private sector provision”, or the affordable housing provision– depending on the percentage share bought and other local market conditions.

Tenure of new housing for 2015	Percentage	Number of properties (low estimate)	Number of properties (high estimate)
Private Sector Provision (to buy)	37%	2411	4766
Affordable Housing	63%	4106	8116

32. Breakdowns of property type and size for proposed new private sector provision is detailed in the local reports. Bungalows were the most popular built form (preferred by 75%) and there was a strong demand for larger homes across all age groups. However how demand might be met through suitable, well-designed ground floor flats is not assessed, although this may be necessary to consider in the light of financial constraints.

33. We estimate that there are 2523 households with wheelchair users whose needs will not be met as of 2013 and this figure increases to 3030 by 2033. Breakdowns by type of accommodation are set out in local reports.

## Recommendations

Recommendation	Details
<b>A. Raise Awareness</b>	Raise awareness of the housing needs and aspirations of disabled adults and children and promote joint agency / partnership working
<b>B. Ensure housing needs assessments highlight the needs of disabled people</b>	Ensure that housing needs assessments and strategic housing market assessments distinguish customer characteristics that influence design in new homes and the need for adaptations of existing homes.
<b>C. Promote preventative and early intervention investment</b>	Promote preventative and early intervention investment, so that benefitting agencies (in particular health and social care) understand the value for money of investment.
<b>D. Further Develop Home Improvement Agency</b>	Further develop Home Improvement Agencies and a system of recycling adaptations – stairlifts in particular

Recommendation	Details
	<p>Work with HIAs to explore additional funding possibilities e.g. extending menu of services for self funders; social care and health investment</p> <p>Work with HIAs and ICES services locally to explore demand and opportunity</p>
<b>E. Introduce more comprehensive stock condition survey and recording systems.</b>	<p>Record nature of adaptation and level (e.g LHS, wheelchair etc)</p> <p>Record nature of adaptation and level (e.g. LHS, wheelchair etc) jointly with provider partners.</p>
<b>F. Agree a protocol for adaptations.</b>	<p>Agree a protocol for adaptations to homes across tenure, so that resources are more effectively used to meet the needs of more disabled people.</p>
<b>G. Ensure private sector / developer obligations are enforced</b>	<p>Ensure private sector / developer obligations are enforced in a co-ordinated way across the study area.</p> <p>Identify opportunities to bring together OT, housing and Planning expertise, plus local disabled people and representatives in development of a design guide.</p> <p>Engage OTs in detailing key features required to improve adaptability of new homes. Use this together with site design guides to ensure that both developers and development control understand what you require and S106 agreements to deliver these. Take specific design requirements into account in determining site viability.</p>
<b>H. Use publically owned land to meet needs</b>	<p>Agree a partnership approach to how publically owned land can be used to improve the viability of homes that are designed specifically for the needs of disabled people,</p>

# 1.0 Introduction

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## 1.1 Background

34. A consortium comprising of fifteen local authorities within Nottinghamshire and Derbyshire commissioned Ecorys and CIH Consultancy to undertake a Disabled People's Housing Needs Study to examine the housing needs of people with physical disabilities.
35. The fifteen local authorities are; Nottingham City, Gedling, Broxtowe, Erewash, Rushcliffe, Ashfield, Derbyshire Dales, High Peak, Chesterfield, North-East Derbyshire, Bolsover, Bassetlaw, Derby City, South Derbyshire and Amber Valley.
36. The objectives of the study included identifying current shortfalls and future need for suitable accommodation, and to examine options for meeting these needs in a deliverable and cost effective way.
37. The specific aims of the study were:
- To better understand how to meet the housing needs of people with physical disabilities, in order that they can be provided with housing appropriate to meet their needs.
  - To better understand the means by which appropriate housing for disabled people can be delivered across all housing tenures and how value for money can be ensured.
  - To obtain a robust evidence base pertaining to the development of housing for disabled people that can be used to inform future policies, strategies and negotiations with developers.
  - The research was to focus on the physical structure and facilities of a home, rather than the care and support issues.
38. In meeting this brief, Ecorys and CIH Consultancy have produced this overarching report to address evidence and information provided at the national and study area level, where there are clear shared issues for disabled people. Some common approaches and improvements are recommended that can potentially be applied at a shared, multi authority level.
39. In addition, each local authority has a separate stand alone report focused on the evidence and issues identified at the local level and, where appropriate, specific recommendations for each local authority have been identified.
40. Further detailed findings from the study can be found in following appendices:
- A: Summary of different housing interventions
  - B: Report to project specification cross reference
  - C: Good practice examples
  - D: Report of stakeholder self assessment survey responses
  - E: Report of customer survey and focus group responses
  - F: Detailed charts and tables

## 1.2 Methodology

41. The methodology for the project comprised several elements:

- A literature review of national, regional, local research, academic papers, data and statistics and best practice models.
- Collation and interrogation of existing data from each local authority – including from adult care; occupational therapists; disability organisations; housing registers; stock data and stock condition surveys; children’s SEN data; council tax data and other housing needs assessments.
- Collation and interrogation of Office of National Statistics, Department for Communities and Local Government, Department of Work and Pensions, Department of Health and other government agency data, including, Homes and Communities Agency.
- Collation and interrogation of specialist datasets including POPPIS (Projecting Older People Population Information System) and PANSI (Projecting Adult Needs and Services Information) Elderly Accommodation Counsel (EAC) and the Children in Need Census.
- Focus groups in each local authority with organisations specialising in disabled persons care, and housing developers and service users (including a BAME focus group).
- 600 structured telephone interviews with households with disabled members.
- Web-based, on-line surveys with households with disabled members.
- Stakeholder interviews with senior providers and experts.

## 1.3 Navigating the Report

42. This overarching report reflects the review of national literature and research, and incorporates key shared findings at the level of the study area.

- Section 2 provides a summary of findings from the research project, including: the mismatch of demand and supply, emerging trends shaping demand and significant shared areas for focus.
- Section 3 covers the housing needs of disabled people expressed in national research in relation to: common housing experiences and problems; tenure choice; standards; satisfaction levels. It also looks at factors influencing demand in the future.
- Section 4 looks at how needs have been met to date, including: current legislation and regulatory requirements; government and sector-led guidance; current delivery; weaknesses.
- Section 5 provides a summary of statistical analysis and findings at national and study area level, which should be considered in conjunction with the more detailed analysis in each local report.
- Section 6 summarises the potential future needs.
- Section 7 gives recommendations in common across the local authorities of the study area and solutions that might most effectively be delivered across local authorities.

## 2.0 Housing Needs of People with Physical Disabilities

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### 2.1 What does the survey tell us about demand in the area?

43. Ecorys undertook a telephone survey and focus groups with disabled people (see Appendix E). From these findings it is clear that there are common issues impacting demand from disabled people across the study area.
44. 16% of the respondents believed that their current housing situation was not suitable, with common issues being:
- Stairs (55%).
  - Lack of level access (23%).
  - Lack of suitable toilet/ bathroom facilities (16%).
45. People using wheelchairs are more likely to consider their properties as unsuitable, 22% compared to 16%.
46. CIH's stakeholder survey of local authority commissioners and partners was used to identify how well known and understood the needs of local disabled people was across the study area. Most reported that they knew and understood needs and demands but a more mixed response was evident about meeting those needs, in terms of agreements with partners.
47. However, 61% had limited or lacked ongoing dialogue with disabled people, which potentially limits the accuracy of understanding in the long term, and routes for understanding and reporting on progress made was also limited (see Appendix D).

### 2.2 What does the wider literature tell us about housing needs of disabled people?

#### 2.2.1 National evidence

48. The national evidence on the housing needs and experiences of people with disabilities<sup>1</sup> demonstrates common factors around:
- Definitions of disability which shape responses in housing provision.
  - Restrictions in choice – type and tenure.
  - Poor quality and conditions – in terms of decency standards and suitability for needs.
  - Problems of access, location, ease of movement within the property and difficulty with facilities (kitchens and bathroom) to facilitate independent living.

<sup>1</sup> NB much of the literature into needs does not explicitly draw distinctions between physical, sensory and other disabilities.

- Barriers to effective solutions, including advice and information and access to finance.

#### *Definitions of disability and impacts for equality*

49. The literature explores the difficulties and inequalities many disabled people experience as a result of the definition of disability that is still prevalent, in particular used by government in its research and reflected in regulations affecting the building industry. It is focused on a medical model of disability that looks at the individual, their illness or medical condition and therefore considers them as vulnerable and requiring special responses, as Imrie highlights

50. *Likewise in the UK, disabled people are characterised as ‘vulnerable’ persons by the EHCS, while Part M of the building regulations defines disability in terms of bodily defect and disfunction.*<sup>2</sup>

51. In comparison, the social model recognises disability as arising from the barriers in physical and organisational structures and attitudes, which prevents people from participating fully, socially, economically and environmentally.

#### *52. Equality of Choice - Tenure*

Evidence demonstrates a significant number of disabled people are limited in access to a full range of housing tenure options. Housing in England 2007-8 (based on the Survey of English Housing) revealed 6 million households with at least one person with a disability or serious medical condition. Approximately:

- 50% live in social housing.
- 28% are owner occupiers.
- 21% rent in the private sector.
- 24% required specially adapted accommodation; of those 83% were over 45, and 51% were owner occupiers.

#### *53. Satisfaction*

- 80% considered that they were in suitable accommodation, but only 57% in private rented accommodation thought it was suitable.
- 66% of those under 15 were satisfied with their accommodation.
- 20% of wheelchair users who required adapted accommodation did not live in suitable accommodation<sup>3</sup>, comparable with the 22% from the survey in the study area.

54. This echoes evidence from Joseph Rowntree Foundation’s (JRF) research over a number of years, into the housing needs of disabled people (1995) and of families with disabled

<sup>2</sup> Rob Imrie (2006) Accessible Housing, Quality, Disability and Design,

<sup>3</sup> DCL/ONS, Housing in England 2007-08 (September 2009), pp44-45.

children (2002 and 2008)<sup>4</sup> which revealed for families with disabled children (compared to families with non disabled children):

- Only 56% owner occupiers (compared to 69%).
- 36% renting in social housing (compared with 20%).

55. The rate of renting is further increased where there is a severely disabled child, a study of 3000 such families in 2002 found 54% of families renting compared to 43% of home owners.<sup>5</sup>

56. These inequalities and difficulties are still a particular problem for 'hard to reach groups' including:

- People from BAME communities.
- Families with disabled children.
- People with sensory impairments.<sup>6</sup>

57. The latter group experience problems due to the tendency to categorise needs and give greater weight to physical disability in housing; the preponderance of accessible housing within the social sector results in a focus on maximising the value from public investment through attempts to match need and disability, which can often lead to overlooking the benefit of accessibility and liveability for people with sensory problems.

58. Home ownership is a particularly difficult tenure to access for disabled adults. Factors include the availability of accessible new housing, due to the conservatism of the house building industry, reflected in the ongoing debates about Part M Building regulations and Lifetime Homes standards as well as low incomes and higher rates of unemployment amongst disabled people. Nicola Burns' study highlights the perception of ramps as 'objectionable' as an example, and quotes a Housebuilders' Federation document of 1995:

*"If a disabled person visits a home owner, it is to be expected that they can be assisted over the threshold."<sup>7</sup>*

59. This limits the mobility for disabled people in accessing housing when visiting others, and demonstrates an assumption that disabled people will be provided for (largely within a welfare environment of social housing) rather than be agents able to exercise their own choice. Accessibility problems occur at all points within the process of purchasing a home through the private market, with:

<sup>4</sup> JRF (1995), Housing needs of people with a disability; (2002 and 2008) Housing and disabled children: round up reviewing the evidence.

<sup>5</sup> JRF (2008) Housing and disabled children: round up of the evidence, p3.

<sup>6</sup> Laura Hemmingway (2011), Disabled People and Housing, Choices, opportunities and barriers, Policy Press, Bristol,

<sup>7</sup> Quoted in Nicola Burns, 'Negotiating difference: disabled people's experience of housebuilders' Housing Studies, (2004), vol 19, no.5, pp765-780. p773

- Estate agents and sales offices.
- Viewing homes for sale.
- Design barriers (including in show homes).
- Views of the situation.
- Being able to view alone.<sup>8</sup>

60. Disabled people experience difficulty and inequality arising from negative perceptions and assumptions about their capacity to make decisions. Also, the approach within both the housing and financial industries to risk means disabled people are often assessed as 'vulnerable' and 'risky', resulting in greater difficulty in accessing finance to enter the private sector.<sup>9</sup>

#### *61. Standards and Condition*

Government research has revealed that, whilst 65% of the over 65s own their own homes, one-third or 2.1 million older people live in non-decent or hazardous housing. 750,000 require specially adapted homes and 145,000 report that they live in unsuitable housing for their needs.<sup>10</sup> Families with disabled children are more likely to live in non decent housing than families with non disabled children (71.6% compared to 76.2% in decent housing). Issues include:

- Difficulty in keeping the home / child's room warm enough.
- A poor state of repair.
- Problems with pests, wiring and damp.

62. Overcrowding is also more common with a particular issue about bedrooms (16% report insufficient bedrooms compared to 9% in families with non-disabled children).

63. The JRF study found even less satisfaction with the suitability of housing for disabled children than in the government's report:

- 47% of under 16s in suitable adapted homes.
- 60% of 16-44year olds suitably housed.
- Over 70% 44-65 year olds suitably housed.
- Approximately 80% of those over 65 in suitable accommodation.

64. The latter may be attributable to the facilities of sheltered and extra care housing for older people, although the studies do not explore this.

#### *65. Common housing issues*

Some specific and common difficulties are raised in the literature regarding suitability, notably:

<sup>8</sup> Pam Thomas, 'Disabled people as customers in the owner occupation market', Housing Studies (2004), vol 19, no.5, pp781-794.

<sup>9</sup> Laura Hemmingway (2011), p154

<sup>10</sup> DCLG, Lifetime Homes, Lifetime Neighbourhoods: a national strategy for housing for an ageing population.

- Lack of space – family space, separate bedrooms for disabled children, storage space and space to carry out therapies.
- Accessibility and suitability of key ‘functional rooms’ such as bathrooms, kitchens, toilets (including extra downstairs toilets) which enable disabled people to conduct their own activities of living.
- Access within and around the home.
- Location.
- Facilities to meet carers’ needs.
- Safety.

66. In studies of families with disabled children, 86% experienced problems in at least one of these areas, with 25% experiencing multiple problems (6 or more such areas). Black and minority ethnic families with disabled children also experience a greater number of difficulties in housing, particularly those from Pakistani and Bangladeshi families.

#### *Preferred solutions*

67. The greater the need and the younger the disabled person in the household, the more likely it is for the household to want to move to resolve their housing problems. In the studies, 56% of families with disabled children wanted to move to resolve their housing issues, compared to 43% wanting to adapt. The nature of the requirements, larger space standards in rooms and storage, and additional bathrooms/ toilets, plus the higher incidence of renting both contribute to this.

68. Home owners are more likely to want to remain and make adaptations. The JRF study (1995) included over half who were home owners, 38% permanently in a wheelchair. Just over 36% of wheelchair users overall were in houses but 65% did not want to move due to other family/ social considerations. Similarly research amongst older people reveals a general desire to remain in their own homes with adaptations.<sup>11</sup>

#### *Barriers to solutions – information and advice*

69. Access to information and advice is a significant problem; particularly for those from black and minority ethnic families and those with low incomes. Older people in particular are likely to move home at a point of crisis or stress, and report the need for information and advice in several areas including:

- Advice on moving.
- Advice on staying put and financial and practical help to do so.
- To know their options and the implications.
- General housing issues.<sup>12</sup>

<sup>11</sup> DCLG, (2008) Housing choices and aspirations of older people: research from the New Horizons Programme, p41 (nb focus group including older disabled people).

<sup>12</sup> Cambridge Centre for Housing and Planning Research, (2010) FirstStop Evaluation Phase 1 report, pcheck

70. Information and advice for disabled people frequently ‘falls between the gaps’ of services; generic and impairment specific disability services rarely offer housing advice, whilst agencies offering housing and disability advice frequently focus on specialised areas of support, such as adaptations, equipment, homecare, finance and assistance.<sup>13</sup> A service that can look across housing options, entitlement and support for disabled people and their families, and that is fully sensitive to the issues they experience is rare.

71. The need for this and for a single point of contact was raised by respondents to the survey and focus groups. Most of the respondents identified the council and social services as their first points for information, advice and help, although 16% did not know where to go to get information and advice.

*“It’s really difficult...you don’t have anything to tell you what you can get and what you can’t get, you just hear it from someone. A lot of groups work together but some are different and you get mixed up. There are so many groups, if they just made it in to one I think they would save a lot of money.” (Bassetlaw, owner occupier)*

## **2.3 Customer and Stakeholder Perspectives**

### **2.3.1 Customers**

72. Affordability, location and access to information and advice were clearly factors impacting on the ability of disabled people to move when they identified this as their preferred course of action. For those looking to move (currently or in the next 5 years – 18%), most:

- Want to move within the local area (within 10 miles) - 40%.
- Require 2 or more bedrooms - 56%, with 47% needing those bedrooms on the ground floor.
- Prefer a bungalow - 75% would like this but only 52% believe they could afford it.
- Would like to own their property outright - 42%, reflecting concerns about mortgage affordability.
- Would place renting from the council as second only to owning outright - 39%, this is often seen as the only option for younger people.

73. Evidence from the stakeholder focus groups highlights that:

- There is a gap in knowledge of needs, particularly for families with disabled children (much more awareness of the needs of older people was reported).
- There is a lack of knowledge of suitable adapted housing in the private sector and no clear mechanisms to address this.

<sup>13</sup> Laura Hemmingway (2011), p88.

### 2.3.2 Stakeholders

#### *Sub regional*

74. From the stakeholder survey local authorities' and partners' understanding of need and demand was robust. However, only 4% felt they know what new housing was needed where, compared to 24% who did not know this at all. 30% did not believe that planning policy worked to deliver the required new housing, and 47% lacked understanding of the cost implications of design to make suitable s106 or planning agreements. 58% did not have agreement on the use of public land to support delivery.

#### *National*

75. From the perspective of the Department for Communities and Local Government (DCLG) levels of need should be identified at the local level and be strongly evidence based. Although having stopped data collection at a national level, DCLG are working with local authorities to develop appropriate frameworks to gather evidence in a different way.

76. Both the Department of Health (DoH) and DCLG consider that social care and health 'should' work more closely with housing to make prevention work but there is little or no guidance or pressure to make that happen. There are no national-level links between DoH (social care and health spending-avoidance) and DCLG (putting the right homes in place or making best use of housing to provide for older people and people with physical disabilities). CIH<sup>14</sup> has demonstrated where some good practice is emerging at the local level but there are concerns that the constraints on public spending will further reinforce or lead to a return to silo working.

77. For DoH the focus is on persuading health and social care to look at shifting their own activities from crisis to prevention and reablement. DoH's involvement in housing-related solutions have been focused on older people, supported housing (particularly extra care housing) and tele-care. Other solutions such as adaptations, purpose built wheelchair standard housing, housing wardens and community alarms are seen as a partnership responsibility in which housing should be involved and delivering.

## 2.4 Future Factors

78. Factors identified by stakeholders as likely to affect future demand included;

- Increased demand from people living longer with increased disability due to medical advances – for children this would include further adaptations as they grow up.
- Changes in health and lifestyle impacting on requirements e.g. rising obesity levels.
- Lack of supply – both in delivery of new homes due to development viability, and inadequate design or construction methods for supporting adaptations.

<sup>14</sup> CIH/Housing LIN (2011) Localism: delivering integration across housing health and care.

- Security of tenure impacting on willingness to make adaptations – in relation to the private rented sector, but also in the use of new flexibilities in tenancy terms offered to housing associations and local authorities (although not all are using these).
- Welfare reform – restrictions on property size and under-occupation; greater local discretion in allocations.
- The future of revenue funding for appropriate support (housing related support funding and housing benefit).

79. Nationally, common factors shaping future demand include ageing demographic of local areas and increasing age related sensory and physical loss.

80. The Audit Commission<sup>15</sup> has demonstrated that many local authorities and other bodies have been slow to realise and plan for the implications of an ageing society.

81. Joint Strategic Needs Assessments should highlight these trends, other health issues such as health inequalities, and particular health problems related to the history of the local area (its industrial past, lifestyle related problems etc) that will have impacts for housing and accessibility.

82. In responding to these factors, national government sees localism as the way in which local people set priorities and shape services to meet current and future need.

## 2.5 Implications

83. Demand is likely to be affected both by the changing demographics and by the policy context in which housing and services are provided – increasingly focused on local needs and personalised services to support choice.

### 2.5.1 Population impacts

84. The impact of an ageing population will mean an increased proportion of people experiencing mobility and sensory impairments that will in turn increase the need for adaptations and accessible housing to maintain independence, health, wellbeing and active lives.

85. The Office of National Statistics has projected that the population in the UK is expected to reach 65.6 million by 2018. Within that:

- Numbers of children under 16 will increase to 12.2 million.
- People over 60 will reach 21.6 million.
- 1.8 million, of which will be 85 and older<sup>16</sup>.

<sup>15</sup> Audit Commission (2010) Under Pressure: tackling the financial challenge for councils of an ageing population.

<sup>16</sup> ONS Statistical Bulletin National Population Projections 2008 based (October 2009).

86. The ageing population has particular impacts for rural areas, as the population will age at a higher rate; by 2029:
- The most rural local authorities will have 36% of their population aged over 60, compared to 23% for urban areas.
  - In terms of population over 75, rural areas will see an increase of 90% compared to 47% in urban areas.<sup>17</sup>
87. The number of disabled older people is estimated to rise from 2.3 million in 2002 to 4.6 million by 2041<sup>18</sup>, and older people in general prefer to adapt their homes rather than move. 70% of current demand for adaptations is from older people, although the average packages are generally of lower cost than for children.
88. Increasingly the population will be living in single person households; by 2033 19% will live alone. 33% of households in 2033 will be headed by a person over 65.<sup>19</sup> Interventions that enable continued independence at home, that reduce the need for care and reduce the risk of ill health, accidents or falls will be increasingly important to personal and public finances.
89. There is more detail on the impact of demographic change in the study area in section 5 and in the local reports.

## 2.5.2 Policy Drivers

### *Personalisation*

90. This is a cross government drive to deliver more effective services through increasing the choice and control of individuals, backed by devolving funding to them.
91. Think Local Act Personal is the social care sector wide commitment to delivering personalisation and community based support. It requires councils in their local leadership role, to work with partners to *'facilitate a broad range of choice in the local care and support market, including housing options...'*<sup>20</sup>
92. Within housing, the government has set out its key aims to:
- Improve social housing and promote home ownership.
  - Protect the vulnerable and disadvantaged by tackling homelessness and support people to stay in their homes.
  - Make sure that homes are of high quality and sustainable.<sup>21</sup>

<sup>17</sup> DCLG (2008), Lifetime Homes, Lifetime Neighbourhoods: a national strategy for housing an ageing population, p26.

<sup>18</sup> Habinteg (2008) Housing associations and home adaptations: Making it work smoothly, p4.

<sup>19</sup> DCLG/ ONS, (2010) Household projections 2008-2033.

<sup>20</sup> Think Local Act Personal, (2010), p2.

<sup>21</sup> <http://www.communities.gov.uk/housing/about/>

## *Localism*

93. The Government's aim is to devolve funding and decision making to the lowest level, frequently local authorities but potentially parishes and local neighbourhoods, for example in planning. Potentially, this could enable greater responsiveness to the needs of disabled people at a local level, where their needs might be more clearly seen in the evidence base etc. However, it could also result in many different systems for disabled people to navigate in different local areas.
94. The Localism Act 2011 also introduced some significant changes to social housing allocation, tenancies and rent levels. Whilst government suggests that long term tenancies will remain appropriate for older and disabled people, local areas and housing associations may apply the new flexibilities in different ways, which may increase the difficulty for disabled people to access affordable housing.
95. Local authorities and registered providers will need to consider the Equalities Act 2010 and its extended duties against discrimination in tenancy strategies and policies.<sup>22</sup> They will also need to consider the additional demand for accessible and robust local information and advice services to support disabled people.

## **2.6 Key Points**

96. 16% of disabled residents surveyed felt their current housing situation was not suitable, with a higher proportion (22%) of wheelchair users.
97. There is a lack of dialogue between stakeholders and local people and some knowledge gaps, in particular for families with disabled children, giving potential limits on the understanding of needs due to lack of reporting and dialogue.
98. National evidence highlights issues around definitions (medical vs social model), limited choice of tenure, poor standards and conditions, access and barriers to effective solutions, such as access to information and advice.
99. There are particular equalities issues for BAME groups, families with disabilities, children and people with sensory disabilities and local authorities will need to implement provision in the Equalities Act 2010.
100. Affordability, location and access to information and advice were key factors impacting on the ability of disabled people to move.
101. Nationally, there is a desire for cross-departmental preventative work as well as policies which support devolved localised budgeting and choice.

<sup>22</sup> For a more detailed review of the implications of the Localism Act in relation to housing see CIH's [briefing paper](#). For information on the use of new flexibilities in tenure reform see [http://www.cih.org/publication-free/display/vpathDCR/templatedata/cih/publication-free/data/Practical\\_implications\\_of\\_tenure\\_reform](http://www.cih.org/publication-free/display/vpathDCR/templatedata/cih/publication-free/data/Practical_implications_of_tenure_reform)

102. Future factors include increased demand from people living longer, health and lifestyle changes, lack of supply, security of tenure, welfare reform and spending cuts.
103. Demand will be affected by changing demographics and policy context increasingly focused on local needs and personalised services.
104. There will be increased need for adaptations amongst an ageing population, in particular in rural areas.
105. The population will increasingly live in single person households, increasing demand for interventions that support continued independence.

## 3.0 Meeting the Housing Needs of People with Physical Disabilities

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### 3.1 What should provision look like?

106. Housing providers and local authorities have key roles in supporting disabled people to live safely in their homes, and to address any instances of disability related harassment. Hidden in Plain Sight: Inquiry into disability-related harassment<sup>23</sup>, a report from the Equalities and Human Rights Commission (EHRC) highlighted that many management approaches did not differentiate between this harassment and general anti-social behaviour, which has resulted in some horrific outcomes from failure to protect people.

107. The report made some important recommendations for housing management practices, but in relation to the provision of new or adapted homes, key points were around:

- The design of the home or adaptation – to seek to minimize the appearance being different from surrounding properties, and highlighting that someone with physical or sensory disabilities lives there. It should promote an integrated approach to living in the community, not be a ‘bolt-on’. Adapted parking spaces and vehicles outside the home, ramps and storage for mobility scooters can all draw attention to the home.
- The design of the environment around the home – apart from this also being a disabling factor for people, conflict over or poor design of shared spaces can lead to conflict and resentment.
- Involving disabled people in housing design and planning at the earliest possible stage, to ‘design out crime’.

#### 3.1.1 What is required by legislation (duties) and regulation?

108. There are clear expectations on local authorities to ensure that disabled people within their locality are supported to realise adequate housing, and powers to explore how they address the needs of disabled people in their communities.

109. Under the Equality Act 2010, the public sector equality duty (from 6 April 2011) retains the focus of the preceding disability equality duty to ensure that people do not suffer discrimination because of disability in relation to:

- Employment.
- Education.
- Access to goods, service and facilities.
- Buying and renting land and property.

<sup>23</sup> See <http://www.equalityhumanrights.com/legal-and-policy/inquiries-and-assessments/inquiry-into-disability-related-harassment/hidden-in-plain-sight-the-inquiry-final-report/> for the report and briefings for different sectors, including housing.

- The functions of public bodies.

110. Local authorities as public bodies should secure this through the three arms of the duty:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

111. The Act also extended protection for disabled people:

- A new definition of discrimination arising from disability was introduced; this occurs where a service provider treats a disabled person unfavourably; where that treatment is because of their disability; and the service provider cannot show the treatment is a proportionate means of achieving a legitimate aim.
- The duty on landlords to make reasonable adjustments to disabled tenants homes is extended to communal areas, when requested by the disabled person or someone acting on their behalf.

112. In addition to the duties on local authorities, the well being power (under Section 2 of the Local Government Act 2000) provides them with the opportunity to advance the social, economic and environmental well being of the local area and people living there through such means and partnerships as they consider will achieve the objectives.<sup>24</sup>

## **New homes**

113. The government's National Planning Policy Framework (NPPF) has significantly reduced the volume of guidance for local planning authorities. Paragraphs 50 and 159 refer to the need to plan for and meet the housing needs of the local population including older people and people with disabilities.

114. The Homes and Communities Agency (HCA) has set out its commitment of investment in programmes with clear expectations of delivery of sustainability linked to accessibility for disabled and vulnerable people.<sup>25</sup>

115. The previous national strategy, Independent Living: A cross government strategy about independent living for disabled people, (2008) included commitments to:

- Update Lifetime Homes Standard (LHS).
- Make LHS an essential element in the Code for Sustainable Homes.
- Make adherence to the Code mandatory for all publicly funded housing by 2011.

<sup>24</sup> <http://www.legislation.gov.uk/ukpga/2000/22/section/2>

<sup>25</sup> [http://www.homesandcommunities.co.uk/public/documents/K\\_Equality\\_Diversity.pdf](http://www.homesandcommunities.co.uk/public/documents/K_Equality_Diversity.pdf)

- Set a clear target for all new housing to LHS by 2013.

116. This strategy is under review; the discussion document, Fulfilling Potential, invites comments about what will help disabled people to access suitable housing. Meanwhile, the HCA's investment programme only requires buildings to reach level 3 (LHS is an optional element and not automatically delivered until level 6 is reached), and the application of the Code to other house building is voluntary.

117. Local authorities may want to consider the possibility (based on evidence of need and viability modelling) of requiring higher standards, or a proportion of homes built to LHS in their local plans<sup>26</sup>.

### **Existing homes**

118. The Chronically Sick and Disabled Persons Act 1970 places a duty on local social services to:

- Identify the numbers of disabled persons in their area.
- Publish the help available to them.
- Arrange practical assistance in the home, and any adaptations or provision of additional features to secure greater safety, comfort and convenience.

119. The Children's Act 1989 requires local social services to provide a range of family support services to families with children in need, including disabled children.

120. The Housing Grants, Construction and Regeneration Act 1996 required local housing authorities to provide Disabled Facilities Grant aid (DFGs) to disabled people for a range of adaptations to their home – a primary, absolute duty irrespective of whatever other assistance is given by social services or other bodies (housing associations etc.).

121. The Regulatory Reform Order (2002) gave local authorities discretionary powers to provide assistance in any form for adaptations, enabling a more proactive approach to be taken to provide solutions (supporting people to move instead of adapt etc.)

122. Increased emphasis on rapid repairs and adaptations service was given in the Office for Disability Issues' (ODI) strategy for Independent Living, which has led to enhanced handypersons services in many local areas; the strategy also aimed to encourage the adoption of Accessible Housing Registers, which has been less extensively followed.

### **Meeting individual needs – advice and information**

123. Where local authorities have a duty to provide services, there is usually a corresponding requirement to publish information about these that is available to people who may require the services, as above in the CSDP and Children's Acts.

<sup>26</sup> The recently issued consultation draft on the Mayor's London Housing Strategy requires all new housing to LHS and 10% to wheelchair standard.

124. Local authorities have a responsibility to secure information to people who are at risk of homelessness, free of charge, which may act as part of a Housing Options service (Housing Act 1996, section 179). The Code of Guidance, in parts 6 and 7 of the Act, requires local authorities to publish information about their allocations process including priority categories and households with additional preference for settled accommodation on health and welfare ground, including those vulnerable due to old age or a physical disability.

125. FirstStop, a web and telephone based national advice service that also links to local provision, was established from the Independent living Strategy and has received ongoing funding from the coalition government.<sup>27</sup>

### 3.1.2 What does best practice and guidance suggest should exist?

126. A key element to shape new and existing housing is an approach based on the social model of disability – looking at adjusting the environment to empower disabled people, with implications for;

127. Inclusive design for housing and neighbourhoods, and for all refurbishment of existing homes.

128. Clear and shared systems that are easy to navigate to deliver adaptations effectively and quickly.

## New Homes

129. DCLG's earlier guidance, Planning and access for disabled people,<sup>28</sup> describes how all involved in the planning process can work to ensure that physical environments can be accessed and used by all. Its recommendations are broader in application than to housing alone and include:

- Where the development plan and supplementary planning guidance include inclusive access policies, any planning proposal that does not incorporate this should be considered for refusal on the grounds that it does not comply with the development plan.
- Inclusive access policies should be included at all levels of the development plan, supported by a specific strategic policy.
- Supplementary planning guidance should be developed and implemented as the definitive inclusive design guidance of the local authority and as a way to ensure that inclusive design is a material planning consideration.
- Authorities should consider the use of planning conditions or section 106 agreements to enhance provision for inclusive access.

130. Part M of the Building Regulations involves some level of accessibility for new homes, but anecdotally these are not always applied, and they are limited in focus, improving 'visitability' of homes, rather than 'liveability'.<sup>29</sup> In addition, the Lifetime Homes Standard

<sup>27</sup> See Cambridge Centre for Housing and Planning Research (2010) FirstStop Evaluation Phase 1 report.

<sup>28</sup> DCLG (2003) Planning and access for disabled people: a good practice guide.

<sup>29</sup> Laura Hemmingway, (2011), p71

(LHS) covers 16 key elements for new housing, to enable more accessible and flexible approaches for living, including future adaptations. Its standards were revised in July 2010.<sup>30</sup>

131. The Code for Sustainable Homes includes the LHS as an element to use although its delivery is not automatically secured until dwellings are delivered at Level 6 (before that point the required scores can be delivered without the inclusion of LHS). Other potential approaches include the concept of universal or inclusive design, aiming to create environments that are accessible from the outset; something which would be valuable in relation to larger developments that might arise from the government's presumption in favour of sustainable development in its National Planning Policy Framework.

132. The National Housing Federation's good practice guidance for its members<sup>31</sup> promotes the adoption of the social model of disability as an underpinning principle for action, and identifies a key activity as developing better housing by design, reflecting the aspirations as well as needs of disabled people in the design of new neighbourhoods and housing. This includes connecting to the wider context through transport, proximity to facilities, developing to LHS and taking into account improving accessibility when undertaking refurbishment.

## **Existing Homes**

133. Better coordination between local authorities and registered provider partners are important for delivery of adaptations, so that:

- Tenants and all parties are clear where responsibility lies, such as registered provider landlords' own provision of minor adaptations.
- There are no undue delays to adaptations, for example through waiting for landlord permission.
- There is a clear route through the local framework with appropriate solutions (for example options to move or adapt).

134. Minor adaptations are completed without delay (Housing Corporation and College of Occupational Therapists, 2006):

- Gave guidance that would equip registered providers of housing to assess and implement those adaptations that could be effectively delivered without an assessment by an occupational therapist (often a cause of delay in the system of delivering adaptations).
- Encouraged development of local agreements between partners such as the Salford Integrated Equipment Service – where health and care funding is pooled and working arrangements agreed with registered providers, which include blanket agreements so that landlords' permission is not required every time for minor adaptations.<sup>32</sup>

<sup>30</sup> <http://www.lifetimehomes.org.uk/pages/revised-design-criteria.html>

<sup>31</sup> NHF (2005), Level threshold: towards equality in housing services for disabled people. A good practice guide.

<sup>32</sup> HC/COT (2006) Minor adaptations without delay, p18.

135. Delivering housing adaptations for disabled people: a good practice guide (2006)<sup>33</sup> provided comprehensive advice on:

- Setting up an adaptation service.
- Taking a strategic approach that incorporates partners.
- Establishing Accessible Housing Registers (termed in the guide Disabled Housing Registers), supporting a more comprehensive approach to accessing suitable accommodation.

136. Partners should include:

- Local housing authorities, social services, PCTs, registered providers and home improvement agencies.
- Wider partners - planners, OTs, environmental health officers, architects, equipment suppliers, educational officers, local authority finance officers, disabled people, parents and carers and representative groups.

137. The wider partnering arrangement is intended to enable a more strategic understanding of stock conditions, accessibility and capacity to understand and respond to needs. Complexities that impact on service users include for example; clarity on the roles and responsibilities of partner agencies, the contribution of registered providers, the priorities for investment locally etc.

138. Housing Associations and Home Adaptations: Making it Work Smoothly<sup>34</sup> includes guidance on developing agreements and provides models to use locally, based on three in depth case studies (Leeds, East London sub region and Stockport). It identifies key barriers to address to achieve effective agreements:

- Uncertainty about legal and regulatory roles and responsibilities.
- Structural factors and the diversity of housing organisations that makes communication and partnership difficult.
- Communication and finding the right person within organisations with whom to initiate contact and build partnership.

139. Additional efforts at a local level are likely to be required to address the potential for all of these barriers to be increased further by the localism agenda. This could result in multiple agreements being more likely and making it more difficult for larger housing associations that work across many local authorities. A shared agreement across a region or sub region would be helpful for partners and residents<sup>35</sup>.

<sup>33</sup> DCLG/DES/DoH (2006) Delivering Housing adaptations for disabled people: a good practice guide.

<sup>34</sup> Heywood and Mackintosh (2008) Housing associations and home adaptations: making it work smoothly, Habinteg/Hanover/Service.

<sup>35</sup> Authorities and housing providers from across Devon are developing an approach, with residents, called Homes without Barriers, linked with the CBL, see: <http://www.devonhomechoice.com/Data/ASPPages/1/273.aspx>

## **Making best use of existing stock**

140. Choice based lettings system provide an opportunity to deliver more effective solutions for disabled people, that potentially can also enable a more effective use of existing stock, where linked to accessible housing registers (AHRs). These involve a database of adapted properties, a register of people requiring specially adapted/ developed housing and the capacity to match people to suitable homes.

141. Research for Disability Wales<sup>36</sup> concluded that AHRs can:

- Achieve equality in access to housing for disabled people.
- Enable organisations to meet their duties under the Equalities Act 2010 (see above).
- Promote independent living and the social model of disability.

142. Effective strategic use of AHRs can have wider beneficial impacts for disabled people and local authorities, including:

- Influencing processes to identify and make available adapted properties.
- Influencing the make up of new housing development (by increasing the awareness of disabled peoples aspirations and needs).
- Working with partners to increase the options available (including through private and social landlords)
- Raising awareness of the needs of disabled people within housing and other professions.

### **3.1.3 What does research suggest are the most cost effective approaches?**

143. A summary of the interventions, costs and benefits can be found at Appendix A

144. Research into the cost effective approaches is largely limited to assessing the cost benefits for public sector investment of specific interventions (for example an adaptation). Within this, research is most developed in relation to adapting existing homes.

## **New homes**

145. JRF estimates that the costs of including LHS into new build ranges between £545 and £1615 for an average 3 bedroom 5 person house. In a previous study, many indicated that they would be prepared to pay increased rent or purchase price.<sup>37</sup> It also claimed making LHS as standard over 30 years would provide savings of £250 per dwelling and much larger unquantifiable costs.

146. The inclusion of features that support increased accessibility at the earliest possible stage of house building would intuitively seem to provide added value and savings.

<sup>36</sup> Tamsin Stirling (2009) Looking for accessible homes: accessible housing registers in Wales, DisabilityWales.

<sup>37</sup> JRF (1997) Building Lifetime Homes. Little further work has been done on benefits, although costs have been updated and can be found at <http://www.lifetimehomes.org.uk/pages/costs.html>

However, in the focus group with developers in the study area, the issue of additional client specific adaptations (and costs) being required in addition to standard measures was raised although explicit costs were not discussed.

## **Specialist homes**

147. Appropriate specialist homes are part of a continuum of provision that allows choice for disabled people. It supports local authorities and partners seeking to use housing options as a way to support people more cost effectively and make best use of existing housing stock to meet wider housing needs. Research into the capital investment in specialist housing for the HCA in 2010 demonstrated a significant value for older people and those with physical and sensory disabilities<sup>38</sup>.

- For 12,363 older people supported in specialist housing, the total net benefits are estimated at £219 million or £444 net benefit per person per year.
- For people with physical and sensory disabilities the net benefit per person per year is gauged at £1,386 or £38 million in total.

148. The model, developed for HCA by Frontier Economics, is suitable for use at a local and regional level. It arrives at a net capital cost for specialist housing by deducting the cost of providing housing from the gross capital cost of specialist housing, and compares this with the net benefit per person per year from living in specialist housing over 40 years (lifetime of housing).

149. The model looked at three key elements in deciding its approach;

- Where vulnerable and older people would live if not in specialist housing (the choices shaped by the records of previous occupation from CORE – which was the chosen source used to shape the model - and counterfactuals based on general literature, and general needs housing).
- The cost of building specialist housing compared to other housing.
- How the use of other public services (and associated costs) differs for individuals in specialist housing compared to those in other types of housing.

## **Existing homes**

150. Lifetime Homes Lifetime Neighbourhoods: a national strategy for housing for an ageing population articulated the challenge of an increasingly ageing population and subsequent increased incidence of physical and sensory issues and long term limiting illness. It links effective housing interventions with reductions in costs for both the NHS and social care

<sup>38</sup> Frontier Economics Ltd (2010), Financial Benefits of investment in specialist housing for vulnerable and older people: a report for the HCA. See [http://www.homesandcommunities.co.uk/sites/default/files/frontier-final-report-on-specialist\\_housing.pdf](http://www.homesandcommunities.co.uk/sites/default/files/frontier-final-report-on-specialist_housing.pdf)

services. For example, there are approximately 1.2 million falls each year resulting in hospital admission, and older people falling costs the NHS £726 million a year.<sup>39</sup> It can also precipitate admissions to residential care and the average annual cost for this service for an individual is £40,000.

151. There is a growing body of research indicating that interventions in housing – adaptations and handypersons services, can provide cost effective solutions. For example, ODI and Bristol University commissioned a review of the cost benefits of adaptations and equipment in 2007<sup>40</sup>. This research provides clear evidence on savings for health and social care budgets in four areas:

***Saving or reducing completely a major outlay***

152. An average adaptations package costing £6,000 could remove or reduce residential care costing £26,000pa (at 2007 costs; more recently estimated £40,000). Savings for keeping younger people out of residential care would be significantly higher. Reducing the levels of home care also provides savings – one hour per day delivers an annual saving of £5,000. Investment by one authority of £37,000 on equipment achieved savings of £4,900 per week on residential care for 10 people. The outlay was recouped in 8 weeks.<sup>41</sup>

***Prevention of an outlay that would otherwise occur***

153. Harder to quantify, in the nature of preventative services, but an example would be the significant costs of falls to NHS and social care compared to investment in DFGs to provide adaptations to prevent falls.

***Savings through prevention of waste***

154. Rapid repairs and adaptations can ensure the delivery of interventions before additional problems occur, possibly requiring additional costs, and preventing injury and death.

***Achieving better outcomes from the same investment***

155. Improving quality of life, enabling fuller social and economic intervention by the disabled person, through engagement with education, training and employment, and greater social connectivity (including capacity to be independent or receive informal support).
156. The Audit Commission's report, Choosing Well: analysing the costs and benefits of choice in public services<sup>42</sup>, demonstrated the value of increasing choice in services such as choice based lettings, when introduced properly and under the right conditions, delivering more efficient services of higher quality. Additionally, the good practice guide, Level Threshold: towards equality in housing services for disabled people, identified the benefits and savings from AHRs, including more effective use of stock and better outcomes for disabled people.

<sup>39</sup> DCLG, Lifetime Homes, Lifetime Neighbourhoods, p36-37.

<sup>40</sup> Haywood and Turner (2007) Better outcomes, lower costs. Implications for health and social care budgets of investments in housing adaptations, improvement and equipment: a review of the evidence, ODI/Bristol University

<sup>41</sup> Latter example quoted in Lifetime Homes, Lifetime Neighbourhoods, p77.

<sup>42</sup> Audit Commission, Choosing Well: analysing the costs and benefits of choice in public services, p2.

157. The first AHR introduced in Reading by the Borough Council, PCT and local social and private landlords delivered savings of £145,000 through recycling adaptations. Bradford has a disabled persons' housing register which runs in tandem with the Homehunter CBL scheme. It began in 2002 and by 2005 (date of the report) it had saved an estimated £850,000 in re-letting adapted homes, and reducing officer and technical workloads.<sup>43</sup>

158. The benefits and savings from government investment in information and advice, specifically FirstStop, have recently been evaluated<sup>44</sup>. It demonstrated success at national and local level, meeting funder targets set, but also acknowledging that many factors are also involved as well as information and advice in delivering outcomes for people, such as moves to downsize etc. The benefits of information and advice, for example in the evaluation of the Partnerships for Older People Projects, largely quantifies the benefits arising by measuring the additional benefit entitlement claimed as a result.<sup>45</sup>

### **Housing as prevention – delivering for health and social care**

159. Evaluation of the POPPs programme (in 2009) demonstrated that community based solutions, including housing, are effective in reducing costs for social care and health. In particular projects classified as practical help, including interventions such as housing repairs, help with gardening and shopping etc, demonstrated 12% improvements in health related quality of life and were assessed as having 98% probability of being cost effective compared to the delivery of 'usual care'. Investment of £1 in POPPs led to an estimated saving of £1.20 on emergency hospital beds.<sup>46</sup> Key to maximising the benefits from replicating such projects includes the scale and ability to release funding from health to direct into such preventative services for older people.

160. Handyperson services, demonstrated in the DCLG sponsored evaluation, assist large numbers of older, disabled and vulnerable people to live independently in their own homes for longer in greater levels of comfort and security. They offer:

- An important safety net for older people.
- Enhanced effectiveness of health and social care provision through the delivery of often very simple and very low cost interventions.
- Services that are consistently highly rated by people who use them, and they are valued for their trustworthiness, reliability, quality, and crucially for the skills and respectful attitudes of the staff.

161. The evaluation demonstrated that handyperson services provide value for money, and significant "value-added" aspects of services of importance to the service users. Preventative services, including accessible and suitable housing plays a significant role in enabling savings in social care services. For social care deferring or delaying the need for

<sup>43</sup> NHF/ Housing Corporation (2005) Level threshold: towards equality in housing services for disabled people. A good practice guide, pp5-6.

<sup>44</sup> See [the summary and supporting evidence](#).

<sup>45</sup> See PSSRU (2009) National evaluation of partnerships for older people projects. For example, px.

<sup>46</sup> PSSRU (2009), pxii.

longer term or residential services can be the most effective way to reduce costs. 'Decommissioning residential care may yield the most re-deployable resources'.

162. The Southwark discharge pathway<sup>47</sup> involves social workers placed in older peoples wards in two hospitals to identify people early on for intermediate care and proactive planning. The social workers are supported by a multi disciplinary team which includes occupational therapists and physiotherapists providing home based rehabilitation. This approach has resulted in:

- Reduced stay in the wards.
- 12% reduction in admittance to residential and nursing care.
- Reductions in the care packages required on average from 16 to 12 hours.

163. Reablement services, including rehabilitation services that can be based in extra care or sheltered schemes, can prevent unnecessary admission to nursing care, which is increasingly being shown to be unnecessary / accessed prematurely (25% admitted to nursing care did not require the level of support within six months of admission<sup>48</sup>).

164. Literature on the value of specialist housing solutions for older people (including people with disabilities) has focused on extra care and its cost effectiveness for health and social care in relation to savings made on residential care. A recent study by Dylan Kneale of the International Longevity Centre (ILC) explored the efficiencies and outcomes for older people in comparison to older people in the community. 4,000 people in extra care were involved in the study.

- Many of those in the extra care schemes were in their 70s and 80s.
- Many were likely to have significant health problems and impairments (including dementia, stroke, Parkinson's disease – indicative of the triggers that can cause people to seek alternative housing solutions to maintain safety and independence).

165. Findings indicate that:

- Those in extra care housing are half as likely to enter institutional accommodation.
- A quarter are likely to experience improved health that results in reduced care.
- They have a reduced likelihood of hospital admission and a lower risk of falls.<sup>49</sup>

<sup>47</sup> Dept of Health (2009) Use of resources in adult social care: a guide for local authorities, p27

<sup>48</sup> As above p25, referencing Bebbinton A et al, (2000) Longitudinal study of elderly people admitted to residential and nursing homes; 42 months on, PSSRU, and Millard et al, (2001) 'The inappropriate placement of elderly people in nursing homes: a national audit' in Quality in Ageing, 2 (1) pp 16-25.

<sup>49</sup> Dylan Kneale (2011), Establishing the extra in extra care: perspectives from three extra care housing providers, ILC.

## 3.2 What is the current housing provision for people with physical disabilities?

### 3.2.1 Framework

166. The current framework for provision as seen by DCLG is shaped by national funding streams that need now to reflect local priorities:

- Ongoing investment in affordable housing (HCA).
- Funding for housing related support.
- Disabled Facilities Grant (DFG).
- FirstStop in relation to access to information and advice.

167. Ongoing investment is an indication from government that it sees these avenues for provision as effective, although DCLG acknowledges that there may be some variation at the local level in some areas. Success in the future will be reflected by the level of choice that disabled people have about how they live independently.

168. The Government published its national housing strategy, Laying the Foundation, which pulled together a series of government initiatives for increasing supply and providing housing to address the needs of all within the community including older and disabled people. The subsequent New Deal for older people involved a further investment of £20 million for DFGs<sup>50</sup>.

169. A new Lifetime Neighbourhood strategy has also been published which emphasises the empowerment and involvement of communities as an integral part of achieving a lifetime neighbourhood, as well as suitable housing and accessibility for services and social networks.<sup>51</sup>

170. DoH anticipates that new Health and Wellbeing Boards will improve joint working and partnership arrangements and will also improve mutual understanding of tensions, challenges, obstacles and restrictions. There is an expectation that the public health role (and its shift into local authorities) will improve the understanding of how housing and housing-related services can improve health and avoid crises, and be the basis for prevention and re-ablement; improving cost-avoidance and better use of (social care and health) resources.

171. However, no explicit requirement to include housing on the Boards has weakened the message and problems will still remain for two tier local arrangements (ie, public health will be in top tier authorities so still separate from housing functions).

### New Homes

<sup>50</sup> See [DCLG news](#).

<sup>51</sup> DCLG (2011) [Lifetime Neighbourhoods](#).

172. National stakeholders (such as the College of Occupational Therapists, and members of the Home Adaptations Consortium) are more focused on the needs of people with disabilities. Amongst these professionals there is some frustration that the value of the right housing environment is not recognised sufficiently outside specific disciplines.

173. Few examples exist currently or previously but these include:

- Use of Occupational Therapists (OTs) to guide good design, usually in specific development.
- More general involvement usually driven by good working relationships between officers (i.e. not systematic or strategically driven).
- Placing OTs in housing teams (likely to focus on individual assessments and increasingly being withdrawn as part of savings).

174. OTs believe that their expertise could be usefully applied in the planning process to write design guides, and that simple adjustments into designs from the start (like level access routes from parking areas, straight staircases, larger space standards) will in themselves significantly reduce adaptation costs. These arguments were similarly echoed by local OTs and frontline staff locally in the focus groups. However, coordination of this is more complex where OTs are situated in social care at upper tier level and separate from the strategic housing function at borough/ district, and from housing developer partners.

175. Housing developers role in providing new homes for people with physical disabilities is currently limited. It is rare for developers to build bungalows for market sale these days, due to prohibitive land costs. The implementation of policies as above may have some impact on this, but the saleability and financial viability for the developer needs to be taken into account.

176. Developers do provide affordable housing under section 106 planning agreements on sites capable of accommodating 15 or more units. The local authority can request that a percentage of these affordable units meet the needs of older and/or disabled households, where there is evidence of a need for this. The financial viability of sites, and the ability of housing associations to be able to afford to buy bungalows, or Lifetime Homes properties without grant, has to be taken into account.

## **Existing homes**

177. OTs are more closely involved in adaptations to existing homes, with this sometimes also being connected to assessing housing requirements of disabled individuals against available voids; this latter is more likely where they are connected to housing teams, rather than siting separately in social care.

178. OTs are increasingly reporting that they are limited to home assessments and even then reduced capacity means that waiting times are increasing. Empty homes with adaptations are not being allocated to people who need them, even where housing departments are trying to do so, because their reduced availability means they can't respond quickly enough.

There is significant pressure caused by balancing appropriate allocations with the drive to reduce void times and loss of income.

### **Meeting individual needs**

179. There are empirical reports from across the country that people's disabilities and general health are deteriorating while they wait for an assessment for adaptations and when this is added to increasing waiting times for delivery of the adaptation, there is an estimated 30% fall-out (through death or move to residential care) before adaptations are actually delivered. OTs are increasingly having to re-assess people because their needs have changed, and where reassessments are not completed there are more occasions where adaptations are completed but care inputs cannot be reduced because these no longer meet the customer's needs.

180. OTs also report rarely being involved in re-ablement even though this is an area of expertise through training. Opinions were expressed that re-ablement would reduce the requirement for adaptations but there is insufficient time available to do this, and so costs still fall on the adaptations process.

#### **3.2.2 Is what is being delivered at the moment effectively meeting needs?**

##### **What do customers say?**

181. Many customers reported favourable experience of aids and adaptations although there is confusion over what help is available for owner occupiers. Most customers argued that all new housing should be delivered that is more easily adaptable, given the numbers that are living longer and the increased possibility of living with some impairment. Whilst acknowledging that disabled people have different requirements, some key design issues were agreed:

- Level (step free) access to the property.
- Flatter situations for development and level garden spaces.
- Sufficient space in which to manoeuvre wheelchairs and scooters.
- Adequate storage.
- Good sized rooms.
- Driveways or close parking spaces.
- Additional bedroom for carers.
- More easily adapted bathrooms (easier removal of bath for wet room).
- Mixed communities.

##### **Stakeholders views?**

##### **National**

182. Ongoing investment in DFGs by central government implies their acceptance of the value and effectiveness of adaptations to deliver on their commitment to support older people to remain living independently in their own homes. However, the investment has

come largely from DCLG rather than from DoH, indicating the need to continue to develop the evidence and argument of the benefit of suitable housing to support health and wellbeing, and encourage greater involvement and investment from health partners locally.

#### *Self assessment by local partners*

183. Evidence from the responses to the self assessment survey (appendix D) show a mixed picture in meeting needs across the study area, but with some clear shared gaps in provision and understanding.

#### *184. Key challenges are around:*

- Ongoing dialogue with disabled people (61% lacking or limited).
- Knowledge of adaptations in private stock and therefore how this could increase housing options.
- New homes – robust knowledge of what is required where.
- Cost implications of features/ viability to shape planning policies.
- Agreed approaches to use of public land (58% lacked).

#### *185. Strengths were identified around:*

- Responding to individual needs, particularly for major adaptations.
- Simple and quick responses for minor adaptations.
- Access to information and advice.

186. However, the last point was not reflected in the discussions at focus groups or in the survey and focus groups with disabled people.

#### *187. Focus groups*

188. Focus groups held with key staff and partners across the study local authorities revealed some shared issues and concerns about what is being delivered currently and how services could be improved. The focus groups involved local authority commissioners, housing option managers and OTs, plus housing provider partners – focused both on development and management.

#### *189. Common concerns included:*

- Knowledge of needs is personal and fragmented, held by individuals or in separate housing registers etc, with no mechanism to join up the evidence and share understanding, or to shape a strategic approach.
- There is a big gap in knowledge of the needs of families with disabled members; the needs of older people were felt to be more widely known and understood.
- There was in particular a lack of knowledge of households who are financially capable of meeting their own needs and don't approach services for assistance (this lack of knowledge

potentially weakening the approach to deliver adequate choice and numbers across all tenures through planning).

- Lack of knowledge of the potential within the private sector (existing housing) to increase options, and the ability to incorporate it into the wider housing offer for disabled people in the area.
- Lacking knowledge of people's needs in advance of crisis and the ability to forward plan, particularly for disabled children as they grow up and their needs change.
- Patchy awareness and quality of information available to people.

190. Suggested solutions from stakeholder focus groups included:

- Develop mechanisms to incorporate expertise (OTs) into design, planning and decision making processes and strategy development.
- Develop mechanisms to match needs and stock more effectively (accessible housing registers).
- Have clear and shared approaches understood by all partners – Local authorities, housing providers, OTs, voluntary and community groups (e.g the policy to promote alternative housing options rather than adaptations when under-occupying social housing).
- Develop consistent approaches to data and evidence gathering and sharing, to get a clear sense of the bigger picture, and the strategies needed to address needs.
- Provide greater clarity in local plans and strategies to direct action by partners.
- Require better space standards and/or Lifetime Homes standards in new homes (nb there was not a consensus across developer partners and other groups in this, with the former preferring better space standards to be required through Building Regulations part M. This was because further bespoke adaptations are often required when tenants are identified).
- Develop partnership working – although the lack of funding and resources was recognised also as a barrier.

### **3.3 Key Points**

191. There is a public sector equality duty to ensure that people do not suffer discrimination because of disability, together with other statutory duties which are usually accompanied by a requirement to provide advice and information. FirstStop is a national advice service that also links to local provision.

192. The Homes and Communities Agency (HCA) has committed investment linked to improved accessibility for disabled and vulnerable people and the Lifetime Homes Standard (LHS) currently has an optional element within the Code for Sustainable Homes.

193. Better coordination between local authorities, wider partners and registered providers is important for timely delivery of adaptations and there is potential for improvements as part of the Localism agenda.

194. Choice based lettings provide an opportunity to deliver more effective solutions for disabled people linked to Accessible Housing Registers (AHRs).

195. There is evidence to suggest that investment in accessibility in new build and specialist provision offers considerable lifetime benefits. Similarly, interventions in existing stock such as adaptations and handypersons, and preventative, community-based health and social care solutions can offer cost effective solutions and improved quality of life.
196. There is potential to draw on the expertise and experience of Occupational Therapists in design and adaptation and additional issues are caused by delays in making adaptations.
197. Housing developers role in providing new homes for people with physical disabilities is currently limited.
198. Focus groups revealed some common issues including; a fragmented knowledge base, with particular gaps regarding families with disabled members, the private sector and those able to meet their own needs.
199. Suggested solutions included incorporating OTs into design, planning and decision making processes, developing mechanisms to match needs and stock, a shared partnership approach, a consistent approach to data gathering and sharing and requirements for better space standards and/or Lifetime Homes standards in new homes.

## 4.0 Statistical Findings

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200. This section outlines the key statistical findings about housing issues for people with physical mobility disabilities, related demographic and housing needs information. It should be read alongside the findings from the local statistical reports, where additional or complementary data can be found. The charts and tables referred to are in Appendix F and Annex 1 of the local reports.

### 4.1 Demographic information

201. A range of data sources were accessed to understand the current and future profile of demographic indicators relevant to housing support for people with physical disabilities. Strongly associated with this is data on the ageing population, including changes to the numbers of very elderly (85+) residents, who are more likely to have increasing physical and mobility problems related to living independently. The prime source of this data are the POPPI (Projecting Older People Population Information) and PANSI (Projecting Adult Needs and Service Information) databases, which summarise a range of health, medical, disability-related and social care needs studies at a local authority, sub-regional and regional level<sup>52</sup>. A special dataset relating to the fifteen East Midlands authorities in the study was constructed from POPPI and PANSI.

202. This study focuses on the short term (three years) and medium term (five years) picture of demand for and supply of suitable accommodation to meet mobility needs. However, it is important that short and medium term solutions and policies are also framed in the context of longer-term patterns of demographic change, if they are to be strategic in nature. So, where available, we have also used forecasts and projections that related to the next ten to twenty years (to 2030).

#### 4.1.1 Overall population change

203. In the short and medium term, the overall population is forecast to increase by 3.6% between 2010 and 2015, from 1,885,800 to 1,953,600 (see chart 1 and table 1). The current age breakdown is 1,569,200 residents aged under 65 and 316,600 aged 65 or older, including 42,500 aged 85+. There are substantial differences between the rates of change of the different age groups. The working age population is projected to see a small (1.5%) increase of 23,800 residents, while the 65+ resident population is expected to increase by 44,000 (14%). This means that the relative balance between working age and older residents changes from 84.5%: 15.5% to 82.5%: 17.8% over the medium term. Indeed, over half local authorities are forecast to experience real reductions in working age population, with the bulk of the increase focussed on Nottingham (17,000) and Derby (7000).

<sup>52</sup> <http://www.poppi.org.uk/>; <http://www.pansi.org.uk/>

204. In the longer term (chart 2 and table 2), population is projected to reach 2,024,400 by 2020, and 2,163,800 by 2030 – a 278,000 increase. Again, this overall increase contains considerable differences between the rate of change for the under and over 65 year old populations. We are now seeing the culmination of the population bulge in the post-war ‘baby boom’ generations, with proportionately greater numbers hitting the over 65 age group. Of the overall increase, 114,600 will be of under 65s, while 163,400 will be 65 plus. This represents a 7.3% increase on 2010 figures for residents aged 18-64, and a corresponding increase of 51.6% for the 65+ group.

205. Across the study area, there are differences in the urban / rural profile of authorities. This may contextualise variations in demographic data to some extent and any particular issues arising as a result of this are highlighted in individual reports.

206. It is noticeable that even over this longer period some authorities will see real reduction in numbers of the under 65 population, in spite of the overall growth:

Local authority	Reduction in 18-64 population, 2010 - 2030
Bassetlaw	-2,600
Chesterfield	-1000
Derbyshire Dales	-2,700
NE Derbyshire	-1,600

207. In percentage terms, between 2010 and 2030, the adult population aged under 65 is projected to decrease by 6.5%, and the population aged 65 and over to increase by 32.1%. This means that by 2030 the relative balance in the population between those of working age and those of retirement age (assumed at 65) will have shifted from 83.2% : 16.8% to 77.8% : 22.2% (chart 2a and table 3). The overall figures disguise some differences between authorities, with Bassetlaw, High Peaks and Derbyshire Dales seeing the greatest proportionate growth of ageing population, and the urban areas of Nottingham and Derby seeing the lowest (Chart 3)

#### 4.1.2 Population change among the very elderly

208. Tables 4 and 5 focus on how the proportion of population in the very elderly age band (85 or over) is projected to change across the authorities, in the short, medium and long term. In the shorter term all areas will see a steady increase year on year, resulting in a cumulative increase of 9.9% (6,700) by 2015. Underlying this there are some significant increases in specific authorities – Derbyshire Dales (40%) and Bassetlaw, Erewash and North East Derbyshire (21%-22%)

209. When we look at the longer term, we can see that all areas are projected to see a significant increase, with the population in the majority of authorities more than doubling. Again, Erewash, North East Derbyshire, Derbyshire Dales and Bassetlaw are particularly affected. Only Nottingham and Derby are projected to see a comparatively low increase in this group (41% and 84%). This will result in the population of over 85s more than doubling by 2030 (increasing by 106%), with an additional 54,200 residents in the group

210. What is perhaps most significant about this data is that it shows that the annual rate of increase of this group accelerates sharply in the period from 2015 onwards, as can be seen in chart 3. The relatively small levels of increase in the short and medium term are the 'calm before the storm', This will be important for service planning considerations.

#### 4.1.3 Older people and mobility issues

211. Tables 6 and 7 show projections for the number of over 65s who are unable to manage at least one mobility-related activity, in the short, medium and long term. These activities include being able to walk upstairs and downstairs, being able to walk around the house on the level, getting to the toilet and shower, getting out of doors and walking around. Currently there are over 58,000 people with these difficulties. This is forecast to increase by 12.5% to 65,700 by 2015, with the greatest proportionate increase in Bassetlaw, High Peak and South Derbyshire, and the lowest increases in Nottingham and Derby. Figures indicate that by 2030 the figure will be nearly 96,000, representing a 64% increase, the highest proportionate increase being in South Derbyshire (97%), and the lowest in Nottingham (25%) and Derby (48%). It will be apparent that, proportionately at least, authorities with a more rural characteristic are more likely to see the greatest increase in this group than more urban authorities, though in numerical terms Nottingham and Derby continue to have the highest rates.

#### 4.1.4 Wheelchair requirements

212. Habinteg and London South Bank University have derived a methodology for estimating the number of and requirements of wheelchair users at a regional level. By using local population data we have extended this methodology to give estimates at a local authority level and across the overall study area. Across the fifteen authorities in 2013 there are projected to be 25,230 households with wheelchair requirements, of which 10% (2,523) will not have their needs met. By 2033 these figures will have increased to 30,300 and 3,030 respectively. It is worth noting that in 2010 729 social housing lettings into wheelchair accessible accommodation were made.

213. The other figure relating to wheelchair requirements is that in the survey, which identified that 34% of disabled respondents across the fifteen authorities needed to use wheelchairs, either inside or outside the home, or both.

#### 4.1.5 Other mobility-related conditions affecting older people.

214. In addition to (or potentially overlapping) this group it is estimated that in 2015 there will be a 10% increase in the number of residents aged 75 or over with registerable visual conditions (fully or near blind), bringing the total to 10,500 residents. There is some local authority variation in this rate of increase. Over the longer term, over 6600 additional residents will have this degree of visual disability, representing a nearly 70% increase on 2010 figures. South Derbyshire, Bassetlaw and Amber Valley are forecast to have the sharpest increase over the longer term, till 2030 (tables 8 and 9)

215. There are a range of projections for residents with other medical and related conditions that may impact on housing mobility issues, though less directly than the indicators above. Heart conditions may make walking up stairs difficult, and necessitate stair lifts. Likewise, strokes can severely impair movement, and sufferers may require ground floor accommodation or wheelchair appropriate accommodation. Bladder problems may necessitate extra toilet and washing facilities. In summary, projections for some of these problems are in table 10. Detailed local authority figures are available in the local reports.

#### 4.1.6 Working age population

216. Moving on to the working age population (18 to 64) with physical disabilities, over 120,00 residents are projected to have either moderate or severe physical disabilities by 2015, a small (1.1% and 1,266 people) increase on 2010 figures. This includes 27,000 with severe disabilities, but there is no projection that this figure will increase in the short and medium term. In the longer term, by 2030 there will be over 127,000 residents with disabilities, including nearly 30,000 with severe disabilities. This represents, respectively, a 7% and 8% increase on 2010 figures. In both the short and longer terms, there are local variations, with Nottingham, Derby and South Derbyshire projected to have the greatest increases, and Bassetlaw, Derbyshire Dales, and North East Derbyshire showing a reduction in numbers or very small gains (tables 11 and 12)

217. Given the marginal increase over the short term, we concentrate in the rest of this section on the longer term picture for working age disabled people. Looking particularly at residents where physical disabilities limits the capacity to work, table 13 indicates an increase of 6.7% (from approximately 50,000 to 54,000) in this groups over the longer term. While being unable to work because of physical disability does not automatically equate to a requirement for housing-related adaptations or other solutions, there will be extensive overlap between medical conditions such as heart and circulatory problems, strokes and diabetes, and a need for accommodation adaptations or single level accommodation. Chart 4 shows that urban areas (Nottingham and Derby) are most affected, and more rural areas less so (reflecting the changes of overall population projected).

218. We have some data on the nature of physical disability projected for the working age population, though not specific data on mobility-related problems for 18-64s (as we do have for the 65+ group). Specifically we can say that a minor increase in working age people affected by strokes (5%) and a slightly larger proportion with diabetes (7%) is forecast. There are minimal changes to those with serious visual problems. As is the pattern, reflecting the underlying differences in demographic change, Nottingham and Derby are most strongly affected by this. Summary data appears in table 14; full data by area appears in the local authority reports

## 4.2 Disability Living Allowance

219. One of the most useful indicators of the prevalence of mobility-related disabilities in an area is the take up of Disability Living Allowance (DLA). DLA is not means tested, so it captures a full range of households, and take-up can be analysed by severity of mobility

difficulty, as it distinguishes mobility-related conditions from care-related disabilities (e.g. support for those with learning disabilities, help with washing, cooking meals, communicating etc.), and there are separate rates for lower and higher mobility difficulties.

220. A claimant is only entitled to the lower level of the mobility component if they need guidance or supervision most of the time from another person when walking out of doors in unfamiliar places. To get the higher rate one or more of the following must apply:

221. *To get the mobility component of Disability Living Allowance, your disability must be severe enough for you to have any of the following walking difficulties, even when wearing or using an aid or equipment you normally use:*

- *Because of a physical disability, you are unable or virtually unable to walk without severe discomfort, or at risk of endangering your life or causing deterioration in your health by making the effort to walk.*
- *You have no feet or legs.*
- *You are assessed to be both 100 per cent disabled because of loss of eyesight and not less than 80 per cent disabled because of deafness and you need someone with you when you are out of doors.*
- *You are severely mentally impaired with severe behavioural problems and qualify for the highest rate of care component.*
- *You are certified as severely sight impaired by a consultant ophthalmologist, and you were aged between 3 and 64 on 11 April 2011; you must also have a best corrected visual acuity of less than 3/60, or you must have a best corrected visual acuity of 3/60 or more but less than 6/60 together with a complete loss of peripheral visual field and a central visual field of no more than ten degrees in total<sup>63</sup>*

222. We consider that those claiming the higher rate are the most likely to also require housing-related adaptations, or provision of specifically-designed accommodation to meet their housing needs.

223. In 2010 there were 61,610 individuals claiming higher rate DLA across the fifteen authorities (table 15). Whilst the highest number were of course in the authorities with the highest populations, the highest proportions of DLA claimants were in Bolsover, Chesterfield, Bassetlaw, North East Derbyshire, and Ashfield – all authorities with a history of coalfield industry. Over the last three years, the number of individuals claiming higher mobility rate DLA has been increasing on average 3.3% per annum. There has been little change between these years. If we assume that this rate of change will continue, there will be 63,825 claimants by 2015 and 70,692 by 2030. This is nearly a 15% increase on current numbers. In the longer term, the authorities which will experience the greatest proportionate increase in higher rate DLA claimants will be South Derbyshire (22%), Nottingham (20%), Rushcliffe (18%) and Broxtowe (17%).

### 4.3 Disabled Facility Grants

224. Data on Disabled Facility Grants (DFGs) is a key source in assessing the demand for mobility-related adaptations and also of the ability of local authorities to meet existing and future demand. DFGs are mandatory where an assessment concludes that works are necessary. They are means tested (except where they are for the benefit of disabled children), capped at £30,000, and are available to all tenures. Discretionary assistance may be given for works costing more than £30,000 or in other circumstances. Tenants may have to make a contribution if they are assessed as not eligible for the full cost. They are available for mobility-related building modifications, adaptations and improvements to help with:

- *Making it easier to get in and out of the dwelling by, for example, widening doors, levelling thresholds and installing ramps.*
- *Ensuring the safety of the disabled person and other occupants by, for example, providing a specially adapted room in which it would be safe to leave a disabled person unattended or improved lighting to ensure better visibility.*
- *Making access to the living room and kitchen easier.*
- *Providing or improving access to the bedroom, toilet, washbasin and bath (and/or shower) facilities; for example, by installing a stair lift or providing a downstairs bedroom and bathroom.*
- *Adapting heating or lighting controls to make them easier to use.*
- *Improving access and movement around the home to enable the disabled person to care for another person who lives in the property, such as a spouse, child or another person for whom the disabled person cares.*

225. There is no current central source of data for the number of applicants for DFGs, nor (since 2008) for the number of approvals, starts and completions of DFG – related work. The most recent comparative data available for the fifteen local authorities details of completion outturns and expenditure until 2008, and planned programmes until 2010. There is more detailed data available at a local level for some authorities and this appears in the local reports.

226. More up to date returns from individual local authorities are being collated and they will be used to indicate how well demand for DFGs is being met. Initial results show that authorities are having to spend additional resources beyond that originally programmed to meet demand for mandatory DFGs. For example, in 2008-9 and 2009-10 Bassetlaw completed respectively, 123 and 139 grant funded projects, compared to programmed targets of 110 and 106.

227. What is clear is that in spite of only a very minor increase in the number of mandatory grants since 2004-5, costs have been rising substantially. This is clearly shown in table 17, which indicates that the average grant now costs £6825, compared to £4677 in 2004-5 – a 46% increase.

## 4.4 Children with disabilities

228. While some information can be gathered from lettings and housing register data on the number of children with disabilities that may have housing needs, there are two specific sources of contextual information that are available. The first is the register of Special Educational Needs held by county councils, from which the numbers of children with specifically physical and sensory disabilities can be calculated by authority. Table 18 gives numbers with physical, sensory and multiple disabilities as of 2010. As can be seen they represent a small minority (6%) of all those with SEN statements, but they are likely to also need suitable conditions and adaptations at home in order to flourish at school.

229. The other source of data is the 'Census of Children in Need' which tracks social service engagement with children by their particular needs. There are three categories here (in table 19) of relevance to physical housing needs consideration - mobility needs, hand function needs (perhaps necessitating special bathroom fittings) and visual need. Again, the numbers are small, but requirements on authorities may be extensive

## 4.5 Council Tax exemptions

230. In certain circumstances of relevance to housing requirements of people with disabilities, council tax may be reduced, disregarded, or buildings may be declared exempt from liability. The particular relevant criteria are:

- Reduced council tax: this is charged where the property has had major adaptations related to disability or medical condition (e.g. a second bathroom, extra wheelchair space, a room for kidney dialysis).
- Discount disregards of 25% or 50%: for people temporarily in hospital, residents in dwellings where personal care is provided.
- Exempted dwellings: empty homes where the normal resident is in another dwelling to receive care, or a dwelling that is unoccupied because the normal resident has moved elsewhere to look after someone who needs care.

231. In total, 6,876 properties had either an exemption, as discount or a disregard, with around two thirds claiming a reduced council tax because of disability-related adaptations. Details appear in table 20.

## 4.6 Lettings data: CORE returns

232. The CORE (Continuous Recording of Lettings)<sup>54</sup> database should record all the lettings made by local authority and housing association landlords, for both general needs and supported accommodation, under a number of headings. Some of these relate to the characteristics of households rehoused and some to the property that is let. For the purposes of this study, the most relevant fields are those relating to whether there are

<sup>54</sup> <https://core.tenantservicesauthority.org/>

mobility-related disabilities within the households rehoused and whether the property has been constructed or adapted to meet the needs of disabled people. We have downloaded raw data for 2009-2010 (the fullest recent year) for all social housing lettings in the fifteen authorities

233. Data is split between general needs and supported housing lettings, with slightly more detailed information available on supported housing. In 2009-2010, 807 lettings were made to people with some form of mobility or visual related disability (table 21), 56% into supported housing lettings. These figure are put into perspective when we note that there were a total of 13,598 lettings (65% of general needs stock and 45% of supported housing stock). Thus, nearly 6% of lettings were to those with mobility-related needs. This proportion varied substantially between authorities, with North East Derbyshire, Gedling and Derbyshire Dales achieving over 12% lettings, whereas Derby, High Peak and Broxtowe achieved under 4%. Details appear in table 21
234. On average, only 1.6% of the general needs lettings were into stock that was designed or adapted to wheelchair standard (although it should be noted that there does not appear to be a consistent definition used). Only 63 general needs accepted applicants required wheelchair accessible accommodation, compared to an available supply of 140 units. This means that in some cases wheelchair-accessible homes were being let to those who did not – at least at the time of letting – require them. For example, in Ashfield four general needs applicants required this form of accommodation, whereas 27 wheelchair units were let; in Nottingham the comparative figures were 16 and 45. This situation is not necessarily an undesirable state of affairs, as there were substantial numbers who currently required level access accommodation (271) who may go on to need wheelchair accommodation that could be catered for.
235. As regards supported housing lettings to those with mobility difficulties (table 22), on average 12.5% were made into wheelchair standard homes, and including less stringent mobility criteria (general accessible standard, fitted with aids and adaptations), some 63% of lettings qualified. North East Derbyshire made 54% mobility-related lettings into wheelchair standard accommodation, followed by High Peak (34%) and Gedling (31%). Bolsover, Derbyshire Dales, Gedling, Rushcliffe and South Derbyshire all achieved over 90% mobility-related lettings into accommodation that had been built or adapted to a relevant standard. Again, for pure wheelchair accessible homes there is a relative over-supply (589) compared to demand (89), but the same arguments as regards long-term benefits of this approach noted above apply. However, if resources for new development and adaptations continue to reduce, authorities will want to ensure that in the future they are making most appropriate use of different types of accommodation.

## **4.7 Housing demand and lettings**

236. A comparison of the demand for mobility-appropriate homes (as expressed via the housing register) with available supply (as expressed in annual CORE lettings) is shown in table 23. Whilst the weighted average shows that one in ten achieved an appropriate letting,

again, wide variation between authorities is illustrated. Some of this is certainly due to definitional ambiguity – for example, the relatively high percentages achieved by Chesterfield and North East Derbyshire are at least in part due to their registers only taking account of older people, or of limited information on those with disabilities. Taking this into account, it is particularly clear that there is substantially excess demand for appropriate accommodation compared to available year-on-year re-letting supply.

## **4.8 Housing supply**

### **4.8.1 Social sector supply**

237. Clearly the make-up of social housing stock will be one of the two key determinants of how easy it is for mobility disabled people to access appropriate stock (the other one being rate of turnover). We have fairly detailed information of the quantity of wheelchair accessible housing association stock is by authority (table 24), and less extensive data for local authority stock (it should be remembered that some association stock will comprise transferred council stock). On average, 2.7% housing association stock is of wheelchair standard. The rate varies substantially between authorities, with Gedling (12.5%) and Ashfield (7.1%) having the highest rates, and Amber Valley, High Peak, and Derbyshire Dales having the lowest rates (under 1%).

238. This also highlights a definitional issue in that it is not always clear what is meant by 'wheelchair standard', 'wheelchair accessible' and 'wheelchair accommodation' and it is therefore sometimes difficult to assess whether accommodation is meeting needs.

239. Nonetheless, it is more difficult to estimate the amount of local authority wheelchair and mobility adapted stock. Unlike housing associations, there is no central collection of this data, nor do all local authorities maintain full descriptions of stock. Table 25 is based on local authority returns, and certainly underestimates the amount of such stock. It may exclude recent adaptations through DFGs (see above).

240. In addition, it should be noted that there is a substantial amount of bungalow and level entrance accommodation earmarked for the elderly and those with mobility difficulties, as well as sheltered housing schemes. It should also be noted that Rushcliffe, Amber Valley, Gedling, Derbyshire Dales and Erewash have undertaken large scale voluntary stock transfers to housing associations, and therefore have no or minimal amounts of local authority stock – their figures should appear in table 24. Where we have a more detailed breakdown of social sector stock, including the numbers of ground floor flats and bungalows, this appears in the individual local authority-based reports.

### **4.8.2 Supported and emergency accommodation**

241. While mainstream accommodation particularly suited to older residents with disabilities was relatively easy to identify, it was harder to discern what measure of supported accommodation was available for younger people with mobility-related disabilities, or what emergency accommodation suitable for those with mobility disabilities was available in case

of emergency (e.g. eviction, relationship breakdown, fire or flood). Where there are details these appear in the local reports, but a general recommendation is that authorities improve their knowledge of and extend their resources into these areas of housing provision

#### 4.8.3 Social sector new development

**242.** £5.33 million of the 2008-11 National Affordable Housing Programme was earmarked for the development of specialist housing for people with physical or sensory disabilities in the East Midlands<sup>55</sup>. This was to develop 138 units, including 27 under the Home Ownership for People with Long Term Disabilities (HOLD) programme. The investment was restricted to Nottingham, Derby and North East Derbyshire, in the study area, comprising 97 units.

#### 4.8.4 Private sector supply

**243.** The private sector has a role in meeting the housing needs of those with disabilities who can afford access to the sector. Based on the study interview sample, 55% of disabled respondents already owned their own home, and 37% considered that they could afford to purchase their next home. There is no single source of data on relevant private sector supply, but there is some information available at a local level. This is covered where available in the local area reports.

### 4.9 Supporting people data

**244.** Data on Supporting People (SP) is only held at the level of Administering Authority. While the cities of Derby and Nottingham are Administering Authorities in their own right (and one can therefore analyse their SP figures separately), the other authorities come under the umbrella of the counties of Derbyshire and Nottinghamshire as their administering authorities, and therefore cannot be disaggregated. Table 15 shows the number of households benefitting from SP services as at 31 December 2010.

**245.** What is immediately clear is that services for people with physical disabilities, represent a tiny proportion – under 1% - of all commissioned activity funded by SP. We also show figures for the frail elderly client group (also a small sector) and the rather general classification of 'older people with support needs'. This is a substantial group, and undoubtedly will contain people with mobility difficulties – these figures should be looked at in parallel with the demographic data from POPPI and PANSI.

**246.** However, it should be noted that such services are targeted to housing-related support rather than e.g. care or personal needs. Therefore, a person is not likely to need housing-related support just because they are physically disabled. For example, a person receiving a housing-related support service because of their mental health issues, may also be physically disabled, but the service will not reflect this.

<sup>55</sup> HCA 2008-11 Investment Statement East Midlands, April 2011

## 4.10 Key Points

247. The over 65 population will increase in the short, medium and long term and the over 85 population will increase dramatically in the long term, with some variations between the 15 local authorities, significantly increasing the need for housing for disabled people.
248. There are projected increases in households with indoor and outdoor wheelchair requirements to 2030 as well as those with registerable visual conditions and other medical conditions.
249. There will be an estimated 10% increase in higher rate Disability Living Allowance Claimants by 2030, indicating an increase in demand for housing designed for disabled people. There are small numbers, but significant housing need amongst disabled children.
250. There is no current central source of data for Disabled Facilities Grants, but a review of available information shows that authorities are spending additional resources to meet demand.
251. Other sources of information, such as on Council Tax exemptions and lettings data from the CORE (Continuous Recording of Lettings) database highlights variations between authorities.
252. An average of 6% of lettings were to those with mobility-related needs, with only 1.6% of the general needs lettings were into stock that was designed or adapted to wheelchair standard (although the definition of this is not clear). On average, 12.5% of supported housing lettings were made into wheelchair standard homes.
253. Matching demand and supply shows that one in ten achieved an appropriate letting, highlighting significant demand in excess of supply.
254. On average, 2.7% housing association stock is of wheelchair standard, with less accurate information available for local authority stock and supported and emergency accommodation for young people.
255. £5.33 million of the 2008-11 National Affordable Housing Programme was earmarked for the development of specialist housing for people with physical or sensory disabilities in the East Midlands for 138 units.
256. The private sector also has a role in meeting the housing needs of those with disabilities, 55% of disabled respondents to the survey owning their own home and 37% considered that they could afford to purchase their next home.
257. Around 1% of supporting people budgets have specifically been focussed on people with physical disabilities, though substantial sums went into support for the elderly and frail elderly.

## 5.0 Future Need and Demand

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### 5.1 Forecasting the volume of unmet need

258. Based on collating and analysing the data collected in section 5, we can develop a model that can help estimate current needs and forecast future needs and requirements for appropriate accommodation for people with physical mobility disabilities. The model is in part based on that developed by Habinteg and London South Bank University, to whom acknowledgements are given, for estimating housing need among wheelchair users<sup>56</sup>.

259. Unlike the Habinteg model, this does seek to forecast longer term demand, supply and need. While we have reasonably robust population figures, supply will ultimately be constrained by economic factors. We have therefore factored in conservative approaches to growth, in view of the current and projected long-term fiscal forecasts for public expenditure.

260. Any model cannot claim to be a definitive forecast of what the future may bring. Depending on the inputs, different outputs are available. In a sense, models can be used to construct scenarios, around which different policy responses can be geared. This model is no different, in that it uses two different data sources for underlying needs, one giving a 'high' level of need, and one a 'low' level of need. The model works as follows:

- i. Use either figures for numbers of claimants of High Mobility Rate Disability Living Allowance (which will give a 'low' figure); or combined ONS-based figures from the POPPI and PANSI systems for under 65s unable to work because of a physical condition and over 65s with at least one severe mobility-related problem (which will give a 'high' figure).
- ii. Project these figures to 2030 by either using ONS projections (for POPPI / PANSI) or historic rate of increase in DLA (Ecorys calculation from 2006-2010 DWP figures).
- iii. To calculate numbers of those in unsuitable homes, take 15.9% of them (from SEH figure for number of disabled people saying they were in unsuitable accommodation). This is extremely close to the figure from the Ecorys survey (15.5%). However, it was found in three cases that the base figures were lower than those on the housing register, so these housing register figures were used as base 2010 figures for these authorities (High Peak, Nottingham and Rushcliffe).
- iv. Lettings are then taken into account. We have taken 2010 CORE lettings to people with physical disabilities, and applied a straight-line projection (with no increase) across the years. This is to take account of both the low levels of social housing investment and continuing Right to Buy. Where we have data from the 2008-2011 National Affordable Housing Programme, we have up-rated the lettings for 2010 only to take this into account

<sup>56</sup> *Mind the Step: an estimation of housing need among wheelchair users in England* Habinteg Housing Association, 2010

(North East Derbyshire, Derby and Nottingham benefitted). When there is more detail from the 2011-15 programme this can be added, as again a 'one off' for the relevant five years.

- v. DFGs are then taken into account. We have based these on 2010 figures. However, in view of the enhanced allocation for 2011/12 that was announced, we have enhanced the 2010 – 2015 figure proportionately; however, to take account of the longer term constraints on public spending, we have then reverted to 'flat 2010' figures.
- vi. We have then built in what we have termed an 'adjustment for self-help'. This takes account of the fact that there will be a number of households with disabled residents who do have adequate resources to resolve their own housing problems, without recourse to the public or social sectors. Around 57% of respondents to the survey owned their own homes, including 47% owning them outright – implying a significant amount of equity available. Around 18% were planning to move over the next five years, and 42% felt there were no barriers preventing them moving. 37% felt they were able to afford to buy their next home (either outright or with a mortgage – see Figure 18, Appendix E). Assuming that only those in unsuitable homes would have this incentive, we therefore calculated 18% of this figure (percentage planning to move) and then took 37% (those that could afford to buy) of the resulting number. These remaining figures we left to be netted off from those in unmet need.
- vii. The last stage is to calculate the unmet need figure.

***The number of people with physical disabilities in unsuitable accommodation***

***- minus those that will get a suitable social housing let***

***- minus those that will have needs fully met through DFGs***

***- minus those that can meet their own needs in the market place***

***= equals unmet need.***

**261.** For the study area, the figures for people with physical disabilities in unsuitable accommodation with unmet needs are:

High or low estimate of unmet housing need	2010	2015	2020	2025	2030
High estimate: based on ONS population change figures	11,672	12,882	14,264	15,681	17,327
Low estimate: based on Higher Rate DLA claims	6,323	6,517	6,618	6,720	6,824

**262.** Details of these calculations appear in Tables 16a and 16b in Appendix F and Annex 1 of the local reports, with a summary of the workings for 2015 outlined below:

Estimate of unmet Housing need for 2015	Low Estimate	High Estimate
A. Total under 65s unable to work, plus over 65s with at least one mobility difficulty	62,277	116,414
B. Number in unsuitable accommodation	9,902	18,510
C. Minus Lettings for new supply	807	807
D. Minus DFGs delivered	1,918	1,918
E. Minus those who have income to provide own solutions (self-help): 18% of people wanting to move as 37% of people able to self- help of B.	659	1,114
<b>Total - people with physical disabilities in unsuitable accommodation with unmet needs as at 2015 (B minus C, minus D, minus E)</b>	<b>6,517</b>	<b>12,882*</b>

- Note, this figure is derived from the sum of this calculation for all 15 local authorities and differs from an overall calculation due to the impact of a pre-2010 boost and rounding.

## 5.2 The type of housing required

### 5.2.1 Wheelchair housing

263. As noted in the section above we estimate that across the study area, in 2013 there are projected to be 25,230 households with wheelchair requirements, of which 10% (2,523) will not have their needs met. By 2033 these figures will have increased to 30,300 and 3,030 respectively. It is worth noting that in 2010 only 729 social housing lettings into wheelchair accessible accommodation were made. Full details of the calculations appear in table 27.

### 5.2.2 Adapted and appropriate housing

264. Based on the results of the survey (and using cross-authority data as this is more reliable), the key 'built in' features that physically disabled residents require in any development programme are level access entrances to homes, and most importantly, level access bathroom and washing facilities. Stairlifts (or through floor lifts) and reserved parking bays are next most important.

265. Bungalows were overwhelmingly the most popular built form (preferred by 75%). 9% favoured flats in small low-rise blocks, and 8% preferred semi-detached houses. Although 85% of respondents lived alone or in two-person households, there was a strong demand for larger than one-bed accommodation:

Size of accommodation required	1 bed	2 bed	3 bed	4 bed +
% requiring size	24%	62%	12%	1%

This requirement for larger homes was apparent across the age groups as well, including among households with very old members:

Size of accommodation required	1 bed	2 bed	3 bed	4 bed	D/K
Households with 75 years+ resident (s)	30%	55%	4%	1%	11%
Households with 60+ residents (no 75+)	17%	59%	13%	-	11%
Households with only under 60s residents	9%	49%	32%	6%	5%

### 5.3 Programmes to meet need

266. As noted, the figures in section 5.1 above take account of those housing needs that could be met in situ, or by households making their own arrangements in the private sector. The brief for this project requires some estimates for potential programmes for new supply, to help meet the outstanding unmet need that has been identified. We have attempted to do so below, but there are some important assumptions and considerations that need noting:

267. We cannot pre-judge how individual authorities will or should balance the housing needs of people with physical mobility disabilities against those with other forms of disability, or in other forms of housing stress – homelessness, overcrowding, poor conditions, unaffordability and the like. This prioritisation is a matter for local democratic processes, not consultants. The figures should therefore be treated as the answer to the question ‘if we were to attempt to address unmet disabled housing need in its entirety, year on year, what new supply is required?’.

268. The figures in the tables below represent programmes based on needs identified for the year 2015 (or 2013 for wheelchair accommodation), as this seemed more sensible than looking back to 2010 or to the immediate next few years. Future programmes would be predicated on the rate at which the backlog need is tackled in the first programme, as additional need comes over the demographic horizon. The percentages in the table can be easily applied to future years’ needs figures, after netting off the additional supply that may come through. To reflect the two sets of ‘high’ and ‘low’ needs figures we have derived, we provide two programmes with greater and lesser requirements.

269. The majority of the programmes we illustrate are focussed on the affordable housing sector, and in particular the affordable rented sector. The brief requires that we look to the capacity of the private sector to meet needs. The sector is primarily market and planning-driven (in terms of new developments) and we cannot predict the future of the specialist sector in the current economic climate. The prime developer of retirement accommodation, McCarthy and Stone notes a significant pent up demand for this form of accommodation,

but a scarcity of developers in the market, citing planning problems, lack of support infrastructure, and high overheads as barriers<sup>57</sup>.

270. Taking the survey results which indicate 37% of disabled residents able to afford their own home, it could be expected that private sector would meet the same proportion of unmet need, i.e. 4766 units of the high estimate and 2411 units of the low estimate.

271. Traditionally, the funding of social sector schemes involving new or refurbished housing for people with disabilities has been reliant on capital grant. For example the current Affordable Housing Programme, (and previous programmes via the HCA and Housing Corporation), sometimes augmented by one-off programmes from the Department of Health and the Department of Work and Pensions. However the new funding arrangements, the redefinition of 'affordable', changes to housing benefit and the introduction of Universal Credit, and the shortage of public sector investment during this round at least of the Spending Review cycle means authorities and housing associations need to look further afield for resources, including considering schemes that have no grant element. Some areas for exploration include:

- Opportunities under the localism legislation for community assets to be remodelled for disabled peoples' resources.
- Accessing New Homes Bonus and focussing this on disability-appropriate accommodation; using second home Council Tax for this purpose.
- Working with the private sector (perhaps through use of local authority land assets) to tap into potential private demand for high quality disabled appropriate accommodation.
- Further exploration with housing associations and developers of the focussed use of S 106 resources and zero grant developments.

272. Finally, it should be clear from the body of this report that enhanced development programmes on their own will be inadequate to meet the needs of people with disabilities. A combined approach involving most efficient use of existing social and private sector stock, enhanced support services designed to keep people with disabilities in their own homes, better targeting of allocations of social housing stock, and focussed use of Disabled Facilities Grant are all required alongside the development of new homes.

273. Our assumptions about property size, type and tenure for the programmes are based on the following:

- **Bungalows, houses and flats:** based on the views of disabled residents wanting to move, there is overwhelming preference for bungalows as the favourite built form. We have reflected this in the 75% recommendation, but we have increased the proportion of flats to 20% (and reduced houses to 5%) in recognition of the need to stretch grant in the current era of low public expenditure.
- **Bedroom numbers split:** as noted, although the large majority of respondents were one and two person households, reflecting the elderly profile of the group, there was a strong

<sup>57</sup> National Planning Policy Framework – consultation response, McCarthy and Stone, 2011

demand (over 60%) for two bedroom homes – sensible for carers, those with visiting families or those with special equipment needs. However, we need to flag up a warning that measures to provide notionally over-large accommodation for these households may possibly lead to problems with Housing Benefit entitlement, under the ‘overlarge’ accommodation rules that have been introduced.

- **Households with children:** we have also taken account of the fact that there is evidence of a smaller but still significant group of households with children (who themselves may have physical disabilities) needing larger accommodation. The most reliable source of local data on children with disabilities is probably the local authority Special Educational Needs assessment data, which represents returns from actual assessments rather than survey responses (such as the Children in Need Survey). The proportion of children with SEN assessments for physical / mobility disabilities as a proportion of those with unmet disability-related housing needs ranges between 10% (high needs) and 20% (low needs); we therefore feel this figures of 15% three bed or larger homes matches this well, in addition to echoing the numbers in our survey needing larger homes.
- **Wheelchair requirements:** the profile and aspirations of those using wheelchairs needing to move was very similar to that of others with disabilities.

New housing – High needs assessment for 2015			
Size of accommodation required	1 bed	2 bed	3+ bed
Bungalows	2415	5797	1449
Flats	644	1546	386
Houses	161	386	97
<b>Total</b>	<b>3221</b>	<b>7729</b>	<b>1932</b>

New housing – Low needs assessment for 2015			
Size of accommodation required	1 bed	2 bed	3+ bed
Bungalows	1222	2933	733
Flats	326	782	196
Houses	81	196	49
<b>Total</b>	<b>1629</b>	<b>3910</b>	<b>978</b>

We estimate that there are 2523 households with wheelchair users whose needs will not be met as of 2013, as set out below. This figure increases to 3030 by 2033.

1. Applying the proportion of people able to afford their own home of 37%, we estimate that private sector provision should be **xxx** units for the low estimate scenario and **XXX** units for the high estimate scenario, with the majority of market properties to be

developed being two-bedroomed bungalows (or acceptable provision made via ground floor flats).

2. Therefore, we estimate that 63% of the units should be Affordable housing. These could be Social Rented, and/or other rented tenures such as Affordable Rented, dependent on local affordability issues and funding restrictions.
3. Shared Ownership or shared equity properties may fall into the “private sector provision” percentage, or the affordable housing provision percentage – depending on the percentage share bought and other local market conditions.

Wheelchair accessible provision (within new housing) for 2015			
Size of accommodation required	1 bed	2 bed	3+ bed
Bungalows	336	807	202
Flats	45	108	27
Houses	22	54	27
Supported	45	108	13
<b>Total</b>	<b>449</b>	<b>1076</b>	<b>269</b>

## 5.4 Key Points

274. Estimates for people with physical disabilities in unsuitable accommodation with unmet needs in the study area range from 6,517 to 12,882 in 2015, rising to 17,327 in 2030.
275. In 2013 there are projected to be 25,230 households with wheelchair requirements, of which 10% (2,523) will not have their needs met. By 2033 these figures will have increased to 30,300 and 3,030 respectively.
276. Bungalows were the most popular built form (preferred by 75%) and there was a strong demand for larger homes across all age groups.
277. In order to meet demand, a combined approach is required involving most efficient use of existing social and private sector stock, enhanced support services designed to keep people with disabilities in their own homes, better targeting of allocations of social housing stock, and focussed use of Disabled Facilities Grant are all required alongside the development of new homes.

278. Estimates for the number of people with physical disabilities in unsuitable homes with unmet needs in 2015 range from low needs for 1, 2 and 3+ bed accommodation of 1,629, 3,510 and 978 units respectively, to high needs of 3,221, 7,729 and 1,932. Within this, we estimate that there are 1,794 households with wheelchair users whose needs will not be met.
279. Applying the proportion of people able to afford their own home of 37%, we estimate that private sector provision should be 2411 units for the low estimate scenario and 4766 units for the high estimate scenario, with the majority of market properties to be developed being two-bedroomed bungalows (or acceptable provision made via ground floor flats).
280. Therefore, we estimate that 63% of the units should be Affordable housing. These could be Social Rented, and/or other rented tenures such as Affordable Rented, dependent on local affordability issues and funding restrictions.
281. Shared Ownership or shared equity properties may fall into the “private sector provision” percentage, or the affordable housing provision percentage – depending on the percentage share bought and other local market conditions.
282. Any programme to clear this back log would have to balance its size and shape of this with those responding to other priority housing requirements.

## 6.0 Conclusions and Recommendations

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### 6.1 Conclusions

283. There are an increasing number of people with physical disabilities in the study area, who need homes and facilities to meet their needs. There are significant evidence and knowledge gaps, for example for families with disabled children, giving potential limits to the understanding of needs due to lack of reporting and dialogue.
284. The over-65 population will increase in the short, medium and long term and the over-85 population will increase dramatically in the long term, with some variations between the 15 local authorities, significantly increasing the need for housing for disabled people.
285. There are projected increases in households with indoor and outdoor wheelchair requirements to 2030 as well as those with registerable visual conditions and other medical conditions. 16% of disabled residents surveyed felt their current housing situation was not suitable, with a higher proportion (22%) of wheelchair users.
286. National evidence highlights issues around definitions, limited choice of tenure, poor standards and conditions, access and barriers to effective solutions, such as access to information and advice.
287. There are equalities issues for BAME groups, families with disabilities, children and people with sensory disabilities and local authorities will need to implement provision in the Equalities Act 2010.
288. Demand will be affected by changing demographics and policy context increasingly focused on local needs and personalised services. There will be increased need for adaptations amongst an ageing population, in particular in rural areas. The population will increasingly live in single person households, increasing demand for interventions that support continued independence.
289. By 2015 it is estimated that between 9,902 and 18,510 households with a disabled member will be in unsuitable accommodation, and will require measures to be able to remain in their home or move to a suitable property. The high estimates of these indicate that by 2030, these will have increased to 23,680.
290. The capacity of existing provision to meet these needs is limited by constraints on public spending, the suitability of existing homes, the affordability of suitable properties, and the increasing demand from increasing numbers of disabled people for the resources available.
291. There is no current central source of data for Disabled Facilities Grants, but a review of available information shows that authorities are spending additional resources to meet demand.

292. A proportion (between 7% and 15%) of the households will be able to pay for suitable adaptations themselves, or are able to find and afford an alternative property which meets their needs.
293. Matching demand and supply shows that one in ten achieved an appropriate letting, highlighting significant demand in excess of supply.
294. The private sector also has a role in meeting the housing needs of those with disabilities, 55% of disabled respondents to the survey owning their own home and 37% considered that they could afford to purchase their next home.
295. Planning policies and emerging strategic documents requiring the development of new housing to meet the needs of people with physical disabilities have not yet been implemented in all areas. Private sector provision is restrained by market forces, although there is new provision (albeit low numbers) in some areas being made in affordable housing through s106 planning agreements.
296. Services to meet the needs of disabled people at a local and county level include; advice and information; repairs; improvements and safety measures; disabled facilities grants; housing-related support and choice based lettings scheme. Whilst many of these services seem to be valued and effective in most aspects, there are some gaps in provision, and some changes could be considered which would improve the services.
297. Surveys, focus groups and interviews with residents and organisations highlighted that there are a number of factors which many disabled people want from their homes, whether in their existing home, or by moving.
298. Those considering a house-move mainly indicate a demand for bungalows, although consideration may need to be given to whether/how well these demands could be met through suitable, well-designed ground floor flats, or adapted houses such as those meeting lifetime homes standards. Being near to friends and family is a major consideration for many.
299. There is a public sector equality duty to ensure that people do not suffer discrimination because of disability, together with other statutory duties which are usually accompanied by a requirement to provide advice and information.
300. Better coordination between local authorities, wider partners and registered providers is important for timely delivery of adaptations and there is potential for improvements as part of the Localism agenda. There is potential to draw on the expertise and experience of Occupational Therapists in design and adaptation and additional issues are caused by delays in making adaptations.
301. There is evidence to suggest that investment in accessibility in new build and specialist provision offers considerable lifetime benefits. Similarly, interventions in existing stock such as adaptations and handypersons, and preventative, community-

based health and social care solutions can offer cost effective solutions and improved quality of life.

302. Housing developers role in providing new homes for people with physical disabilities is currently limited.
303. Focus groups revealed some common issues including; a fragmented knowledge base, with particular gaps regarding families with disabled members, the private sector and those able to meet their own needs. Suggested solutions included incorporating OTs into design, planning and decision making processes, developing mechanisms to match needs and stock, a shared partnership approach, a consistent approach to data gathering and sharing and requirements for better space standards and/or Lifetime Homes standards in new homes.
304. In order to meet demand, a combined approach is required involving most efficient use of existing social and private sector stock, enhanced support services designed to keep people with disabilities in their own homes, better targeting of allocations of social housing stock, and focussed use of Disabled Facilities Grant are all required alongside the development of new homes. However, a shortfall in the provision of suitable properties is still projected, with unmet need which could potentially be met by the provision of new homes.
305. Based on projections for 2015, estimates of the number of people with physical disabilities in unsuitable accommodation with unmet needs range from 6,517 to 12,882. This range rises by 2030: ranging from 6,824 to 17,327.
306. We have made some estimates of the size and type of programme that could be introduced to meet these needs. The figures are based on 2015 projected needs, and if the programme was implemented it would clear the backlog of need. The local authorities would have to balance the actual size and shape of this programme with those responding to other priority housing requirements
307. These figures are broken down by estimated tenure; property type and size; and properties to wheelchair standard. In terms of tenure of new provision:
- 37% would be able to afford to buy a suitable new home and access private sector provision
  - 63% would need Affordable housing - Social Rented, and/or other rented tenures such as Affordable Rented – dependent on local affordability issues and funding restrictions.
  - Shared Ownership or shared equity properties may fall into the “private sector provision”, or the affordable housing provision– depending on the percentage share bought and other local factors.
308. Breakdowns of property type and size for proposed new private sector provision is detailed in the local reports. Bungalows were the most popular built form (preferred by 75%) and there was a strong demand for larger homes across all age groups.

However how demand might be met through suitable, well-designed ground floor flats is not assessed, although this may be necessary to consider in the light of financial constraints.

309. We estimate that there are 2,523 households with wheelchair users whose needs will not be met as of 2013 and this figure increases to 3,030 by 2033. Breakdowns by type of accommodation are also broken down by local area and set out in local reports.

## 6.2 Recommendations

310. The table below sets out recommendations which have been drawn from the information and conclusions about the wider study area from this report. There are also Good Practice examples in Appendix C. The individual local authority reports also contain additional recommendations specific to those local authorities.

Recommendation	Detail	Practical Steps	Measures of Success	Additional Information	Cross Reference to Report Section
A Raise Awareness	A. Raise awareness of the housing needs and aspirations of disabled adults and children and promote joint agency / partnership working.	<p>Nominate a local elected member champion in each LA to promote this area amongst their peers and across agencies in the local area.</p> <p>Establish a Disabled People's Advisory Group ensuring local authority (strategic housing/planning/councillors), housing providers, health, social care, private sector landlords, housing developers, voluntary agencies and user representation.</p> <p>Identify opportunities to raise awareness across a wide range of statutory and voluntary agencies.</p> <p>Map information sharing opportunities over 6 monthly periods and secure speaking opportunities.</p> <p>Identify existing fora and meetings at which this can be included as a standing item for discussion.</p>	<p>Raised profile of the importance of the need to respond to the housing needs of disabled people could be measured through the following:</p> <p>Increased understanding of the issues &amp; their impact across agencies.</p> <p>Improved joint agency working</p> <p>Improved &amp; shared data collection on needs</p> <p>Performance monitoring shared across agencies resulting in improvements in re-housing and/or DFG delivery.</p> <p>Improved consistency in responding to needs across different housing tenures and areas.</p>	<p>Cross authority/ sub regional working may be the preferred model to share the administrative and operational burdens.</p> <p>Much of the activity could be organised remotely via a specific section of a nominated website/s.</p> <p>Consider how external information hubs such as hi4em can support a wider shared approach and place to collate and store evidence.</p> <p>See also East Sussex in figures as an example of how an information hub that supports a range of organisations and programmes can be developed.  <a href="http://www.eastsussexinfigures.org.uk/webview/welcome.html">http://www.eastsussexinfigures.org.uk/webview/welcome.html</a></p>	2.1, 3.2

Recommendation	Detail	Practical Steps	Measures of Success	Additional Information	Cross Reference to Report Section
		Look to emerging structures that will provide new opportunities for sharing information and agreeing solutions - e.g health and well being boards			
B. Ensure housing needs assessments highlight the needs of disabled people	B. Ensure that housing needs assessments and strategic housing market assessments distinguish customer characteristics that influence design in new homes and the need for adaptations of existing homes.	<p>Look at existing opportunities to increase information and data held (following mapping exercise below) – to inform decisions on additional data collection (e.g surveys) if necessary</p> <p>Be clear about how and where in the assessment</p> <p>Map out the points at which disabled people contact the LA.</p> <p>Ensure that there is a clear agreed proforma to collect information at point of contact.</p> <p>Establish a clear route to the place/post in the LA the information is collated.</p> <p>Consider how other consultation exercises can be utilised to add to knowledge, in particular to address gaps identified.</p>	<p>Increased numbers for whom information has been gathered on contact</p> <p>Quality of information – clear link between characteristic and (range of) intervention(s)</p> <p>Assessments source and reflect numbers (need) linked to the different interventions required (new homes, reconfigured services</p> <p>Short term: Proforma developed and used across LA (and partners). Medium term: Proforma used in wider consultation exercises: JSNA, planning, adaptations etc.)</p>	<p>Blackpool has a shared referral system for all frontline staff to identify housing issues and refer to Home Improvement Agency.</p> <p>Royal Borough of Kensington and Chelsea developed a guide to help all professionals assess housing suitable for adaptations as part of its development of an accessible housing register</p> <p>See appendix good practice examples</p>	2.1, 2.3, 3.2, 4.1, 5.1, 4.6, 4.9
C. Promote preventative and early intervention investment	C. Promote preventative and early intervention investment, so	Look to current and emerging structures that will provide opportunities for sharing information and agreeing solutions - e.g health and well being boards	<p>Agreed evidence base developed locally.</p> <p>Used by all partners in their investment decisions</p>	<p>DFG guide (to be published soon) examples and recommendations on multi agency working and performance measures</p> <p>Adaptations good practice measures</p>	3.1

Recommendation	Detail	Practical Steps	Measures of Success	Additional Information	Cross Reference to Report Section
	that benefitting agencies (in particular health and social care) understand the value for money of investment.	Agree approach to measure outcomes and efficiencies/savings from different interventions	Long term success will be investment of health and social care funding in housing (e.g sustaining Home Improvement agencies in county/ sub region)	from initial enquiry to delivery.  The resources needed for the production of regular reports, dissemination and the associated publicity could be produced at a sub regional level to reduce costs. Specific local issues could be inserted as a section of the shared resources to ensure local accountability.	
D. Further Develop Home Improvement Agency	D. Develop an (existing) Home Improvement Agency and a system of recycling adaptations – stairlifts in particular	Work with HIAs to explore additional funding possibilities e.g. extending menu of services for self funders; social care and health investment  Work with HIAs and ICES services locally to explore demand and opportunity	Sustainable HIAs.  Increased ‘reach’ and range of services (financial signposting; housing options etc.) Easy access; cost effective and quicker provision of stair lifts  Increased customer satisfaction	See appendix C good practice examples: Orbit	3.1
E. Introduce more comprehensive stock condition survey and recording systems.	E. Introduce more comprehensive stock condition survey and recording systems.	Record nature of adaptation and level (e.g LHS, wheelchair etc)  Record nature of adaptation and level (e.g. LHS, wheelchair etc) jointly with provider partners.	Greater knowledge of what type of housing/ level of adaptation is available where, connected to location, facilities, transport etc.	Information could be basis for an accessible housing register across LAs and housing tenure, see overview report chapter 5.1.2 and appendix C good practice examples.  Consider how external information hubs such as hi4em can support a wider shared approach and place to collate and store evidence. <a href="http://www.hi4em.org.uk/">http://www.hi4em.org.uk/</a>	2.2, 4.6

Recommendation	Detail	Practical Steps	Measures of Success	Additional Information	Cross Reference to Report Section
				Extend approach to accessible housing register across LA partners where CBL does so. The CBL mechanisms/IT may be able to support development of the AHR. A shared approach to assessing adaptations would be required (as in example from RBKC).	
F. Agree a protocol for adaptations.	F. Agree a protocol for adaptations to homes across tenure, so that resources are more effectively used to meet the needs of more disabled people.	<p>Identify fora where relevant professionals can be brought together to establish protocol, including housing option managers, provider partners and OTs.</p> <p>Establish shared protocol and publicise widely through all partners networks, CAB, Age UK etc.</p> <p>Use the protocol as opportunity to review the process for adaptations and remove unnecessary layers or requirements from the process of providing DFGs</p> <p>Explore the potential to expand the remit of Age UK Derbyshire's Housing Options service to be a vehicle for development/ delivery over the existing partnership of LAs and beyond.</p>	<p>Partners clear on the process for all adaptations and able to communicate to customers.</p> <p>Adaptations delivered more effectively and in better timeframes.</p> <p>Increased satisfaction with process and delivery of adaptations</p>	<p>Consider the development of a local disabled housing design code.</p> <p>See appendix C good practice examples: Hull, Merlin housing society and Obit.</p>	2.1, 3.2, 4.1

Recommendation	Detail	Practical Steps	Measures of Success	Additional Information	Cross Reference to Report Section
		<p>Consider possibility of co-location of staff (e.g. OTs in housing sections) or mechanisms to support greater interaction and training across staff (housing options, OTs and technical staff)</p> <p>This could include a reasonableness policy that encourages OTs, at the point of assessment to:</p> <ul style="list-style-type: none"> <li>- Give good quality information to disabled people about the housing options available to them</li> <li>- Give realistic prospects for the prompt delivery of recommended adaptations</li> </ul>			
G. Ensure private sector / developer obligations are enforced	G. Ensure private sector / developer obligations are enforced in a co-ordinated way across the study area.	<p>Identify opportunities to bring together OT, housing and Planning expertise, plus local disabled people and representatives in development of a design guide.</p> <p>Engage OTs in detailing key features required to improve adaptability of new homes. Use this together with site design guides to ensure that both developers and development control understand what you require and</p>	<p>Increased customer and stakeholder satisfaction</p> <p>Long term reduction in increased demand for DFGs (against predicted increases)</p>		3.2, 5.1

Recommendation	Detail	Practical Steps	Measures of Success	Additional Information	Cross Reference to Report Section
		S106 agreements to deliver these. Take specific design requirements into account in determining site viability.			
H. Use publically owned land to meet needs	H. Agree a partnership approach to how publically owned land can be used to improve the viability of homes that are designed specifically for the needs of disabled people,	<p>Map out potential public land and partners</p> <p>Identify fora in which discussions and agreement about best use of land can be established</p> <p>Use (for example) 'less than best' sale or gifting, and site swaps to enable more viable development</p>	Have clear and agreed local policies on use of land	Practical guidance	3.2, 5.1

# Glossary

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BAME	Black and Asian Minority Ethnic
CORE	Continuous Recording of Lettings
DCLG	Department for Communities and Local Government
DFG	Disabled Facilities Grant
DoH	Department of Health
DLA	Disability Living Allowance
DWP	Department for Work and Pensions
EAC	Elderly Accommodation Council
EIA	Equalities Impact Assessment
HCA	Homes and Communities Agency
HIA	Home Improvement Agencies
HOLD	Home Ownership for People with Long Term Disabilities Programme
HOPS	Housing Options for Older People
LDD	Local Development Document
ONS	Office of National Statistics
PANSI	Projecting Advisory Needs and Services Information
POPIS	Protecting Older People Information System
RSL	Registered Social Landlord
SEH	Survey of English Housing
SEN	Special Educational Needs
SHMA	Strategic Housing Market Assessment
SLA	Service Level Agreement
SP	Supporting People
SPD	Supplementary Planning Document